

HMIS ESG/COC 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]*

	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 ongoing housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no ongoing 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)

o	RRH or equivalent subsidy	o	Foster Youth to Independence Initiative (FYI)
o	HCV voucher (tenant or project based) (not dedicated)	o	Permanent Supportive Housing
o	Public Housing Unit	o	Other permanent housing dedicated for formerly homeless persons
o	Rental by client, with other ongoing housing subsidy		

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]

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

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

↓	Without a subsidy	↓	With an ongoing subsidy acquired since project entry
↓	With the subsidy they had at project entry	↓	Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT
Subsidy Information

↓	With ongoing subsidy	↓	Without an ongoing subsidy
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IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

↓	No	↓	Client doesn't know
↓	Yes	↓	Client prefers not to answer
		↓	Data not collected
↓	No	↓	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>
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PHYSICAL DISABILITY *[All Clients]*

↓	No	↓	Client doesn't know	
↓	Yes	↓	Client prefers not to answer	
		↓	Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	↓	No	↓	Client doesn't know
	↓	Yes	↓	Client prefers not to answer
			↓	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

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

CHRONIC HEALTH CONDITION *[All Clients]*

↓	No	↓	Client doesn't know	
↓	Yes	↓	Client prefers not to answer	
		↓	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	↓	No	↓	Client doesn't know
	↓	Yes	↓	Client prefers not to answer
			↓	Data not collected

HIV-AIDS *[All Clients]*

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

MENTAL HEALTH DISORDER *[All Clients]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	<input type="checkbox"/>	No	Client doesn't know
	<input type="checkbox"/>	Yes	Client prefers not to answer
			Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Both alcohol & drug use disorders
<input type="checkbox"/>	Alcohol use disorder	<input type="checkbox"/>	Client doesn't know
		<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Drug use disorder	<input type="checkbox"/>	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 and substantially impairs ability to live independently?	<input type="checkbox"/>	No	Client doesn't know
	<input type="checkbox"/>	Yes	Client prefers not to answer

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer		
		<input type="checkbox"/>	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="checkbox"/>	Earned Income		<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	Unemployment Insurance		<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	Supplemental Security Income (SSI)		<input type="checkbox"/>	Retirement income from Social Security	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)		<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	VA Service-Connected Disability Compensation		<input type="checkbox"/>	Child Support	

<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	<input type="checkbox"/>	Alimony and other spousal support
<input type="checkbox"/>	Private Disability Insurance	<input type="checkbox"/>	Other income source (specify):
<input type="checkbox"/>	Worker's Compensation		
Total Monthly Income for Individual:			

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

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

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

<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	TANF Child Care Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	Other Non-Cash Benefit	<input type="checkbox"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

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

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

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

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE [*Head of Household*]

<input type="checkbox"/>	Not currently enrolled in any school or educational course	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="checkbox"/>	Data not collected

IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:

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▾	K12: Graduated from high school	▾	Higher education: Dropped out
▾	K12: Obtained GED	▾	Higher education: Obtained a credential/degree
▾	K12: Dropped out	▾	Client doesn't know
▾	K12: Suspended	▾	Client prefers not to answer
▾	K12: Expelled	▾	Data not collected
▾	Higher education: Pursuing a credential but not currently attending		

IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:

▾	Pursuing a high school diploma or GED	▾	Pursuing other post-secondary credential
▾	Pursuing Associate's Degree	▾	Client doesn't know
▾	Pursuing Bachelor's Degree	▾	Client prefers not to answer
▾	Pursuing Graduate Degree	▾	Data not collected

REASON FOR LEAVING

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

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

Contact Type												
Email												
Phone (#1)												
Phone (#2)												
Active Contact	▾	Yes					▾	No				
Private	▾	Yes					▾	No				
Contact Date												
Note												

Signature of applicant stating all information is true and correct

Date