**FORMULARIO HMIS - SALIR DE ALBERGUES DE EMERGENCIA Y TH**

HMIS EXIT FORM for Emergency Shelters (ES) and Transitional Housing (TH)

NOMBRE DEL JEFE DEL GRUPO (JdG) ID DE CLIENTE DE HMIS

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

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

FECHA DE SALIDA DEL PROYECTO

PROJECT EXIT DATE

|  |
| --- |
| / / |

SALIDA PARCIAL DEL HOGAR

**Si todo el hogar está saliendo, salte a Destino al Salir.**

PARTIAL HOUSEHOLD EXIT

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

|  |  |
| --- | --- |
| Nombre del cliente (s) que saleName of client(s) exiting | ID de Client de HMISHMIS Client ID |
|  |  |
|  |  |
|  |  |

**(Siguiente Página)**(See Next Page)

DESTINO AL SALIR

DESTINATION AT EXIT

|  |  |
| --- | --- |
| Literalmente Sin HogarLliterally Homeless | Situaciones temporales y permanentes de viviendTemporary and Permanent Situations |
|  **Lugar no destinado para habitación**Place not meant for habitation |  **Proyecto residencial o casa intermedia sin criterios de desamparo**Residential project or halfway house with no homeless criteria |
|  **Refugio de emergencia, incluido hotel o motel pagado con un vale de refugio de emergencia, of refugio de viviendas anfitrionas financiado por RHY**Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter |  **Hotel o motel pagado sin vale de albergue de emergencia**Hotel or motel paid for without emergency shelter voucher |
|  **Hogar de Acogida**Safe Haven |  **Hospedaje temporal para personas sin hogar, incluidos jóvenes sin hogar**Transitional housing for homeless persons including homeless youths |
| Situaciones InstitucionalesInstitutional Situations |  **Casa de acogida (sin crisis)**Host Home (non-crisis) |
|  **Hogar de crianza temporal u hogar grupal de crianza temporal**Foster care home or foster care group home |  **Alojarse o vivir en la habitación de un amigo, apartamento o casa**Staying or living in a friend’s room, apartment or house |
|  **Hospital u otra instalación médica residencial no psiquiátrica**Hospital or other residential non-psychiatric medical facility |  **Alojarse o vivir en la habitación, apartamento o casa de un miembro de la familia**Staying or living in a family member’s room, apartment or house |
|  **Penitenciaria o centro de detención juvenil**Jail, prison or juvenile detention facility |  **Alquiador por cliente, con subsidio GPD o TIP**Rental by client, with GPD or TIP subsidy |
|  **Centro de cuidado a largo plazo u hogar de ancianos**Long-term care facility or nursing home |  **Alquilado por cliente, con subsidio de hospedaje VASH**Rental by client with VASH housing subsidy |
|  **Hospital psiquiátrico u otro centro psiquiátrico**Psychiatric hospital or other psychiatric facility |  **Vivienda permanente (que no sea RRH) para personas sin hogar anteriormente**Permanent housing (other than RRH) for formerly homeless persons |
|  **Centro de tratamiento de abuso de sustancias o centro de desintoxicación**Substance abuse treatment facility or detox center |  **Alquiler por cliente, con RRH o subsidio equivalente** Rental by client, with RRH or equivalent subsidy |
| Otras SituacionesOther Situations |  **Alquiler por cliente, con comprobante de HCV (basado en inquilino o proyecto)**Rental by client, with HCV voucher (tenant or project based) |
|  **No se completó la entrevista de salida**No exit interview completed |  **Alquiler por cliente en una vivienda pública**Rental by client in a public housing unit |
|  **Otro HUD**Other HUD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **Alquiler por cliente, sin subsidio de vivienda continuo** Rental by client, no ongoing housing subsidy |
|  **Fallecido**Deceased |  **Alquiler por cliente, con otro subsidio de vivienda continuo**Rental by client, with other ongoing housing subsidy |
|  **Cliente no sabe**Client doesn’t know |  **Propiedad del cliente, con subsidio de hospedaje**Owned by client, no housing subsidy |
|  **Rechazado por cliente**Client refused |  **Propiedad del cliente, con subsidio de hospedaje**Owned by client, with housing subsidy |
|  **Datos no recopilados** Data not collected |  **Vivienda permanente (que no sea RRH) para personas sin hogar anteriormente**Permanent housing (other than RRH) for formerly homeless persons |
|  |  **Alquiler por cliente, con RRH o subsidio equivalente** Rental by client, with RRH or equivalent subsidy |
|  |  **Alquiler por cliente, con comprobante de HCV (basado en inquilino o proyecto)**Rental by client, with HCV voucher (tenant or project based) |
|  |  **Alquiler por cliente en una vivienda pública**Rental by client in a public housing unit |

