

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

**Destination (Where will you stay tonight?)**

| Homeless Situation   | Institutional Situation   | Transitional/Permanent Housing Situation  | Other  |
|--|---|---|--|
| <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).<br><br><input type="checkbox"/> Emergency shelter, including hotel/motel voucher paid for with ES, or RHY funded host home shelter<br><br><input type="checkbox"/> Safe Haven | <input type="checkbox"/> Foster care home or foster group home<br><br><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility<br><br><input type="checkbox"/> Jail, prison or juvenile detention facility<br><br><input type="checkbox"/> Long-term care facility or nursing home<br><br><input type="checkbox"/> Psychiatric hospital or other psychiatric facility<br><br><input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Residential project or halfway house with no homeless criteria<br><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher<br><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)<br><input type="checkbox"/> Host Home (non-crisis)<br><input type="checkbox"/> Staying or living in a friend's - temporary<br><input type="checkbox"/> Staying or living with family – temporary<br><input type="checkbox"/> Staying or living with family – permanent<br><input type="checkbox"/> Staying or living in a friend's – permanent<br><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH<br><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH<br><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy<br><input type="checkbox"/> Rental by client, with VASH housing subsidy<br><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Deceased |

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|  |  |   |  |
|--|--|---|--|
|  |  | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy<br><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)<br><input type="checkbox"/> Rental by client in a public housing unit<br><input type="checkbox"/> Rental by client, no ongoing housing subsidy<br><input type="checkbox"/> Rental by client with other ongoing housing subsidy<br><input type="checkbox"/> Owned by client, with ongoing housing subsidy<br><input type="checkbox"/> Owned by client, no ongoing housing subsidy |  |
|--|--|---|--|

**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?<br>Source _____        | \$     |              | <input type="checkbox"/> Other Sources?<br>Source _____        | \$     |              |
| <b>Total Monthly Income (record separately for each adult)</b> | \$     |              | <b>Total Monthly Income (record separately for each adult)</b> | \$     |              |

**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:<br>_____ |              |
| <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 Administration (VA) Medical Services    |              | <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<br><input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental<br><input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
|      | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse<br><input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental<br><input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
|      | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse<br><input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental<br><input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
|      | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse<br><input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental<br><input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
|      | <input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse<br><input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental<br><input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |