**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  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **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): |  |  |  |  |
|  |  |  |  |
| **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 EventReferral 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: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |