HMIS EXIT FORM for YHDP

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix) HMIS CLIENT ID

|  |  |
| --- | --- |
|  |  |

CLIENT PHONE NUMBER CLIENT EMAIL ADDRESS

Do not record in HMIS. Do not record in HMIS.

|  |  |  |
| --- | --- | --- |
| ( ) - |  |  |

PROJECT EXIT DATE

|  |
| --- |
| / / |

HMIS ENTRY INSTRUCTIONS

Reason for Leaving is a question in HMIS, but it is not required and not collected.

(See Next Page)

PARTIAL HOUSEHOLD EXIT

If the entire household is exiting, skip to *Destination at Exit*.

|  |  |
| --- | --- |
| Name of Client(s) Exiting | HMIS Client ID |
|  |  |
|  |  |
|  |  |

DESTINATION AT EXIT

|  |  |
| --- | --- |
| Homeless Situations | Temporary and Permanent Housing Situations |
|  Place not meant for habitation |  Residential project or halfway house with no homeless criteria |
|  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter |  Hotel or motel paid for **without** emergency shelter voucher |
|  Safe Haven |  Transitional housing for homeless persons (including homeless youth) |
| Institutional Situations |  Host Home (non-crisis) |
|  Foster care home or foster care group home |  Staying or living with friends, temporary tenure |
|  Hospital or other residential non-psychiatric medical facility |  Staying or living with family, temporary tenure |
|  Jail, prison, or juvenile detention facility |  Staying or living with friends, permanent tenure |
|  Long-term care facility or nursing home |  Staying or living with family, permanent tenure |
|  Psychiatric hospital or other psychiatric facility |  Moved from one HOPWA funded project to HOPWA PH |
|  Substance abuse treatment facility or detox center |  Moved from one HOPWA funded project to HOPWA TH |
| Other Situations |  Rental by client, with GPD TIP subsidy |
|  No exit interview completed |  Rental by client, with VASH housing subsidy |
|  Other HUD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Permanent housing (other than RRH) for formerly homeless persons |
|  Deceased |  Rental by client, with RRH or equivalent subsidy |
|  Client doesn’t know |  Rental by client, with HCV voucher (tenant or project based) |
|  Client refused |  Rental by client in a public housing unit |
|  Data not collected |  Rental by client, no ongoing housing subsidy |
|  |  Rental by client, with other ongoing housing subsidy |
|  |  Owned by client, with housing subsidy |
|  |  Owned by client, no housing subsidy |

IF NOT VACCINATED FOR COVID-19 (Ohio Balance of State CoC Clients)

|  |  |
| --- | --- |
| Client Name | Would the client consent to a COVID-19 vaccine at no cost?  |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |

IF CLIENT IS FULLY OR PARTIALLY VACCINATED FOR COVID-19 (Ohio Balance of State CoC Clients)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name | Date Vaccine Dose Administered\* | Manufacturer\* | Contact InfoClient phone number or email address | Vaccination Documentation |
|  | / / |  Moderna Pfizer |  |  Healthcare provider Self-report Vaccine card |
|  | / / |  Moderna Pfizer |  |  Healthcare provider Self-report Vaccine card |
|  | / / |  Moderna Pfizer |  |  Healthcare provider Self-report Vaccine card |

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

|  |  |
| --- | --- |
| Name | Disability of long duration that substantially limits the client's ability to live on their own |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |

ARE ANY CLIENTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME?  YES  NO

Income for a child is recorded as income for the youth 18-24 who receives the funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 Compensation | $ |  |
|  Pension from a former job | $ |  |  VA Non-Service Connected Disability Pension | $ |  |
|  Retirement from Social Security | $ |  |  Workers’ Compensation | $ |  |
|  Private Disability Insurance | $ |  |  General Assistance | $ |  |
|  Other sources \_\_\_\_\_\_\_\_\_ | $ |  |  Other sources \_\_\_\_\_\_\_\_\_ | $ |  |
| **TOTAL MONTHLY INCOME** (Record separately for HoH and each youth 18-24.) | $ |

ARE ANY CLIENTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS?  YES  NO

Income for a child is recorded as income for the youth 18-24 who receives the funds.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Recipient(s) | Source | Recipient(s) |
|  SNAP (Food Stamps) |  |  TANF child care services |  |
|  WIC |  |  TANF transportation services |  |
|  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  Other TANF-funded services |  |

DOES ANYONE IN THE HOUSEHOLD HAVE 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 |  |
|  Veterans Administration (VA) Medical Services |  |  State Health Insurance for Adults |  |
|  Indian Health Services Program |  |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

LAST GRADE COMPLETED (HoH)

|  |  |
| --- | --- |
|  Less than grade 5 |  GED |
|  Grades 5-6 |  Some college |
|  Grades 7-8 |  Associate’s degree |
|  Grades 9-11 |  Bachelor’s degree |
|  Grade 12 / High school diploma |  Graduate degree |
|  School program does not have grade levels |  Vocational certification |

SCHOOL STATUS (HoH)

|  |  |
| --- | --- |
|  Attending school regularly |  Dropped out |
|  Attending school irregularly |  Suspended |
|  Graduated high school |  Expelled |
|  Obtained GED |  |

IS THE CLIENT EMPLOYED? (HoH)

|  |  |
| --- | --- |
|  **Yes** |  Full-time Part-time Seasonal / Sporadic |
|  **No** |  Looking for work Unable to work Not looking for work |

