

2023 CoC HMIS Exit Form - Child

PROJECT EXIT DATE (e.g., 09/20/2023)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/	2	0	2	
Month			Day			Year			

CLIENT (name or other identifier)

DESTINATION

<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"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with ongoing housing subsidy (Subsidy Type _____)
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Client Prefers Not to Answer
<input type="checkbox"/> Staying or living with family, temporary tenure	<input type="checkbox"/> Deceased
<input type="checkbox"/> (e.g., room, apartment or house)	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> No exit interview completed
<input type="checkbox"/> Residential Project or halfway house with no homeless criteria	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	
<input type="checkbox"/> Post Home (non-crisis)	
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	
<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house)	

DISABILING CONDITIONS

Type of Disability			If yes ☞	Is the disability long term & impairs the clients ability to live independently?	
No	Yes			No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Both Alcohol & Drug		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health		<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"/>	Chronic Health		<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"/>	Physical		<input type="checkbox"/>	<input type="checkbox"/>

PATH ONLY----

Connection with SOAR:

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |

INCOME AND SOURCES

No	Yes	Source of Income	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Earned income	\$
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other source:	\$
		Total Monthly Income	\$

HEALTH INSURANCE

No	Yes	Source of Health Insurance	No	Yes	Source of Health Insurance
<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	<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
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____