



HMIS SSVF Program Exit Form

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

		-			-			
Month			Day			Year		

DESTINATION *[All Clients]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Substance use treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or hallway house with no homeless criteria	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed
<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Other (specify):
<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Deceased
<input type="radio"/>		<input type="radio"/>	Client doesn't know

<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income (e.g., employment income)		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Current Employer:		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Pension or Retirement Income from a Former Job	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Alimony and Other Spousal Support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other Source:	
Total Monthly Income for Individual:					

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
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<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

SOAR			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

LAST GRADE COMPLETED [Head of Households and Adults, required for SSVF and VASH]

<input type="radio"/>	Grades 7-8	<input type="radio"/>	Grades 9-11
<input type="radio"/>	Grade 12	<input type="radio"/>	School does not have grade levels
<input type="radio"/>	GED	<input type="radio"/>	Some college
<input type="radio"/>	Associate's Degree	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Graduate Degree	<input type="radio"/>	Vocational certification
<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Data not collected	<input type="radio"/>	Client refused

EMPLOYMENT STATUS *[Head of Households and Adults, SSVF, GPD and VASH]*

Employed			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
If "Yes" for employed – Type of employment			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

CONTACT INFORMATION *[Optional- can be entered in Location Tab]*

Phone Number					-					-				
Email														
Current Address (if applicable)														
Street														
City														
State									Zip Code					

Signature of applicant stating all information is true and correct

Date