**HMIS Iowa BOS HOPWA 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 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 following grid):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer |

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| **DISABILITY DETAIL** Circle for each disability type: **Y=Yes N=No DK=Doesn’t Know PNA= Client 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  |
| **MEDICAID** **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer | **Employer-provided insurance****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer |
| **MEDICARE****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer | **Health insurance through COBRA****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer |
| **State children’s health insurance****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer | **Private pay health insurance** **Specify type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer |
| **Veteran's Health Administration (VHA)****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer | **State health insurance for adults****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer |
| **Indian Health Services Program\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer | **OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_ Client prefers not to answer |

**Medical Assistance:** (answer for all household members with HIV/AIDS)

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| **Receiving AIDS Drug Assistance Program (ADAP)?**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If no, reason:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client prefers not to answer |
| **Receiving Ryan White-funded Medical or Dental Assistance?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If no, reason:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client prefers not to answer |
| **T-Cell Count Available:**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If, Yes enter amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**If, Yes how was information obtained:**\_\_\_\_\_\_Medical Report \_\_\_\_\_\_\_Client Report \_\_\_\_\_\_\_Other |
| **Viral Load Information Available:**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Undetectable \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If, Yes enter amount**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If, Yes how was information obtained:**\_\_\_\_\_\_Medical Report \_\_\_\_\_\_\_Client Report \_\_\_\_\_\_\_Other |
| **Has the participant been prescribed anti-retroviral drugs?**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **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 |
| **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 here and complete following grid): **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): |  |  |  |  |
| **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): |  |  |  |
| **For Enrollee and all Household members** | **Yes** | **No** |
| Is this client the program enrollee |  |  |
| Does this person have HIV/AIDS |  |  |
| **For Enrollee Only**Funding Year \_\_\_\_\_\_\_ Received HOPWA-funded housing assistance this year: \_\_\_\_ Yes \_\_\_\_ NoMonthly Household Income: \_\_\_\_ $0-250 \_\_\_\_ $251-500 \_\_\_\_ $501-1000 \_\_\_\_ $1001-1500 \_\_\_\_ $1501-2000 \_\_\_\_ Over $2000Percent of Area Median Income (HOPWA): \_\_\_\_ 0-30% \_\_\_\_ 31-50% \_\_\_\_ 51-80% |
| **TBRA Questions- Answer Only if client received TBRA**TBRA Fund Sources: \_\_\_HOPWA \_\_\_\_ Non-HOPWA \_\_\_\_\_ Both HOPWA & Non-HOPWA |
| **STRMU Questions – Answer Only if client received STRMU**Housing status at exit or end of current year:\_\_\_\_ Maintain Private Housing without subsidy \_\_\_\_ Other private housing without subsidy\_\_\_\_ Other Hopwa Support \_\_\_\_\_ Other Housing Support \_\_\_\_ Institution\_\_\_\_ Likely to maintain current housing with add’l STRMU \_\_\_\_ Transitional Facilities/Short Term\_\_\_\_ Temporary non-permanent housing \_\_\_\_Emergency Shelter/Street \_\_\_\_Jail/Prison\_\_\_\_ Disconnected \_\_\_\_ DeathSTRMU Fund Sources: \_\_\_HOPWA \_\_\_\_ Non-HOPWA \_\_\_\_\_ Both HOPWA & Non-HOPWAReceived STRMU mortgage assistance this year: \_\_\_\_Yes \_\_\_\_ NoReceived any STRMU funding assistance last year: \_\_\_\_Yes \_\_\_\_ NoReceived any STRMU funding both last year and year before: \_\_\_\_Yes \_\_\_\_No |
| **Did the client receive:** Case Management Services this year: \_\_\_\_ Yes \_\_\_\_ NoHousing Information Services This Year: \_\_\_\_ Yes \_\_\_\_\_ NoPermanent housing placement services this year: \_\_\_\_\_ Yes \_\_\_\_\_ No |
| **CAPER OUTCOMES****During the operating year, did the household:**Have a housing plan? \_\_\_\_ Yes \_\_\_\_ NoHave contact with case manager/benefits counselor? \_\_\_\_\_Yes \_\_\_\_\_ NoHave contact with a primary health care provider? \_\_\_\_\_ Yes \_\_\_\_\_ NoHave access to medical insurance or assistance? \_\_\_\_ Yes \_\_\_\_\_ NoAccess or maintain sources of income? \_\_\_\_ Yes \_\_\_\_\_ NoObtain an income producing job? \_\_\_\_ Yes \_\_\_\_ No |