**HMIS Iowa PC PATH 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 **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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| **Date of Engagement: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** **Date of PATH Status Determination: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_****Client Enrolled in PATH:** \_\_\_\_\_Yes \_\_\_\_\_No**Reason for Not Enrolling in PATH:**\_\_\_\_\_ Client found ineligible for PATH \_\_\_\_\_ Client was not enrolled for other reasons \_\_\_\_\_ Unable to Locate Client |
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| **Connection to SOAR?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
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| **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  |
| **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): |  |  |  |

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| **ONLY FOR Street Outreach:**  **Date of Contact: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Staying on Streets, ES or SH:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Worker unable to determine |