|  |
| --- |
| **MCI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Program Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_ |

**HMIS ADULT/CHILD EXIT FORM**

***\*\*Any data that cannot be collected, please write in Data Not Collected\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Exit Date*** |  | ***Assessment/Information Date*** |
|  |  |  |  |  |

\*Check all demographic information on the household screen in HMIS to ensure it is all filled in and there is no client refused, client doesn’t know, data not collected\*

*Additional Household Members (please fill out a form or each additional household member mentioned below)*

|  |  |
| --- | --- |
| **Name** | **Relationship to HOH****(child, spouse, other relation member, other non-relation member, HoH)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Domestic Violence*

|  |  |
| --- | --- |
| Victim/Survivor | When did this happen? |
| [ ]  Yes [ ]  No | [ ]  Within the past 3 months | [ ]  Within the past 3-6 months | [ ]  Within the past 6-12 months | [ ]  More than 1 year ago |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |
| [ ]  Full-Time | [ ]  Looking for Work |
| [ ]  Part-time | [ ]  Not Looking for Work |
| [ ]  Seasonal | [ ]  Unable to Work |

***Income (for anyone 18+)***

[ ]  YES If Yes, complete table below. [ ]  NO If No, skip to the next table.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | If yes, Amount - *monthly* | Source | If yes, Amount - *monthly* |
| [ ]  Earned Income (Employment) | $ | [ ]  VA Service-Connected Disability Compensation | $ |
| [ ]  Unemployment Insurance | $ | [ ]  VA Non-svc Connected Disability Pension | $ |
| [ ]  GA | $ | [ ]  Private Disability Insurance | $ |
| [ ]  Retirement Income from Social Security | $ | [ ]  Cash Assistance/TANF | $ |
| [ ]  Worker’s Compensation | $ | [ ]  Alimony or Other Spousal Support | $ |
| [ ]  SSI | $ | [ ]  Child Support | $ |
| [ ]  SSDI | $ | [ ]  UTA | $ |
|  |  | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  ***Total Monthly Income*** | $ |
| ***Connection to SOAR*** | [ ]  Yes [ ]  No |

*Non-cash Benefits (for anyone 18+)*

[ ]  **YES** If Yes, complete table below.

[ ]  **NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| [ ]  SNAP (Food Stamps)[ ]  WIC[ ]  TANF Childcare Services[ ]  TANF Transportation Services[ ] Other TANF-funded Services[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Health Insurance (for all clients)*

[ ]  **YES** If Yes, complete table below.
[ ]  **NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| [ ]  Medicaid[ ]  Medicare[ ]  State Children’s Health Insurance Program (CHIP)[ ]  VA medical services[ ]  Employer Provided health insurance[ ]  Health insurance obtained through COBRA[ ]  Private Pay Health Insurance[ ]  State Health Insurance for Adults[ ] Indian Health Services Program |

*Physical and Mental Health*

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Conditions |  Yes No |  |  |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| [ ]  Physical |  Yes No | [ ]  HIV/AIDS |
| [ ]  Developmental  |  |  |
| [ ]  Chronic health condition |  Yes No |  |  |
| [ ]  Mental health disorder |  Yes No | [ ]  Alcohol use disorder |  Yes No |
| [ ]  Drug use disorder |  Yes No | [ ]  Alcohol and drug use disorder |  Yes No |

***Exit Details***

|  |  |  |
| --- | --- | --- |
| **Voluntary Termination** |  | **Did a termination of service appeal hearing occur?** |
| [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

|  |
| --- |
| **Reason for Involuntary Termination** |
| [ ]  Distributing or Manufacturing Drugs [ ]  Non-compliance w/ Program Expectations[ ]  Unable to locate or contact client[ ]  Other | [ ]  Threats or acts of violence[ ]  Unresolvable safety concern |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Voluntary Exit** | [ ]  Achieved housing stability[ ]  Non-compliance with program expectations[ ]  Deceased | [ ]  No longer interested in participating in program[ ]  Program unable to meet needs[ ]  Other | [ ]  Transition to alternate CoC program |

|  |
| --- |
| **Exit Destination Type** |
| ***Homeless*** | ***Institution*** |
| [ ]  Emergency Shelter[ ]  Place not meant for human habitation[ ]  Safe Haven | [ ]  Foster care home or foster care group home[ ]  Hospital or other residential non-psychiatric medical facility[ ]  Jail, prison or juvenile detention facility[ ]  Long-term care facility or nursing home[ ]  Psychiatric hospital or other psychiatric facility[ ]  Substance abuse treatment facility or detox center |
| ***Temporary*** | ***Permanent*** |
| [ ]  Residential project or halfway house with no homeless criteria[ ]  Hotel or motel paid for without emergency shelter voucher[ ]  Transitional housing for homeless persons (including homeless youth)[ ]  Host Home (non-crisis)[ ]  Staying with family, temporary tenure[ ]  Staying with friends, temporary tenure | [ ]  Staying or living with family, permanent tenure[ ]  Staying or living with friends, permanent tenure[ ]  Moved from one HOPWA funded project to HOPWA TH[ ]  Moved from one HOPWA funded project to HOPWA PH[ ]  Permanent housing (other than RH) for formerly homeless persons[ ]  Rental by client, with GPD TIP housing subsidy[ ]  Rental by client, with VASH housing subsidy[ ]  Rental by client, with RRH or equivalent subsidy[ ]  Rental by client, with HCV voucher (tenant or project based)[ ]  Rental by client in a public housing unit[ ]  Rental by client, no ongoing housing subsidy[ ]  Rental by client, with other ongoing housing subsidy[ ]  Family Unification program[ ]  PSH [ ]  Foster Youth to Indep. Initiative[ ]  Owned by client, with no ongoing housing subsidy[ ]  Owned by client, with no ongoing housing subsidy |
| ***Other*** |
| [ ]  No Exit Interview Completed[ ]  Other[ ]  Deceased[ ]  Client Doesn’t Know[ ]  Client Refused[ ]  Data Not Collected[ ]  Worker unable to determine |

*Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*