

HMIS Exit Form for PSH projects

Effective 10/01/2025

Exit Date

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ServicePoint
(HoH) ID:

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Project Name

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Head of Household Name

--

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 ☐
Needs could not be met ☐	Non-compliance with program ☐	Non-payment of rent ☐	Other ☐	Reached maximum time allowed ☐
Unknown/Disappeared ☐				

Destination (Where will you stay tonight?)

Homeless Situations	Institutional Situations	Temporary Housing Situations	Permanent Housing Situation	Other
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric 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	☐ 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	☐ 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 (if yes, choose type): ☐ 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	☐ No exit interview completed ☐ Other ☐ Deceased ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

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			○ Family Unification Program Voucher (FUP) ○ Foster Youth to Independence Initiative (FYI) ○ Permanent Supportive Housing ○ Other permanent housing dedicated for formerly homeless persons ☐ Owned by client, with ongoing housing subsidy ☐ 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)
☐ Alimony or other spousal support	\$		☐ Social Security Income (SSI)	\$	
☐ Cash assistance/TANF	\$		☐ Social Sec Disability Income (SSDI)	\$	
☐ Child Support	\$		☐ Unemployment	\$	
☐ Earned Income	\$		☐ VA Service Connected Disability	\$	
☐ Pension from a former job	\$		☐ Veteran's Pension	\$	
☐ Retirement from Social Security	\$		☐ Worker's Compensation	\$	
☐ Private Disability Insurance	\$		☐ General Assistance	\$	
☐ Other Sources? Source _____	\$		☐ 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)
☐ Supplemental Nutrition Assistance Program (SNAP/CalFresh)		☐ Other: _____	
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)			
☐ TANF transportation services			
☐ Other TANF-funded services			

Is anyone in the Household receiving Health Insurance?

☐ Yes

☐ No

Source	Recipient(s)	Source	Recipient(s)
☐ Medicaid		☐ Employer-provided Health Insurance	
☐ Medicare		☐ Health insurance obtained through COBRA	
☐ State Children's Health Insurance Program (SCHIP)		☐ Private Pay Health Insurance	
☐ Veteran's Health Administration (VHA)		☐ State Health Insurance for Adults	
☐ Indian Health Services Program		☐ 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:
	☐ Physical ☐ Drug Abuse ☐ Mental Health ☐ Developmental ☐ Alcohol ☐ HIV/AIDS ☐ Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Physical ☐ Drug Abuse ☐ Mental Health ☐ Developmental ☐ Alcohol ☐ HIV/AIDS ☐ Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Physical ☐ Drug Abuse ☐ Mental Health ☐ Developmental ☐ Alcohol ☐ HIV/AIDS ☐ Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Physical ☐ Drug Abuse ☐ Mental Health ☐ Developmental ☐ Alcohol ☐ HIV/AIDS ☐ Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Physical ☐ Drug Abuse ☐ Mental Health ☐ Developmental ☐ Alcohol ☐ HIV/AIDS ☐ Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No

Moving On Assistance Provided

Date of Moving On Assistance:

Moving On Assistance:

- ☐ Subsidized housing application assistance
- ☐ Financial assistance for Moving On (e.g., security deposit, moving expenses)
- ☐ Non-financial assistance for Moving On (e.g., housing navigation, transition support)
- ☐ Housing referral/placement
- ☐ Other (please specify)

Other (please specify):