-Continuum of Care – Basic Exit

Data Collection HMIS Form -SSVF —– (2022)

Client ID:	**Project Exit Date:**
First, Mi., Last Name, Suf:	

Reason for leaving:	☐ Completed Program	☐ Criminal activity/ violence	☐ Death
	☐ Disagreement with rules/persons	☐ Left for In-House Supportive Housing	☐ Left for housing opp. Before completing program
	☐ Need fully met	☐ Needs could not be met	☐ Non-compliance with program
	☐ Nonpayment of rent	☐ Planned DC services completed referral made	☐ Planned DC services completed, no referral
	☐ Reached maximum time allowed	☐ Runaway	☐ Unknown/Disappeared
	☐ Unplanned DC parent/child terminated services	☐ Other	☐ Temporary financial assistance depleted
	☐ Other (Program no longer in operation)	☐ No contact for one month	

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Destination

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
☐ Place not meant for habitation ☐ Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No exit interview completed ☐ Other ☐ Deceased ☐ Client doesn't know ☐ Client refused ☐ Data not collected ☐ Permanent: In-house supportive housing	☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth ☐ Host Home (non – crisis) ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Renter by client, with other ongoing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy

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If "Other", specify:	
Notes:	
Subsidy:	☐ None ☐ Public housing ☐ Section 8 ☐ S+C ☐ HOME Program ☐ HOPWA Program ☐ Other housing subsidy ☐ Client doesn't know ☐ Refused

Total Monthly Income: **$________________** **(Income from any source)**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of Income	**Receiving income from any source?**	**Amount of income**	**How often:**	**Start Date**	**End Date**
Alimony or other spousal support	☐ Yes ☐ No ☐ Data Not Completed				
Child support	☐ Yes ☐ No ☐ Data Not Completed				
Earned income	☐ Yes ☐ No ☐ Data Not Completed				
Other	☐ Yes ☐ No ☐ Data Not Completed				
Pension or retirement income from another job	☐ Yes ☐ No ☐ Data Not Completed				
Private disability insurance	☐ Yes ☐ No ☐ Data Not Completed				
Retirement income from social security	☐ Yes ☐ No ☐ Data Not Completed				
SSDI	☐ Yes ☐ No ☐ Data Not Completed				
SSI	☐ Yes ☐ No ☐ Data Not Completed				
TANF	☐ Yes ☐ No ☐ Data Not Completed				

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Source of Income, continued	Receiving income from any source?	Amount of income	How often:	Start Date	End Date
Unemployment insurance	☐ Yes ☐ No ☐ Data Not Completed				
VA Non- service connected disability pension	☐ Yes ☐ No ☐ Data Not Completed				
Worker's compensation	☐ Yes ☐ No ☐ Data Not Completed				

Non cash benefit from any source:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Source of non-cash benefit	Receiving income from any source?	Start Date	End Date
Supplemental Nutritional Assistance Program (Food Stamps)	☐ Yes ☐ No ☐ Data Not Completed		
Special Supplemental Nutrition Program for WIC	☐ Yes ☐ No ☐ Data Not Completed		
TANF Child Care Services	☐ Yes ☐ No ☐ Data Not Completed		
TANF Transportation Services	☐ Yes ☐ No ☐ Data Not Completed		
Other TANF Funded Services	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

Covered by health insurance:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Source of Health Insurance	Covered	Start Date	End Date
Medicaid	☐ Yes ☐ No ☐ Data Not Completed		
Medicare	☐ Yes ☐ No ☐ Data Not Completed		
State Children's Health	☐ Yes ☐ No ☐ Data Not Completed		
Veteran's Admin Medical	☐ Yes ☐ No ☐ Data Not Completed		
Employer Provided Health Insurance	☐ Yes ☐ No ☐ Data Not Completed		

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Source of Health Insurance, Continued	Covered	Start Date	End Date
Health Insurance obtained through COBRA	☐ Yes ☐ No ☐ Data Not Completed		
Private pay health insurance	☐ Yes ☐ No ☐ Data Not Completed		
State health insurance	☐ Yes ☐ No ☐ Data Not Completed		
Indian health insurance	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

Disability Type	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Alcohol Use	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Both Alcohol and Drug Use	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Drug Abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Chronic Health Condition	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Developmental	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
HIV/AIDS	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					

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Disability Type, Continued	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Mental Health	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Physical	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					

Connection with SOAR	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Employed?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If Yes, Type of Employment	☐ Full Time	☐ Part Time	☐ Season/Sporadic (including day labor)		☐ Data not collected
If No, Why not Employed	☐ Not looking for work	☐ Unable to work	☐ Looking for work		☐ Data not collected