

HMIS Standard Intake – Recovery Kentucky Exit

Effective 10/01/2021

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?)

Deceased <input type="checkbox"/>	Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher) <input type="checkbox"/>	Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/>	Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport or outside) <input type="checkbox"/>	Hotel or motel paid for <u>without</u> emergency shelter voucher <input type="checkbox"/>
Rental by client, <u>no</u> ongoing housing subsidy <input type="checkbox"/>	Rental by client, with VASH subsidy (Veterans Affairs) <input type="checkbox"/>	Rental by client, with GPD TIP (transition-in-place) subsidy <input type="checkbox"/>	Rental by client, With other ongoing <u>subsidy</u> <input type="checkbox"/>	Residential project or halfway house with <u>no</u> homeless criteria <input type="checkbox"/>
Hospital or other residential non-psychiatric medical facility <input type="checkbox"/>	Psychiatric hospital or other psychiatric facility <input type="checkbox"/>	Staying or living with family, <u>permanent</u> <u>tenure</u> <input type="checkbox"/>	Staying or living with family, <u>temporary</u> <u>tenure</u> <input type="checkbox"/>	Staying or living with friends, <u>permanent</u> <u>tenure</u> <input type="checkbox"/>
Staying or living with friends, <u>temporary</u> <u>tenure</u> <input type="checkbox"/>	Jail, prison or juvenile detention facility <input type="checkbox"/>	Substance abuse treatment facility or detox center <input type="checkbox"/>	Moved from on HOPWA funded project to HOPWA PH <input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/>
Owned by client, <u>no</u> ongoing housing subsidy <input type="checkbox"/>	Owned by client, <u>with</u> ongoing housing subsidy <input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless person <input type="checkbox"/>	Long-term care facility or nursing home <input type="checkbox"/>	Safe Haven (non in Alameda Co.) <input type="checkbox"/>
Foster care home or foster care group home <input type="checkbox"/>	Client doesn't know <input type="checkbox"/>	Client refused <input type="checkbox"/>	Other <input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy <input type="checkbox"/>

Was client ever a peer mentor?

☐ No

☐ Yes

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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"/>	Client went to jail/prison <input type="checkbox"/>	Client died <input type="checkbox"/>	Client doesn't know <input type="checkbox"/>	Client refused <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 refused

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 refused

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 refused

	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

Source:

- ☐ Medicaid ☐ Medicare
☐ State Children's Health Insurance (KCHIP) ☐ VA Medical Services
☐ 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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