

HMIS 2024 Basic Exit Data Collection HMIS Form (LA-503)

HUD COC/ESG/SNOFO/ES/SO/SH/PSH/TH/ RRH/CE/OTHER PROJECTS

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

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

Rental Subsidy Type	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> Public housing unit <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Foster Youth to Independence Initiative <input type="checkbox"/> Other permanent housing dedicated for formerly homeless person	<input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, with other ongoing subsidy <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Permanent Supportive Housing
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Destination

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <input type="checkbox"/> Permanent: In-house supportive housing	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy
If "Other", specify:		
Notes:		
Subsidy:	<input type="checkbox"/> None <input type="checkbox"/> Public housing <input type="checkbox"/> Section 8 <input type="checkbox"/> S+C <input type="checkbox"/> HOME Program <input type="checkbox"/> HOPWA Program <input type="checkbox"/> Other housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused	
Total Monthly Income: \$ _____		

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(Income from any source)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Earned income	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Private disability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Retirement income from social security	<input type="checkbox"/> Yes <input type="checkbox"/> No				
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No				
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No				
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Unemployment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
VA Non- service connected disability pension	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Worker's compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Non cash benefit from any source:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected				
Source of non-cash benefit	Receiving income from any source?	Start Date	End Date		
Supplemental Nutritional Assistance Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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	<input type="checkbox"/> Data Not Completed		
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Other TANF Funded Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed		

Covered by health insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
Source of Health Insurance	Covered	Start Date	End Date	
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State Children's Health	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Veteran's Admin Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Private pay health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Indian health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Both Alcohol and Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No					
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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<p>Housing Assessment at Exit</p>	<p><input type="checkbox"/> Able to maintain the housing they had project entry</p> <p><input type="checkbox"/> Moved in with family/friends on a permanent basis</p> <p><input type="checkbox"/> Client went to jail/ prison</p> <p><input type="checkbox"/> Client Died</p> <p><input type="checkbox"/> Client doesn't know</p>	<p><input type="checkbox"/> Moved to new housing unit</p> <p><input type="checkbox"/> Moved in with family/friends on a temporary basis</p> <p><input type="checkbox"/> Moved to a transitional or temporary housing facility or program</p> <p><input type="checkbox"/> Client became homeless-moving to a shelter or other place unfit for human habitation</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>
<p>If able to maintain housing at entry, Subsidy Information</p>	<p><input type="checkbox"/> Without a subsidy</p> <p><input type="checkbox"/> With ongoing subsidy acquired since project entry</p> <p><input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> With the subsidy they had at project entry</p> <p><input type="checkbox"/> Only with financial assistance other than a subsidy</p>
<p>If moved to new housing unit, Subsidy Information</p>	<p><input type="checkbox"/> With on-going subsidy</p>	<p><input type="checkbox"/> Without on-going subsidy</p> <p><input type="checkbox"/> Data not collected</p>
<p>Current school enrollment and attendance</p>	<p><input type="checkbox"/> Not currently enrolled in any school or educational course</p> <p><input type="checkbox"/> Currently enrolled and attending regularly</p>	<p><input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or course is in session)</p> <p><input type="checkbox"/> Data not collected</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>
<p>Current Educational Status</p>	<p><input type="checkbox"/> Pursuing high school diploma or GED</p> <p><input type="checkbox"/> Pursuing Bachelor's degree</p> <p><input type="checkbox"/> Pursuing other post-secondary credential</p> <p><input type="checkbox"/> Pursuing Associate's Degree</p> <p><input type="checkbox"/> Pursuing Graduate's Degree</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	