**HMIS Iowa PC SSVF 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 | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:**  **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |