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

|  |  |
| --- | --- |
| **Name** | **Relationship to HOH****(child, spouse, other relation member, other non-relation member, HoH)** |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

*Additional Household Members (please fill out a form for each household member mentioned below)*

*Housing Disposition*

|  |  |
| --- | --- |
| **Residential Move-in Date** | **Address** |
| Click or tap to enter a date. |  |
| **Moving On Assistance Date** | **Moving On Assistance provided (select all that apply)** |
| Click or tap to enter a date. |  Subsidized housing application assistance  Financial assistance for Moving On (e.g. security deposit, moving expenses)  Non-financial assistance for Moving On (e.g. housing navigation, transition support)  Housing referral/placement  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*ESG Rapid Re-Housing and ESG Prevention Funding Source*

|  |  |  |
| --- | --- | --- |
| **Payment Start Date** | **Payment End Date** | **Funding Source** |
| Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. |
| **Payment Type (select all that apply)** | **Amount ($ for each payment type)** |
| [ ]  Arrears[ ]  Forward Rent[ ]  Security Deposit |  |

*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 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. | *If No – why? Choose an item.* |
| Reason for Leaving Service | **Did a termination of service appeal hearing occur?**  |
| Choose an item. | Choose an item. |

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

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