

HMIS Exit Form for PSH projects

Effective 10/01/2021

Exit Date

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|--|--|--|---|--|--|---|--|--|--|
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|--|--|--|---|--|--|---|--|--|--|

**ServicePoint
(HoH) ID:**

| | | | | | | | |
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Project Name

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Head of Household Name

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first

middle

last

suffix

SSN Last four digits

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If Partial Household Exit (if the whole household is existing, skip to Destination)

| Name of Client(s) Exiting | Client ID |
|---------------------------|-----------|
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Reason for Leaving

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|--|---|--|---|---|
| Completed Program <input type="checkbox"/> | Completed Step <input type="checkbox"/> | Criminal activity/violence <input type="checkbox"/> | Disagreement with rules/persons <input type="checkbox"/> | Left for housing opp. Before completing program <input type="checkbox"/> |
| Needs could not be met <input type="checkbox"/> | Non-compliance with program <input type="checkbox"/> | Non-payment of rent <input type="checkbox"/> | Other <input type="checkbox"/> | Reached maximum time allowed <input type="checkbox"/> |
| Unknown/Disappeared <input type="checkbox"/> | | | | |

Destination (Where will you stay tonight?)

| Homeless Situation | Institutional Situation | Transitional/Permanent Housing Situation | Other |
|--|---|---|--|
| <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel/motel voucher paid for with ES, or RHY funded host home shelter <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's - temporary <input type="checkbox"/> Staying or living with family – temporary <input type="checkbox"/> Staying or living with family – permanent <input type="checkbox"/> Staying or living in a friend's – permanent <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Deceased |

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| | | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy | |
|--|--|---|--|

Any Adult in the Household currently receiving income?

☐ Yes (identify below)

☐ No

| Source | Amount | Recipient(s) | Source | Amount | Recipient(s) |
|--|--------|--------------|--|--------|--------------|
| <input type="checkbox"/> Alimony or other spousal support | \$ | | <input type="checkbox"/> Social Security Income (SSI) | \$ | |
| <input type="checkbox"/> Cash assistance/TANF | \$ | | <input type="checkbox"/> Social Sec Disability Income (SSDI) | \$ | |
| <input type="checkbox"/> Child Support | \$ | | <input type="checkbox"/> Unemployment | \$ | |
| <input type="checkbox"/> Earned Income | \$ | | <input type="checkbox"/> VA Service Connected Disability | \$ | |
| <input type="checkbox"/> Pension from a former job | \$ | | <input type="checkbox"/> Veteran's Pension | \$ | |
| <input type="checkbox"/> Retirement from Social Security | \$ | | <input type="checkbox"/> Worker's Compensation | \$ | |
| <input type="checkbox"/> Private Disability Insurance | \$ | | <input type="checkbox"/> General Assistance | \$ | |
| <input type="checkbox"/> Other Sources? Source _____ | \$ | | <input type="checkbox"/> Other Sources? Source _____ | \$ | |
| Total Monthly Income (record separately for each adult) | \$ | | Total Monthly Income (record separately for each adult) | \$ | |

Any adult in the Household currently receiving Non-Cash Benefits?

☐ Yes

☐ No

| Source | Recipient(s) | Source | Recipient(s) |
|---|--------------|--|--------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh) | | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) | | | |
| <input type="checkbox"/> TANF transportation services | | | |
| <input type="checkbox"/> Other TANF-funded services | | | |

Is anyone in the Household receiving Health Insurance?

☐ Yes

☐ No

| Source | Recipient(s) | Source | Recipient(s) |
|--|--------------|--|--------------|
| <input type="checkbox"/> Medicaid | | <input type="checkbox"/> Employer-provided Health Insurance | |
| <input type="checkbox"/> Medicare | | <input type="checkbox"/> Health insurance obtained through COBRA | |
| <input type="checkbox"/> State Children's Health Insurance Program (SCHIP) | | <input type="checkbox"/> Private Pay Health Insurance | |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | | <input type="checkbox"/> State Health Insurance for Adults | |
| <input type="checkbox"/> Indian Health Services Program | | <input type="checkbox"/> Other: _____ | |

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Disability Information:

| Name | Condition | Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Expected to substantially impair ability to live independently: |
|------|---|---|---|
| | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|---|
| Client perceives their life has value and worth. | |
| <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Strongly agree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| Client perceives they have support from others who will listen to problems. | |
| <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Strongly agree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| Client perceives they have a tendency to bounce back after hard times. | |
| <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Strongly agree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| Client's frequency of feeling nervous, tense, worried, frustrated, or afraid. | |
| <input type="checkbox"/> Not at all <input type="checkbox"/> Once a month <input type="checkbox"/> Several times a month <input type="checkbox"/> Several times a week | <input type="checkbox"/> At least every da <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| General Health Status | |
| <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |