

HMIS Standard Exit Form for Recovery Kentucky 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

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first

middle

last

suffix

SSN Last four digits

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Reason for Leaving

Completed Program <input type="checkbox"/>	Completed Step <input type="checkbox"/>	Criminal activity/violence <input type="checkbox"/>	Disagreement with rules/persons <input type="checkbox"/>	Left for housing opp. Before completing program <input type="checkbox"/>
Needs could not be met <input type="checkbox"/>	Non-compliance with program <input type="checkbox"/>	Non-payment of rent <input type="checkbox"/>	Other <input type="checkbox"/>	Reached maximum time allowed <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"> o GPD TIP housing subsidy o VASH housing subsidy o RRRH or equivalent subsidy o HCV voucher (tenant or project based) (not dedicated) o Public housing unit o Rental by client, with other ongoing housing subsidy o Housing Stability Voucher o Family Unification Program Voucher (FUP) o Foster Youth to Independence Initiative (FYI) o Permanent Supportive Housing o 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	<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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Was client ever a peer mentor?

☐ No

☐ Yes

Program Component at Exit

What Program Component was client in at exit?

SOS
☐
Phase 2
☐

MT-1
☐

MT-2
☐

Phase 1
☐

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"/>
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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"/>
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Income

☐ No/None at all ☐ Yes (identify source and amounts)
☐ Client doesn't know ☐ Client prefers not to answer

Source:	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____ .00
<input type="checkbox"/> Unemployment Insurance	\$ _____ .00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ .00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ .00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____ .00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____ .00
<input type="checkbox"/> Worker's Compensation	\$ _____ .00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____ .00
<input type="checkbox"/> General Assistance (GA)	\$ _____ .00
<input type="checkbox"/> Private disability Insurance	\$ _____ .00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____ .00
<input type="checkbox"/> Child Support	\$ _____ .00
<input type="checkbox"/> Alimony or other spousal support	\$ _____ .00
<input type="checkbox"/> Other source: _____	\$ _____ .00
Total Monthly Income:	\$ _____

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Non-Cash Benefits

- ☐ No/None at all ☐ Yes (Identify source below)
☐ Client doesn't know ☐ Client prefers not to answer

Source:

- ☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care services
☐ TANF transportation services
☐ Other TANF-funded services
☐ Other: _____

Disability

Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?

- ☐ No ☐ Yes (indicate type(s) below) ☐ Client doesn't know ☐ Client prefers not to answer

	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	N/A	N/A
Expected to substantially impair ability to live independently:	N/A	N/A	N/A	N/A	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Health Insurance

- ☐ No ☐ Client doesn't know
☐ Yes (identify source below) ☐ Client prefers not to answer

Source:

- ☐ Medicaid ☐ Medicare
☐ State Children's Health Insurance (KCHIP) ☐ Veteran's Health Administration (VHA)
☐ Employer-Provided Health Insurance ☐ Health Insurance obtained through COBRA
☐ Private Pay Health Insurance ☐ State Health Insurance for Adults
☐ Indian Health Services Program ☐ Other: _____

Staff Completing (Printed Name):

Date:

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