**HMIS Iowa BOS Basic Exit—For Adults** **HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXIT DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Reason for Leaving:**  \_\_\_ Advanced to new program \_\_\_ Aged out of program  \_\_\_ Completed program \_\_\_ Criminal activity/violence  \_\_\_ Death \_\_\_ Disagreement with rules/ persons  \_\_\_ Left for housing opportunity before completing program  \_\_\_ Needs could not be met by project \_\_\_ Non-compliance with project  \_\_\_ Non-payment of rent/ occupancy charge \_\_\_ Reached maximum time allowed by project  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Unknown/ disappeared  \_\_\_ Voluntary break in shelter stay  \_\_\_ Voluntary checkout | | | | | | | | | | | | | |
| **Destination:**  **Homeless Situations**  \_\_\_\_ Place not meant for habitation  \_\_\_\_Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter  \_\_\_\_ Safe Haven  **Institutional Situations**  \_\_\_\_Foster care home or foster care group home  \_\_\_\_Hospital or other residential nonpsychiatric 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 Housing Situations**  \_\_\_\_Transitional housing for homeless persons (including homeless youth)  \_\_\_\_Residential project or halfway house with no homeless criteria  \_\_\_\_ Hotel or motel paid for without emergency shelter voucher  \_\_\_\_ Host Home (non-crisis)  \_\_\_\_Staying or living with family, temporary tenure (e.g., room, apartment, or house)  \_\_\_\_ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)  \_\_\_\_ Moved from one HOPWA funded project to HOPWA TH  **Permanent Housing Situation**  \_\_\_\_Staying or living with family, permanent tenure  \_\_\_\_Staying or living with friends, permanent tenure  \_\_\_\_Moved from one HOPWA funded project to HOPWA PH  \_\_\_\_Rental by client, no ongoing housing subsidy  \_\_\_\_Rental by client, with ongoing housing subsidy **(Please select subsidy type below)**  \_\_\_\_Owned by client, with ongoing housing subsidy  \_\_\_\_Owned by client, no ongoing housing subsidy  **Other**  \_\_\_\_No exit interview completed  \_\_\_\_Other  \_\_\_\_Deceased  \_\_\_\_Worker unable to determine  \_\_\_\_Client doesn’t know  \_\_\_\_Client prefers not to answer  \_\_\_\_Data not collected  **Subsidy Types (Please Complete if “yes” to Rental by client, with ongoing housing subsidy)**  \_\_\_\_GPD TIP housing subsidy  \_\_\_\_VASH housing subsidy  \_\_\_\_RRH or equivalent subsidy  \_\_\_\_HCV voucher (tenant or project based) (not dedicated)  \_\_\_\_Public housing unit  \_\_\_\_ Rental by client, with other ongoing housing subsidy  \_\_\_\_Housing Stability Voucher  \_\_\_\_Family Unification Program Voucher (FUP)  \_\_\_\_Foster Youth to Independence Initiative (FYI)  \_\_\_\_Permanent Supportive Housing  \_\_\_\_Other permanent housing dedicated for formerly homeless persons | | | | | | | | | | | | | |
| **Does client have a disability of long duration** (check 1 and complete following grid):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know PNA=Prefers not to answer** | | | | | | | | | | | | | |
| **Disability Type** | Has disability | | | | | | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently | | | | | |
| **Alcohol use disorder** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Drug use disorder** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Both alcohol and drug use disorders** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Chronic health condition** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Developmental disability** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **HIV/AIDS** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Mental health disorder** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Physical disability** | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Covered by health insurance** (check 1 and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | |
| Insurance Type | | Yes | | No | | Insurance Type | | | | | | Yes | No |
| MEDICAID | |  | |  | | Employer-provided insurance | | | | | |  |  |
| MEDICARE | |  | |  | | Health insurance through COBRA | | | | | |  |  |
| State children’s health insurance | |  | |  | | Private pay health insurance | | | | | |  |  |
| Veteran’s Health Administration (VHA) | |  | |  | | State health insurance for adults | | | | | |  |  |
| Indian Health Services Program | |  | |  | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
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| **Last Grade Completed:** \_\_\_\_\_ GED  \_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College  \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree  \_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree  \_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification  \_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know  \_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client prefers not to answer | | | | | | | | | | | | | |
| **Employed?**  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | |
| **Income from any source?**  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | |
| **Total Monthly CASH income**  (write in total $ amount and complete grid below): **TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **Receives Income Sources:** | | | **Yes** | | **Monthly $ Amount** | | | | **No** | | **Not Collected** | | |
| Alimony or other spousal support | | |  | |  | | | |  | |  | | |
| Child support | | |  | |  | | | |  | |  | | |
| Earned income | | |  | |  | | | |  | |  | | |
| General assistance | | |  | |  | | | |  | |  | | |
| Pension or retirement income from a job | | |  | |  | | | |  | |  | | |
| Private disability insurance | | |  | |  | | | |  | |  | | |
| Retirement income from social security | | |  | |  | | | |  | |  | | |
| Social Security Disability Insurance (SSDI) | | |  | |  | | | |  | |  | | |
| Supplemental Security Income (SSI) | | |  | |  | | | |  | |  | | |
| TANF | | |  | |  | | | |  | |  | | |
| Unemployment Insurance | | |  | |  | | | |  | |  | | |
| VA Non-service connected disability pension | | |  | |  | | | |  | |  | | |
| VA service-connected disability compensation | | |  | |  | | | |  | |  | | |
| Worker’s Compensation | | |  | |  | | | |  | |  | | |
| Other (specify): | | |  | |  | | | |  | |  | | |
| **Non-cash benefits from any source** (check one and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | |
| **Receives the following Non-cash Benefit Types:** | | | | | | | | **Yes** | **No** | **Not Collected** | | | |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) | | | | | | | |  |  |  | | | |
| Special Supplemental Nutrition for Women, infants, children (WIC) | | | | | | | |  |  |  | | | |
| TANF Child Care services | | | | | | | |  |  |  | | | |
| TANF transportation services | | | | | | | |  |  |  | | | |
| Other TANF-funded services | | | | | | | |  |  |  | | | |
| Other (specify): | | | | | | | |  |  |  | | | |
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| **PSH ONLY: Moving ON (enter under SERVICES)**  **Date of Moving On Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Moving On Assistance:**  \_\_\_\_\_Subsidized housing application assistance  \_\_\_\_\_Financial assistance for Moving On (e.g., security deposit, moving expenses)  \_\_\_\_\_Non-financial assistance for Moving On (e.g., housing navigation, transition support)  \_\_\_\_\_Housing Referral/placement  \_\_\_\_\_Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PSH ONLY: General Health Status**  \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
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| **ONLY FOR Street Outreach or Night by Night Emergency Shelter:**  **Date of Contact: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Staying on Streets, ES or SH:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Worker unable to determine |
|  |
| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:**  **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **ONLY FOR Homeless Prevention Projects:**  **Housing Assessment on Exit:** \_\_\_\_\_Able to maintain the housing they had at entry \_\_\_\_\_Moved to new housing unit  \_\_\_\_\_Moved in with family/friends on temporary basis \_\_\_\_\_Moved in with family/friends on permanent basis  \_\_\_\_\_Jail/Prison \_\_\_\_\_ Deceased  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  \_\_\_\_\_Moved to a transitional or temporary housing facility or program  \_\_\_\_\_Client became homeless – (moved to shelter or in place not meant for habitation)  **If Able to maintain housing:**   \_\_\_\_\_Without a subsidy \_\_\_\_\_With the subsidy at project entry  \_\_\_\_\_With on-going subsidy attained after entry \_\_\_\_\_Only with financial assistance other than a subsidy  **If Moved into new housing unit:**  \_\_\_\_\_With on-going subsidy \_\_\_\_\_Without on-going subsidy |