# HMIS Data: EXIT FORM

## FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

**Fill out separate form for each family member and clip together.**

### PROGRAM EXIT DATE (e.g. 10/24/2014) *[All clients]*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  | |  | | / |  |  |  |  |
| Month | |  | Day | | | |  | Year | | | |
| **CURRENT NAME** (first, middle, last name, suffix (e.g., Jr, Sr., III)) *[All clients]* | | | | | | | | | | | | | | | | | | | | | | | **N/A** |
| First name | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last name | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suffix | | | |  | |  | |  |  |  | | | | | | | | | | | | |  |

**REASON FOR LEAVING** *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Left for a housing opportunity before completing program |  |  | Needs could not be met by program |
|  | Completed program |  |  | Disagreement with rules/persons |
|  | Non-payment of rent/occupancy charge |  |  | Death |
|  | Non-compliance with program |  |  | Unknown/disappeared |
|  | Criminal activity/destruction of property/violence |  |  | Other |
|  | Reached maximum time allowed by program |  |  |  |

**DESTINATION** *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Emergency shelter, including hotel or motel paid for with emergency shelter voucher |  |  | Residential project or halfway house with no homeless criteria |
|  | Places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |  |  | Owned by client, no housing subsidy |
|  | Hotel or motel paid for without emergency shelter voucher |  |  | Owned by client, with housing subsidy |
|  | Transitional housing for homeless persons (including homeless youth) |  |  | Foster care home or foster care group home |
|  | Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) |  |  | Hospital or other residential non-psychiatric medical facility |
|  | Staying or living with family, temporary tenure |  |  | Psychiatric hospital or other psychiatric facility |
|  | Staying or living with family, permanent tenure |  |  | Substance abuse treatment facility or detox center |
|  | Staying or living with friend’s, temporary tenure |  |  | Jail, prison, or juvenile detention facility |
|  | Staying or living with friends, permanent tenure |  |  | Safe Haven |
|  | Rental by client, no housing subsidy |  |  | Long-term care facility or nursing home |
|  | Rental by client, other (non-VASH) subsidy |  |  | Deceased |
|  | Rental by client, VASH subsidy |  |  | Other |
|  | Rental by client GPD TIP subsidy |  |  | Client does not know |
|  | Rental by client with RRH or equivalent subsidy |  |  | Client refused to provide |
|  | Moved from one HOPWA funded project to HOPWA PH |  |  | No exit interview completed |
|  | Moved from one HOPWA funded project to HOPWA TH |  |  | Data not collected |

**PATH: PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS AND SSVF: SUPPORTIVE SERVICE FOR VETERAN FAMILES FUNDED PROJECTS ONLY:**

**Connection to SOAR** *(Adults and Head of Household)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |
|  | Client does not know |  |  | Client refused |
|  |  |  |  | Data not collected |

**COMPLETE ACCOMPANYING HEALTH INSURANCE, INCOME AND BENEFITS SOUCES AND HEALTH BARRIERS, EMPLOYMENT AND EDUCATION FORMS FOR EACH CLIENT PER INTAKE FOR EXIT**