**HMIS Iowa BOS Coordinated 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Self-Resolution to Permanent Housing Situation \_\_\_ Transfer from ES to ES  \_\_\_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 | | | | | | | | |
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| **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 (FIP) | | | | |  | |  | | | |  | |  | | |
| Unemployment Insurance | | | | |  | |  | | | |  | |  | | |
| VA Non-service connected disability pension | | | | |  | |  | | | |  | |  | | |
| VA service-connected disability compensation | | | | |  | |  | | | |  | |  | | |
| Worker’s Compensation | | | | |  | |  | | | |  | |  | | |
| Other (specify): | | | | |  | |  | | | |  | |  | | |
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| **Closing Referral on Prioritization List** **Referral End Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Was the client/household accepted by the referred agency?** \_\_\_\_\_Yes \_\_\_\_\_No  **If Yes, Date of Entry:** **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If No, Reason for incomplete referral:**  \_\_\_\_\_Client arrived but did not want service   \_\_\_\_\_Client did not arrive  \_\_\_\_\_Client did not respond to agency attempts  \_\_\_\_\_Client not eligible due to limited project funding  \_\_\_\_\_Client not eligible due to previous infractions/behaviors   \_\_\_\_\_Client not eligible (per program guidelines)  \_\_\_\_\_Client self-resolved and is no longer homeless  \_\_\_\_\_No attempt made to contact  \_\_\_\_\_Other (Please Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Removing Client from Prioritization List**  **Removal Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Agency Removing Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Was your Agency able to secure Permanent Housing for the Client/Household?** \_\_\_\_\_Yes \_\_\_\_\_No   **If Yes, Date Permanently Housed:** **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If Yes,** **Project Type of Entry?**  \_\_\_\_\_Emergency Shelter \_\_\_\_\_Homeless Prevention \_\_\_\_\_Transitional Housing  \_\_\_\_\_Rapid Rehousing \_\_\_\_\_Permanent Supportive Housing \_\_\_\_\_Other Permanent Housing  **If No, Reason for removal from Prioritization List:**  \_\_\_\_\_Client/Household cannot be found or contacted.  \_\_\_\_\_Client/Household no longer wishes to participate in Coordinated Entry.  \_\_\_\_\_Client/Household self-resolved and is no longer homeless.  \_\_\_\_\_Client is now deceased.  \_\_\_\_\_Client is now in a hospital or other residential non-psychiatric medical facility.  \_\_\_\_\_Client is now in a substance abuse treatment facility or detox center.  \_\_\_\_\_Client is now in jail/prison/juvenile detention facility.  \_\_\_\_\_Client is now in psychiatric hospital or other psychiatric facility. | | | | | | | | | | | | | | | |
| **Closing Coordinated Entry Event Referral Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If Event was ‘Referral to post-placement/follow up case management”: Enrolled in Aftercare Project?** \_\_\_\_\_Yes \_\_\_\_\_No  **If Event was ‘Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening’:**  **Location of Crisis Housing or Permanent Housing Referral**): (agency name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Referral Result:**  \_\_\_\_\_Successful referral: client accepted  \_\_\_\_\_Unsuccessful referral: client rejected  \_\_\_\_\_Unsuccessful referral: provider rejected  **Date of Result: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |