

HMIS HOPWA Program Exit Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

**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/subway station/airport, or anywhere outside)	<input type="radio"/> Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Staying or living with family, permanent tenure
<input type="radio"/> Safe Haven	<input type="radio"/> Staying or living with friends, permanent tenure
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with on-going housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no on-going housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> No exit interview completed
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Other
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Deceased
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Client doesn't know
<input type="radio"/> Host Home (non-crisis)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Staying or living in a friend's room, apartment, or house	<input type="radio"/> Data not collected
<input type="radio"/> Staying or living in a family member's room, apartment or house	
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:	
<input type="radio"/> GPD TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)

○	HCV voucher (tenant or project based) (not dedicated)	○	Permanent Supportive Housing
○	Public Housing Unit	○	Other permanent housing dedicated for formerly homeless persons
○	Rental by client, with other ongoing housing subsidy		

HOUSING ASSESSMENT AT EXIT [All Clients]

<input type="radio"/>	Able to maintain the housing they had at project entry		
<input type="radio"/>	Moved to new housing unit	<input type="radio"/>	Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Client went to jail/prison
		<input type="radio"/>	Client died
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Data not collected

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an on going subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	With ongoing subsidy	<input type="radio"/>	Without an on going subsidy
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PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

HIV-AIDS [All Clients]

0	No	0	Client doesn't know
		0	Client prefers not to answer

0	Yes	0	Data not collected
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MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders
0	Alcohol use disorder	0	Client doesn't know
		0	Client prefers not to answer
0	Drug use disorder	0	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" - SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

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

	Income Source	Amount		Income Source	Amount
0	Earned Income		0	TANF (Temporary Assist for Needy Families)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job	
0	VA Service-Connected Disability Compensation		0	Child Support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support	
0	Private disability insurance		0	Other income source <i>(specify):</i>	
0	Worker's Compensation				
Total monthly income for Individual:					

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

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

0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (Specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
			Data not collected

IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)

0	MEDICAID	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer
		0	Data Not Collected
0	MEDICARE	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer
		0	Data Not Collected
0	State Children's Health Insurance (SCHIP)	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer

		0	Data Not Collected
0	Veterans Health Administration (VHA)	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer
		0	Data Not Collected

0	Employer Provided Health Insurance	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer
		0	Data Not Collected

0	Health Insurance Obtained through COBRA	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer

		0	Data Not Collected
0	Private Pay Health Insurance	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer
		0	Data Not Collected
		0	State Health for Adults
0	Applied; Client Not Eligible		
0	Client Did Not Apply		
0	Insurance Type N/A for this Client		
0	Client Doesn't Know		
0	Client prefers not to answer		
0	Data Not Collected		
0	Indian Health Services Program	0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client prefers not to answer
		0	Data Not Collected
0	Other Health Insurance (specify):		

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) — SPECIFY REASON			
0	Applied; Decision Pending	0	Client Doesn't Know
0	Applied; Client Not Eligible	0	Client prefers not to answer
0	Client Did Not Apply	0	Data Not Collected
0	Insurance Type N/A for this Client		

Receiving Ryan White-funded Medical or Dental Assistance

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON			
0	Applied; Decision Pending	0	Client Doesn't Know
0	Applied; Client Not Eligible	0	Client prefers not to answer
0	Client Did Not Apply	0	Data Not Collected
0	Insurance Type N/A for this Client		

T-cell (CD4) Count Available

0	No	0	Client doesn't know
		0	Client prefers not to answer

0	Yes	0	Data not collected
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T-cell Count (Integer between 0-1500): _____ How Was the Information Obtained?

0	Medical Report
0	Client Reported
0	Other (specify)

Viral Load Available

0	Available	0	Not Available
0	Undetectable	0	Client Doesn't Know
0	Client prefers not to answer	0	Data Not Collected

Viral Load (Integer between 0-999999): _____ How Was the Information Obtained?

0	Medical Report
0	Client Reported
0	Other (specify)

Has the participant been prescribed anti-retroviral drugs?

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

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

0	No	0	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		<i>*If a client moved into permanent housing, make sure to update on the enrollment screen.</i>	

REASON FOR LEAVING

<input type="radio"/>	Left for housing opportunity before completing program	<input type="radio"/>	Reached Maximum time allowed by program
<input type="radio"/>	Completed Program	<input type="radio"/>	Needs could not be met by program
<input type="radio"/>	Non-payment of rent/occupancy	<input type="radio"/>	Disagreement with rules/persons
<input type="radio"/>	Criminal Activity/destruction of property/violence	<input type="radio"/>	Death
<input type="radio"/>	Unknown/Disappeared	<input type="radio"/>	Other

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

