**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 \_\_\_\_ No  Monthly Household Income:  \_\_\_\_ $0-250 \_\_\_\_ $251-500 \_\_\_\_ $501-1000 \_\_\_\_ $1001-1500 \_\_\_\_ $1501-2000 \_\_\_\_ Over $2000  Percent 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 \_\_\_\_ Death  STRMU Fund Sources: \_\_\_HOPWA \_\_\_\_ Non-HOPWA \_\_\_\_\_ Both HOPWA & Non-HOPWA  Received STRMU mortgage assistance this year: \_\_\_\_Yes \_\_\_\_ No  Received any STRMU funding assistance last year: \_\_\_\_Yes \_\_\_\_ No  Received any STRMU funding both last year and year before: \_\_\_\_Yes \_\_\_\_No | | | | | | | | |
| **Did the client receive:**  Case Management Services this year: \_\_\_\_ Yes \_\_\_\_ No  Housing Information Services This Year: \_\_\_\_ Yes \_\_\_\_\_ No  Permanent housing placement services this year: \_\_\_\_\_ Yes \_\_\_\_\_ No | | | | | | | | |
| **CAPER OUTCOMES**  **During the operating year, did the household:**  Have a housing plan? \_\_\_\_ Yes \_\_\_\_ No  Have contact with case manager/benefits counselor? \_\_\_\_\_Yes \_\_\_\_\_ No  Have contact with a primary health care provider? \_\_\_\_\_ Yes \_\_\_\_\_ No  Have access to medical insurance or assistance? \_\_\_\_ Yes \_\_\_\_\_ No  Access or maintain sources of income? \_\_\_\_ Yes \_\_\_\_\_ No  Obtain an income producing job? \_\_\_\_ Yes \_\_\_\_ No | | | | | | | | |