HMIS Exit Form for Emergency Shelter projects

Effective 10/01/2021

Exit Date

		/			/		

ServicePoint (HoH) ID:

Project Name

Head of Household Name

first middle last suffix

SSN Last four digits

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 Situation	**Institutional Situation**	**Transitional/Permanent Housing Situation**	**Other**
☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). ☐ Emergency shelter, including hotel/motel voucher paid for with ES, or RHY funded host home shelter ☐ Safe Haven	☐ Foster care home or foster 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	☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth) ☐ Host Home (non-crisis) ☐ Staying or living in a friend's - temporary ☐ Staying or living with family – temporary ☐ Staying or living with family – permanent ☐ Staying or living in a friend's – permanent ☐ Moved from one HOPWA funded project to HOPWA PH ☐ Moved from one HOPWA funded project to HOPWA TH ☐Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons	☐ Client doesn't know ☐ Client refused ☐ Deceased

		☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client with other ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	

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 Administration (VA) Medical Services		☐ State Health Insurance for Adults	
☐ Indian Health Services Program		☐ Other:_______________	

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

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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			