**HMIS Iowa BOS Exit—For Dependent Children Under 18 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 |

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| **Does client have a disability of long duration** (check 1 and complete grid below):  \_\_\_\_\_\_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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| **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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| **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  \_\_\_\_\_Moved to a transitional or temporary housing facility or program  \_\_\_\_\_Client became homeless – (moved to shelter or in place not meant for habitation)  \_\_\_\_\_ Jail/Prison \_\_\_\_\_Deceased  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  **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 | | | | | | | | | |