HMIS Exit Form

This questionnaire is to be administered by case workers. Do not hand this form to clients. Ask the bold face questions as they appear and use the instructions in parentheses for clarification. Questions that appear in all caps are not to be read aloud. Depending on your project type some questions on this form may not appear in the HMIS entry. **All HMIS data elements must be updated at every entry even if the client has complete answers in HMIS from a previous entry.**

Before you Begin- Please verify the following Universal Data Elements: **Name, Social Security Number, Date of Birth, Race, Ethnicity, Gender, Veteran Status, Residence Prior to Project Entry, Length of Time on Street or in Emergency Shelter,** and **Relationship to Head of Household**. Please take a thorough look at the existing record in HMIS to identify any missing or potentially flawed data and make note of missing information before you interview the client.

1. EXIT DATE: ____/____/_______

2. CLIENT ID:__________________

3. CLIENT NAME:__________________

4. **What is your reason for leaving?**
   - ☐ Completed program
   - ☐ Criminal activity/violence
   - ☐ Death
   - ☐ Disagreement with rules/persons
   - ☐ Left for housing opp. before completing program
   - ☐ Needs could not be met
   - ☐ Non-compliance with program
   - ☐ Non-payment of rent
   - ☐ Other
   - ☐ Reached maximum time allowed
   - ☐ Unknown/Disappeared

5. **What is your destination?**
   - ☐ Deceased
   - ☐ Emergency shelter or hotel/motel paid for by emergency shelter voucher
   - ☐ Foster care home or group home
   - ☐ Hospital or other non-psychiatric medical facility
   - ☐ Jail, prison, or juvenile facility
   - ☐ Long term facility or nursing home
   - ☐ Moved from one HOPWA funded project to HOPWA PH
   - ☐ Moved from one HOPWA funded project to HOPWA TH
   - ☐ Owned by client, no ongoing housing subsidy
   - ☐ Owned by client, with ongoing housing subsidy
   - ☐ Permanent housing for formerly homeless persons
   - ☐ Place not meant for habitation
   - ☐ Psychiatric hospital/facility
   - ☐ Rental by client, no ongoing subsidy
   - ☐ Rental by client, VASH subsidy
   - ☐ Rental by client, GPD TIP subsidy
   - ☐ Rental by client, other ongoing subsidy
   - ☐ Residential project with no homeless criteria
   - ☐ Safe Haven
   - ☐ Staying/Living with family, permanent tenure
   - ☐ Staying/Living with family, temporary tenure
   - ☐ Staying/Living with friends, permanent tenure
   - ☐ Staying/Living with friends, temporary tenure
   - ☐ Substance abuse treatment facility/ detox
   - ☐ Transitional housing for homeless persons (including homeless youth)
   - ☐ Other, describe:_______________________
   - ☐ No exit interview completed
   - ☐ Client doesn't know
   - ☐ Client refused

6. **What type of subsidy will be used?**
   - ☐ None
   - ☐ Public housing
   - ☐ Section 8
   - ☐ S+C
   - ☐ HOME Program
   - ☐ HOPWA Program
   - ☐ Other housing subsidy
   - ☐ Client doesn't know
   - ☐ Client refused

NOTE ON EXIT:

7. **Are you receiving income from any source?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn't know
   - ☐ Client refused

8. CHECK SOURCES OF INCOME AND ENTER EXACT OR APPROXIMATE MONTHLY AMOUNTS:
   - ☐ Alimony/Spousal support $______
   - ☐ Child Support $______
   - ☐ Earned income $______
   - ☐ General Assistance $______
   - ☐ Other $______
   - ☐ Pension/Retirement Income from another job $______
   - ☐ Private Disability Insurance $______
   - ☐ Retirement Income from Social Security $______
   - ☐ SSDI $______
   - ☐ SSI $______
   - ☐ TANF (RI Works) $______
   - ☐ Unemployment income $______
   - ☐ VA Service-Connected Disability Compensation $______
   - ☐
   - ☐ VA Non-Service Connected Disability Compensation $______
   - ☐ Worker's Compensation $______

9. **Total monthly income from all sources:**
   $_________

10. **Are you receiving non-cash benefits such as SNAP (Food Stamps), WIC, TANF Child Care, TANF transportation, Other TANF services, Section 8, or other rental assistance?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

11. CHECK THE NON-CASH BENEFITS RECEIVED AND ENTER EXACT OR APPROXIMATE MONTHLY AMOUNTS
    - ☐ SNAP $______
    - ☐ WIC
    - ☐ TANF Child Care Services
    - ☐ TANF Transportation Services
    - ☐ Other TANF-funded Services
    - ☐ Section 8, Public Housing, Other rental assistance
    - ☐ Other source $_______
    - ☐ Temporary rental assistance $______

12. **Are you covered by Health Insurance?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

13. CHECK SOURCE OF HEALTH INSURANCE**:**
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ State Children's Health Insurance Program
    - ☐ VA Medical Services
    - ☐ Employer-Provided Health Insurance
    - ☐ Health Insurance through COBRA
    - ☐ Private Pay Health Insurance
    - ☐ State Health Insurance for Adults
    - ☐ Indian Health Services Program
    - ☐ Other

14. **Do you have a Disabling Condition?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

ASK ABOUT EACH DISABILITY:	**Do any of the following apply to you?**	*[If yes]* **Is the disability expected to be long-continuing or of indefinite duration and substantially impair your ability to live independently?**	*[If yes]* **Is there documentation of the disability and its severity on file?**	*[If yes]* **Is the condition going to be long term?**	*[If yes]* **Are you currently receiving services/treatment for this condition?**
Alcohol Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Both Drug and Alcohol Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Chronic Health Condition	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Developmental	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Drug Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
HIV/AIDS	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Mental Health Problem	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Physical	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

NOTE ON DISABILITY: