**HMIS Iowa BOS SSVF Program 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 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 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 | | | | | | | |
|  |  | | |  | |  | |  | | | | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |  |
|  | | | | | | | | | | | | | |
| **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  **If, Yes:**  \_\_\_\_\_Part Time \_\_\_\_\_Full Time \_\_\_\_\_Seasonal/Sporadic  **If, No:**  \_\_\_\_\_Looking for Work \_\_\_\_\_Unable to Work \_\_\_\_\_Not Looking for Work | | | | | | | | | | | | | |
| **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): | | |  | | |  | | |  | |  | | |
|  | | |  | | |  | | |  | |  | | |
| **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): | | | | | | |  |  | |  | | | |
|  | | | | | | | | | | | | | |
| **Connection to SOAR?** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | |
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| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH):**  **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |