**HMIS Iowa PC HOPWA Exit - Adult** **HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXIT DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **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  **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 | |
| **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)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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): | | |  |  | |  | |