

HMIS Standard Exit Form for VA SSVF projects

Effective 10/01/2023

Exit Date

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ServicePoint

(HoH) ID:

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Project Name

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Head of Household Name

--

first
suffix

middle

last

SSN Last four digits

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If Partial Household Exit (if the whole household is existing, skip to Destination)

Name of Client(s) Exiting	Client ID

Reason for Leaving				
Completed Program <input type="checkbox"/>	Completed Step <input type="checkbox"/>	Criminal activity/violence <input type="checkbox"/>	Disagreement with rules/persons <input type="checkbox"/>	Left for housing opp. Before completing program <input type="checkbox"/>
Needs could not be met <input type="checkbox"/>	Non-compliance with program <input type="checkbox"/>	Non-payment of rent <input type="checkbox"/>	Other <input type="checkbox"/>	Reached maximum time allowed <input type="checkbox"/>
Unknown/Disappeared <input type="checkbox"/>				

Destination (Where will you stay tonight?)

Homeless Situations	Institutional Situations	Temporary Housing Situations	Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, 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"/> Transitional housing for homeless persons (including homeless youth) <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"/> 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"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy (if yes, choose type): <ul style="list-style-type: none">o GPD TIP housing subsidyo VASH housing subsidyo RRRH or equivalent subsidyo HCV voucher (tenant or project based) (not dedicated)o Public housing unit	<input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

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	<input type="checkbox"/> Substance abuse treatment facility or detox center		<ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	
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Health Insurance

- | | |
|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes (identify source below) | <input type="checkbox"/> Client prefers not to answer |

Source

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> State Children's Health Insurance (KCHIP) | <input type="checkbox"/> Veteran's Health Administration (VHA) |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> Private Pay Health Insurance | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Indian Health Services Program | <input type="checkbox"/> Other: _____ |

Disability

Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?

- | | | | |
|-----------------------------|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes (indicate type(s) below) | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|-----------------------------|---|--|---|

	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income

- | | |
|--|--|
| <input type="checkbox"/> No/None at all | <input type="checkbox"/> Yes (identify source and amounts) |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |

Source

Amount:

- | | |
|---|---------------|
| <input type="checkbox"/> Earned income (i.e., employment income) | \$ _____ . 00 |
| <input type="checkbox"/> Unemployment Insurance | \$ _____ . 00 |
| <input type="checkbox"/> Supplemental Security Income (SSI) | \$ _____ . 00 |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | \$ _____ . 00 |
| <input type="checkbox"/> Retirement Income from Social Security | \$ _____ . 00 |

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<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ ____ . 00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ ____ . 00
<input type="checkbox"/> Worker's Compensation	\$ ____ . 00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ ____ . 00
<input type="checkbox"/> General Assistance (GA)	\$ ____ . 00
<input type="checkbox"/> Private disability Insurance	\$ ____ . 00
<input type="checkbox"/> Pension or retirement income from a former job	\$ ____ . 00
<input type="checkbox"/> Child Support	\$ ____ . 00
<input type="checkbox"/> Alimony or other spousal support	\$ ____ . 00
<input type="checkbox"/> Other source: _____	\$ ____ . 00
Total Monthly Income: \$	

Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/> TANF Child Care services	
<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Other: _____	

SOAR Connection

Connection with SOAR

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

Employed?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
If yes, Type of Employment	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Data not collected
In No, Why not Employed	
<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Unable to work	<input type="checkbox"/> Data not collected