

# HMIS Standard Exit Form for Recovery Kentucky projects

Effective 10/01/2025

**Exit Date**

  /  /  /  /  /

**ServicePoint  
(HoH) ID:**

  /  /  /  /  /

**Project Name**

**Head of Household Name**

**SSN Last four digits**

  /  /  /  /

first

middle

last

suffix

<b>Reason for Leaving</b>				
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?)

<b>Homeless Situations</b>	<b>Institutional Situations</b>	<b>Temporary Housing Situations</b>	<b>Permanent Housing Situation</b>	<b>Other</b>
<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"> <li><input type="radio"/> GPD TIP housing subsidy</li> <li><input type="radio"/> VASH housing subsidy</li> <li><input type="radio"/> RRH or equivalent subsidy</li> <li><input type="radio"/> HCV voucher (tenant or project based) (not dedicated)</li> <li><input type="radio"/> Public housing unit</li> <li><input type="radio"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="radio"/> Housing Stability Voucher</li> <li><input type="radio"/> Family Unification Program Voucher (FUP)</li> <li><input type="radio"/> Foster Youth to Independence Initiative (FYI)</li> <li><input type="radio"/> Permanent Supportive Housing</li> <li><input type="radio"/> Other permanent housing dedicated for formerly homeless persons</li> </ul> <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"/>
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"/>	

Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 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
<b>Total Monthly Income:</b> \$ _____	

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<b>Non-Cash Benefits</b>	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<b>Source:</b>	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other: _____	

## Disability

<b>Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a developmental disability, HIV/AIDS, or a diagnosable substance abuse problem?</b>						
<input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate type(s) below)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client prefers not to answer
<b>Source:</b>	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> Veteran's Health Administration (VHA)
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other: _____

**Staff Completing (Printed Name):**

**Date:**

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