**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |  |
| **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 |
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| **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 |