

HMIS Data Collection for Project EXIT

This form can be used by all project types. Some project types are also required to track other information such as contacts, engagement, or move-in date. See supplemental forms for Outreach, PATH, HOPWA, RHY and SSVF projects.

Section I: Exit Information

NAME

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

CLIENT ID

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PROJECT EXIT DATE (Month / Day / Year)

		/			/				
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DESTINATION - [ALL CLIENTS] - [ALL PROJECTS]

Which of the following most closely matches where the client will be staying right after leaving this project?

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

REASON FOR LEAVING - [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Completed Program	<input type="checkbox"/>	Criminal Activity/Destruction of Property/Violence
<input type="checkbox"/>	Death	<input type="checkbox"/>	Disagreement with Rules/Persons
<input type="checkbox"/>	Diverted from Homeless Services	<input type="checkbox"/>	Other: Specify _____
<input type="checkbox"/>	Needs Could Not be Met by Program	<input type="checkbox"/>	Non-Compliance with Program
<input type="checkbox"/>	Non-Payment of Rent/Occupancy Charge	<input type="checkbox"/>	Reached Maximum Time Allowed by Program
<input type="checkbox"/>	Unknown/Disappeared	<input type="checkbox"/>	Left for a Housing Opportunity before Completing Program

INCOME FROM ANY SOURCE – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Is the client receiving income from any source at this time?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of income type.**

No	Yes	Source of income	If yes, monthly amount from source (round to nearest dollar)
<input type="checkbox"/>	<input type="checkbox"/>	Earned income (i.e., employment income)	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	
<input type="checkbox"/>	<input type="checkbox"/>	Private disability insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	<input type="checkbox"/>	Child support	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	<input type="checkbox"/>	Other source If yes, specify source: _____	
		Total monthly income from all sources	

**What is the sum of this client's regular, recurrent monthly income? Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

- Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and ARE NOT considered monthly income.
- Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and ARE NOT recorded in HMIS.

NON-CASH BENEFITS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of non-cash benefit.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Other source – Specify: _____

HEALTH INSURANCE - [ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]

Is the client currently covered by health Insurance?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of health insurance.

- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client doesn't know
- Client refused
- Data not collected

Yes	No	If No, Reason	Source
<input type="checkbox"/>	<input type="checkbox"/>		Medicaid
<input type="checkbox"/>	<input type="checkbox"/>		Medicare
<input type="checkbox"/>	<input type="checkbox"/>		State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>		Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>		Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>		Other If Yes, specify source: _____

DISABILITIES - [ALL CLIENTS] - [ALL PROJECTS]

CDK = Client Doesn't Know

CR = Client Refused

DNK = Data Not Collected

Disability Type	No	Yes	CDK	CR	DNC
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIGHEST LEVEL OF EDUCATION ATTAINED - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

<input type="checkbox"/> No Schooling Completed	<input type="checkbox"/> Nursery School to 4 th Grade
<input type="checkbox"/> 5 th or 6 th Grade	<input type="checkbox"/> 7 th or 8 th Grade
<input type="checkbox"/> 9 th Grade	<input type="checkbox"/> 10 th Grade
<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> 12 th Grade, No Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED
<input type="checkbox"/> Post-Secondary School	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Doctorate's Degree	<input type="checkbox"/> Other Graduate/Professional Degree
<input type="checkbox"/> Cert. of advanced learning or skilled artisan	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

Complete Questions Below for PSH Projects ONLY - ALL OTHER PROJECTS SKIP THIS SECTION

WELL-BEING- [HEADS OF HOUSEHOLD] - [PSH]

Client perceives their life has value and worth.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client perceives they have support from others who will listen to problems.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client perceives they have a tendency to bounce back after hard times.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

<input type="checkbox"/>	Not at all	<input type="checkbox"/>	At least every day
<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Several times a month	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Several times a week	<input type="checkbox"/>	Data not collected

MOVING ON ASSISTANCE PROVIDED- [HEADS OF HOUSEHOLD] - [PSH]

Date of Moving On Assistance

		/			/				
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Moving On Assistance

<input type="checkbox"/>	Subsidized housing application assistance	<input type="checkbox"/>	Housing referral / placement
<input type="checkbox"/>	Financial assistance for Moving On (e.g., security deposit, moving assistance)	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Non- financial assistance for Moving On (e.g., housing navigation, transition support)		

Other (please specify):

GENERAL HEALTH STATUS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH]

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Poor
<input type="checkbox"/>	Very good	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Good	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Fair	<input type="checkbox"/>	Data not collected