

## HMIS Data Collection for Project EXIT

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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

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#### LEGAL 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 prefers not to answer	<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
Temporary Housing Situations			
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Staying or living with friend, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/>	Host home (non-crisis)		
Permanent Housing Situations			
<input type="checkbox"/>	Staying or living with family, permanent tenure	<input type="checkbox"/>	Rental by client, with ongoing housing subsidy
<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy		

**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 prefers not to answer
<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:	
		<b>Total monthly income from all sources</b>	

\*\*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 prefers not to answer
<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 prefers not to answer
<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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>

**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 prefers not to answer
<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 prefers not to answer
<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 prefers not to answer
<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 prefers not to answer
<input type="checkbox"/>	Several times a week	<input type="checkbox"/>	Data not collected

**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 prefers not to answer
<input type="checkbox"/>	Fair	<input type="checkbox"/>	Data not collected