|  |
| --- |
| **MCI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HMIS ADULT/CHILD EXIT FORM**

*\*\*Any data that cannot be collected, please write in Data Not Collected\*\**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Program Enrollment/Start Date*** |  | ***Date of Last Contact*** |  | ***Exit Date*** |
|  |  |  |  |  |
| ***Name*** |  | ***Relationship to Head of Household*** |  | ***Program*** |
|  |  |  |  |  |

*Date of Engagement & Current Living Situation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Engagement  (only collected at first engagement) |  |  | | Date of Contact/Information date |
|  |  |  | |  |
| Current Living Situation | | | | |
| Homeless Situation:  Place not meant for habitation  Safe Haven  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter | | | Location Details: | |
| Non-Homeless Situation:  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  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 Homes (non-crisis)  Staying or living in a friend’s room, apartment or house  Staying or living in a family member’s room, apartment or house  Rental by client, with GPD TIP subsidy  Rental by client, with VASH housing subsidy  Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)  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  Rental by client, with other ongoing housing subsidy  Family Unification program  PSH  Foster Youth to Indep. Initiative  Owned by client, with housing subsidy  Owned by client, no housing subsidy | | | Is the client going to have to leave their current living situation within 14 days?  Yes (if yes, answer next question)  No | |
| Has a subsequent resident been identified?  Yes (if yes, answer next question)  No | |
| Does individual or family have resources or support networks to obtain other permanent housing?  Yes (if yes, answer next question)  No | |
| Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?  Yes (if yes, answer next question)  No | |
| Has the client moved 2 or more times in the last 60 days?  Yes  No | |