HEALTH STATUS (HoH)

|  |  |  |
| --- | --- | --- |
| General Health Status | Dental Health Status | Mental Health Status |
|  Excellent |  Excellent |  Excellent |
|  Very good |  Very good |  Very good |
|  Good |  Good |  Good |
|  Fair |  Fair |  Fair |
|  Poor |  Poor |  Poor |

PROJECT COMPLETION STATUS

|  |
| --- |
|  Completed Project |
|  Youth voluntarily left early |
|  Youth was expelled or otherwise involuntarily discharged from project |  Criminal activity/destruction of property/violence Non-compliance with project rules Non-payment of rent/occupancy charge Reached maximum time allowed by project Project terminated Unknown/disappeared |

EXIT DESTINATION

|  |  |
| --- | --- |
| Is the **exit destination safe** as determined by the client? |  Yes  No |
| Is the **exit destination safe** as determined by the project or caseworker? |  Yes  No |

PERMANENT POSITIVE CONNECTIONS

|  |  |
| --- | --- |
| Does the client have **permanent positive adult connections** outside of the project? |  Yes  No |
| Does the client have **permanent** **positive community connections** outside of the project? |  Yes  No |
| Does the client have **permanent positive peer connections** outside of the project? |  Yes  No |

CURRENT LIVING SITUATION (Complete for HoH and each youth 18-24 in the household.)
End Date and Information Date are the same date.

|  |  |  |
| --- | --- | --- |
| Start Date | End Date | Information Date / Date of Contact |
| / / | / / | / / |
| Homeless Situations |
|  Place not meant for habitation |
|  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter |
|  Safe Haven |
| Institutional Situations |
|  Foster care home or foster care group home |  Long-term care facility or nursing home |
|  Hospital or other residential non-psychiatric medical facility |  Psychiatric hospital or other psychiatric facility |
|  Jail, prison, or juvenile detention facility |  Substance abuse treatment facility or detox center |
| Temporary and Permanent Housing Situations |
|  Residential project or halfway house with no homeless criteria |  Permanent housing (other than RRH) for formerly homeless persons |
|  Hotel or motel paid for **without** emergency shelter voucher |  Rental by client, with RRH or equivalent subsidy |
|  Transitional housing for homeless persons (including homeless youth) |  Rental by client, with HCV voucher (tenant or project based) |
|  Host Home (non-crisis) |  Rental by client in a public housing unit |
|  Staying or living in a friend’s room, apartment or house |  Rental by client, no ongoing housing subsidy |
|  Staying or living in a family member’s room, apartment or house |  Rental by client, with other ongoing housing subsidy |
|  Rental by client, with GPD TIP subsidy |  Owned by client, with housing subsidy |
|  Rental by client, with VASH housing subsidy |  Owned by client, no housing subsidy |

**(table continued on next page)**

|  |
| --- |
| Other |
|  Other (HUD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Worker unable to determine |
|  Client doesn’t know |
|  Client refused |
|  Data not collected |
| Location Details |  |
| Living Situation Verified ByAgency or Organization Name |  |
| Is the client going to have to leave their current living situation within 14 days? |
|  **Yes** | Has a subsequent residence been identified? |  Yes  No |
| Does the individual or family have resources or support networks to obtain other permanent housing? |  Yes  No |
| Has the client had a lease or ownership interest in a permanent housing unit the last 60 days? |  Yes  No |
| Has the client moved two or more times in the last 60 days? |  Yes  No |
|  **No** |

COORDINATED ENTRY ASSESSMENT

Date of Assessment and End Date are the same date in HMIS.

|  |  |
| --- | --- |
| Date of AssessmentEnd Date |  / / |
| Assessment LocationAgency Completing Assessment |  |
| Assessment Type |  Phone |
|  Virtual |
|  In-person |
| Assessment Level |  Crisis Needs Assessment |
|  Housing Needs Assessment |
| Prioritization Status |  Placed on Prioritization List |
|  Not Placed on Prioritization List |

COORDINATED ENTRY EVENT

Start Date and End Date and Date of Event are the same date in HMIS.

|  |  |
| --- | --- |
| Date of EventStart Date and End Date |  / / |
| Event |  ACCESS EVENT - Referral to Prevention Assistance project |  |
|  ACCESS EVENT - Problem Solving/Diversion/Rapid Resolution intervention or service | Client housed/re-housed in a safe alternative  YES  NO |
|  ACCESS EVENT - Referral to scheduled Coordinated Entry Crisis Needs Assessment |  |
|  ACCESS EVENT - Referral to scheduled Coordinated Entry Housing Needs Assessment |  |
|  REFERRAL EVENT - Referral to post-placement/follow-up case management | Enrolled in Aftercare project YES  NO |
|  REFERRAL EVENT - Referral to Street Outreach project or services |  |
|  REFERRAL EVENT - Referral to Housing Navigation project or services |  |
|  REFERRAL EVENT - Referral to Non-continuum services: Ineligible for continuum services |  |
|  REFERRAL EVENT - Referral to Non-continuum services: No availability in continuum services |  |
|  REFERRAL EVENT - Referral to Emergency Shelter bed opening | Location of Crisis Housing or Permanent Housing Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referral Result Successful referral: client accepted Unsuccessful referral: client rejected Unsuccessful referral: provider rejectedDate of Result / / |
|  REFERRAL EVENT - Referral to Transitional Housing bed/unit opening |
|  REFERRAL EVENT - Referral to Joint TH-RRH project/unit/resource opening |
|  REFERRAL EVENT - Referral to RRH project resource opening |
|  REFERRAL EVENT - Referral to PSH project resource opening |
|  REFERRAL EVENT - Referral to Other PH project/unit/resource opening |