SI NO SE APLICÓ LA VACUNA PARA COVID-19
IF NOT VACCINATED FOR COVID-19 (Ohio Balance of State CoC Clients)

|  |  |
| --- | --- |
| NombreName | ¿El cliente da su consentimiento para recibir la vacuna COVID-19 sin costo?Would the client consent to a COVID-19 vaccine at no cost? |
|  |  Yes |  |
|  No | **¿Cual es el motivo de no aplicarse la vacuna?**What are the concerns? |
|  |  Yes |  |
|  No | **¿Cual es el motivo de no aplicarse la vacuna?**What are the concerns? |
|  |  Yes |  |
|  No | **¿Cual es el motivo de no aplicarse la vacuna?**What are the concerns? |
|  |  Yes |  |
|  No | **¿Cual es el motivo de no aplicarse la vacuna?**What are the concerns? |
|  |  Yes |  |
|  No | **¿Cual es el motivo de no aplicarse la vacuna?**What are the concerns? |

SI EL CLIENTE ESTÁ TOTAL O PARCIALMENTE VACUNADO PARA COVID-19
IF CLIENT IS FULLY OR PARTIALLY VACCINATED FOR COVID-19 (Ohio Balance of State CoC Clients)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NombreName | Fecha de administración de la dosis de la vacunaDate Vaccine Dose Administered | LaboratorioManufacturer | Datos de contactoNúmero de teléfono o correo del clienteContact InfoClient phone number or email address | Documentación de la vacunaVaccine Documentation |
|  | / / |  Moderna Pfizer |  |  **Proveedor de Salud** -Healthcare provider **Client refiere** - Self-report **Tarjeta de vacunación** - Vaccine card |
|  | / / |  Moderna Pfizer |  |  **Proveedor de Salud** -Healthcare provider **Client refiere** - Self-report **Tarjeta de vacunación** - Vaccine card |
|  | / / |  Moderna Pfizer |  |  **Proveedor de Salud** -Healthcare provider **Client refiere** - Self-report **Tarjeta de vacunación** - Vaccine card |
|  | / / |  Moderna Pfizer |  |  **Proveedor de Salud** -Healthcare provider **Client refiere** - Self-report **Tarjeta de vacunación** - Vaccine card |

MIEMBROS DEL HOGAR CON CONDICIONES DE DISCAPACIDAD

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

|  |  |
| --- | --- |
| Nombre | Incapacidad de larga duración que limita sustancialmente la capacidad del cliente para vivir independientemente |
| Name | Disability of long duration that substantially limits the client's ability to live on their own |
|  |  **Física** Physical **Desarrollo** Developmental **Enfermedad crónica** Chronic health condition **Salud mental** Mental health  **VIH / SIDA** HIV/AIDS **Abuso de drogas** Drug abuse **Abuso de alcohol** Alcohol abuse **Abuso de alcohol y drogas** Drug abuse and alcohol abuse |
|  |  **Física** Physical **Desarrollo** Developmental **Enfermedad crónica** Chronic health condition **Salud mental** Mental health  **VIH / SIDA** HIV/AIDS **Abuso de drogas** Drug abuse **Abuso de alcohol** Alcohol abuse **Abuso de alcohol y drogas** Drug abuse and alcohol abuse |
|  |  **Física** Physical **Desarrollo** Developmental **Enfermedad crónica** Chronic health condition **Salud mental** Mental health  **VIH / SIDA** HIV/AIDS **Abuso de drogas** Drug abuse **Abuso de alcohol** Alcohol abuse **Abuso de alcohol y drogas** Drug abuse and alcohol abuse |
|  |  **Física** Physical **Desarrollo** Developmental **Enfermedad crónica** Chronic health condition **Salud mental** Mental health  **VIH / SIDA** HIV/AIDS **Abuso de drogas** Drug abuse **Abuso de alcohol** Alcohol abuse **Abuso de alcohol y drogas** Drug abuse and alcohol abuse |

¿ALGUNOS ADULTOS EN EL GRUPO QUE RECIBEN INGRESOS EN EFECTIVO?  SÍ  NO

Los ingresos de un niño se registran como ingresos para el adulto que recibe los fondos.

ARE ANY ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME?

Income for a child is recorded as income for the adult who receives the funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fuente | Cantidad | Destinatario(s) | Fuente | Cantidad | Destinatario |
| Source | Amount | Recipient(s) | Source | Amount | Recipient(s) |
|  **Pensión alimenticia u otro manutención conyugal**Alimony or other spousal support | $ |  |  **Ingresos del Seguro Social (SSI)**Social Security Income (SSI) | $ |  |
|  **Asistencia en efectivo / TANF**Cash assistance / TANF  | $ |  |  **Ingresos de Seguridad Social para Discapacidad (SSDI)**Social Sec Disability Income (SSDI) | $ |  |
|  **Manutención infantil**Child support | $ |  |  **Desempleo devengado**Unemployment | $ |  |
|  **Ingresos ganados**Earned income | $ |  |  **VA Compensación de Discapacidad Relacionada con el Servicio** VA Service Connected Disability Compensation | $ |  |
|  **Pensión de un trabajo anterior**Pension from a former job | $ |  |  **Pensión de incapacidad non-servicio de VA**VA Non-Service Connected Disability Pension | $ |  |
|  **Jubilación de la Seguridad Social**Retirement from Social Security | $ |  |  **Indemnización**Workers’ Compensation | $ |  |
|  **Seguro de incapacidad privada**Private Disability Insurance | $ |  |  **Asistencia general**General Assistance | $ |  |
|  **Otras fuentesFuente:**Other sources | $ |  |  **Otras fuentesFuente:**Other sources | $ |  |
| TOTAL MONTHLY INCOMERecord separately for each adult. | INGRESO TOTAL MENSUALComplete por separado para cada adulto. | $ |

¿ALGUNOS ADULTOS EN EL GRUPO QUE RECIBEN BENEFICIOS NO MONETARIOS?  SÍ  NO

Los ingresos de un niño se registran como ingresos para el adulto que recibe los fondos.

ARE ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS?

Income for a child is recorded as income for the adult who receives the funds.

|  |  |  |  |
| --- | --- | --- | --- |
| Fuente | Destinatario(s) | Fuente | Destinatario(s) |
| Source | Recipient(s) | Source | Recipient(s) |
|  **SNAP (Cupones de Alimentos)**SNAP (Food Stamps) |  |  **Servicios de cuidado de niños TANF**TANF child care services |  |
|  **WIC** |  |  **Servicios de transporte TANF**TANF transportation services |  |
|  **Otra**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  **Otros servicios de TANF**Other TANF-funded services |  |

¿ALGUNA PERSONA EN EL GRUPO QUE RECIBE SEGURO DE SALUD?  SÍ  NO

DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE?

|  |  |  |  |
| --- | --- | --- | --- |
| Fuente | Destinatario(s) | Fuente | Destinatario(s) |
| Source | Recipient(s) | Source | Recipient(s) |
|  **Medicaid** |  |  **Seguros de salud provisto por el empleador**Employer-provided Health Insurance |  |
|  **Medicare** |  |  Seguro de salud obtenido a través de COBRAHealth insurance obtained through COBRA |  |
|  **Programa de Niños del Estado de Seguros de Salud (SCHIP)**State Children’s Health Insurance Program (SCHIP) |  |  **Seguro de Salud Pago Privado**Private Pay Health Insurance |  |
|  **Administración de Veteranos (VA) Servicios Médicos**Veterans Administration (VA) Medical Services |  |  **Seguro de Salud Estatal para Adultos**State Health Insurance for Adults |  |
|  **Programa de Servicios de Salud para Indígenas**Indian Health Services Program |  |  **Otra**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |