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

**HMIS ADULT/CHILD EXIT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Exit Date*** |  | ***Assessment/Information Date*** |
|  |  |  |  |  |
|  | | | | | |

\*Check all demographic information on the household screen in HMIS to ensure it is all filled in and there is no client refused, client doesn’t know, data not collected\*

Date of Engagement & Current Living Situation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Engagement |  |  | | Date of Contact/Information date |
| Click or tap to enter a date. |  |  | | Click or tap to enter a date. |
| Current Living Situation | | | | |
| Homeless Situation:  Choose an item. | | | Non-Homeless Situation:  Choose an item. | |
| Location Details  Click or tap here to enter text. | | | Is the client going to have to leave their current living situation within 14 days?  Choose an item. | |
| *If yes* – Has a subsequent resident been identified?  Choose an item. | |
| *If yes* – Does the individual or family have resources or support networks to obtain other permanent housing?  Choose an item. | |
| *If yes* – Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?  Choose an item. | |
| *If yes* – Has the client moved 2 or more times in the last 60 days?  Choose an item. | |

*Domestic Violence*

|  |  |  |
| --- | --- | --- |
| Victim/Survivor | When did this happen? | Currently Fleeing |
| Choose an item. | Choose an item. | Choose an item. |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| Yes | No |
| Choose an item. | Choose an item. |

*Income (for anyone 18+)* YES If Yes, complete table below.  NO If No, skip to the next table.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | If yes, Amount - *monthly* | Source | If yes, Amount - *monthly* |
| Earned Income (Employment) | $ | VA Service-Connected Disability Compensation | $ |
| Unemployment Insurance | $ | VA Non-svc Connected Disability Pension | $ |
| GA | $ | Private Disability Insurance | $ |
| Retirement Income from Social Security | $ | Cash Assistance/TANF | $ |
| Worker’s Compensation | $ | Alimony or Other Spousal Support | $ |
| SSI | $ | Child Support | $ |
| SSDI | $ | UTA | $ |
|  |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Connection to SOAR*** | Choose an item. | ***Total Monthly Income*** | $ |

*Non-cash Benefits (for anyone 18+)*

**YES** If Yes, complete table below.

**NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| SNAP (Food Stamps)  WIC  TANF Childcare Services  TANF Transportation Services  Other TANF-funded Services  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Health Insurance (for all clients)*

**YES** If Yes, complete table below.

**NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| Medicaid  Medicare  State Children’s Health Insurance Program (CHIP)  VA medical services  Employer-Provided health insurance  Health insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program |

***Physical and Mental Health***

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Condition | Choose an item. |  |  |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| Physical | Choose an item. | HIV/AIDS | |
| Developmental | |  |  |
| Chronic health condition | Choose an item. |  |  |
| Mental health disorder | Choose an item. | Alcohol use disorder | Choose an item. |
| Drug use disorder | Choose an item. | Alcohol and drug use disorder | Choose an item. |

*Exit Destination*

|  |  |
| --- | --- |
| Exit Destination Type | Reason for Voluntary Exit |
| Homeless Situation Choose an item. | Choose an item. |
| Institution Situation Choose an item. |
| Temporary Situation Choose an item. | Voluntary Termination? |
| Permanent Situation Choose an item. | Choose an item. |
| Other Choose an item. | *Reason for involuntary termination: Choose an item.* |
|  | **Did a termination of service appeal hearing occur?** |
|  | Choose an item. |

*Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*