**HMIS Iowa PC Basic Exit - Adult**  **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 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 | | | | | | |
| **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 | | | | | | | | | | | | | |
| **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 | | | |  | |  | | |  | |  | | |
| 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): | | | | | | | |  |  |  | | | |
|  | | | | | | | | | | | | | |
| **ONLY FOR Street Outreach or Night by Night Emergency Shelter:**  **Date of Contact: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Staying on Streets, ES or SH:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Worker unable to determine | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:**  **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **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  \_\_\_\_\_Jail/prison \_\_\_\_\_ Deceased  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  \_\_\_\_\_Moved to a transitional or temporary housing facility or program  \_\_\_\_\_Client became homeless – (moved to shelter or in place not meant for habitation)  **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 | | | | | | | | | | | | | |