

HMIS Path 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)

<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

CONNECTION WITH SOAR [Heads of Households and Adults]

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

PATH STATUS [If not at intake]

Date of Status Determination		____ / ____ / ____	
Client Became Enrolled in PATH	<input type="radio"/>	No	
	<input type="radio"/>	Yes	
IF "NO" TO ENROLLED IN PATH			
Reason Not Enrolled	<input type="radio"/>	Client was found ineligible for PATH	
	<input type="radio"/>	Client was not enrolled for other reason(s)	
	<input type="radio"/>	Unable to locate client	

PHYSICAL DISABILITY [All Clients]

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

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	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	Yes	0	Client prefers not to answer
		0	Data not collected

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 Households 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		0	TANF (Temporary Assist for Needy Families)
0		0	General Assistance (GA)
0		0	Retirement Income from Social Security
0		0	Pension or retirement income from former job
0		0	Child Support
0		0	Alimony and other spousal support
0		0	Other income source (<i>specify</i>):
0			

Total monthly income for Individual:	
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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
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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
		0	Data not collected

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

REASON FOR LEAVING

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

