

HMIS Standard Exit Form for HOPWA

Effective 10/01/2023

Exit Date

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ServicePoint

(HoH) ID:

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Project Name

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Head of Household Name

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first

middle

last

suffix

SSN Last four digits

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If Partial Household Exit (if the whole household is existing, skip to Destination)

Name of Client(s) Exiting	Client ID

Reason for Leaving

Completed Program	Completed Step	Criminal activity/violence	Disagreement with rules/persons	Left for housing opp. Before completing program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs could not be met	Non-compliance with program	Non-payment of rent	Other	Reached maximum time allowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown/Disappeared				
<input type="checkbox"/>				

Destination (Where will you stay tonight?)

Homeless Situations	Institutional Situations	Temporary Housing Situations	Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy (if yes, choose type): <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher 	<input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

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					<ul style="list-style-type: none"> <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
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Any Adult in the Household currently receiving income? Yes (identify below) No

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child Support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
Total Monthly Income (record separately for each adult)	\$		Total Monthly Income (record separately for each adult)	\$	

Any adult in the Household currently receiving Non-Cash Benefits? Yes No

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)			
<input type="checkbox"/> TANF transportation services			
<input type="checkbox"/> Other TANF-funded services			

Is anyone in the Household receiving Health Insurance? Yes No

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Health Administration (VHA)		<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Indian Health Services Program		<input type="checkbox"/> Other: _____	

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Disability Information:

Name	Condition	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Expected to substantially impair ability to live independently:
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOPWA Project: Medical Assistance

Receiving AIDS Drug Assistance Program (ADAP)?
 No Yes Client doesn't know Client prefers not to answer

If No, reason (for not receiving ADAP)?
 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?
 No Yes Client doesn't know Client prefers not to answer

If No, reason (for not receiving Ryan White)?
 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

Has the participant been prescribed anti-retroviral drugs?
 No Yes Client doesn't know Client prefers not to answer

HIV/AIDS

Start Date: **End Date:**

/ /
 / /

If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available? Yes No Client prefers not to answer

If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count?

If Yes for HIV/AIDS and a T-Cell (CD4) is recorded above, how was the information obtained? Medical report Client report
 Other

If Yes for HIV/AIDS, does the client have Viral Load Information available? Not Available Available
 Undetectable Client doesn't know
 Client prefers not to answer

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If Yes for HIV/AIDS and Viral Load Information is available, what is the Viral Load?	
If Yes for HIV/AIDS and Viral Load is recorded above, how was the information obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other

Housing Assessment at Exit				
Able to maintain the housing they had at project entry (answer applicable question below) <input type="checkbox"/>	Moved to new housing unit (answer applicable question below) <input type="checkbox"/>	Moved in with family/friends on a <u>temporary</u> basis <input type="checkbox"/>	Moved in with family/friends on a <u>permanent</u> basis <input type="checkbox"/>	Moved to a transitional or temporary housing facility or program <input type="checkbox"/>
Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/>	Jail/prison <input type="checkbox"/>	Deceased <input type="checkbox"/>	Client doesn't know <input type="checkbox"/>	Client prefers not to answer <input type="checkbox"/>
→ If able to maintain the housing they had at project entry selected above, answer the following questions:				
Subsidy information:	Without a subsidy <input type="checkbox"/>	With the subsidy they had at project entry <input type="checkbox"/>	With an on-going subsidy acquired since project entry <input type="checkbox"/>	Only with financial assistance other than a subsidy <input type="checkbox"/>
If Moved to a new housing unit selected above, answer the following questions:		With on-going subsidy <input type="checkbox"/>	Without an on-going subsidy <input type="checkbox"/>	