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

**HMIS ADULT/CHILD EXIT FORM**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Total Amount Paid:*** |  | ***Exit 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\*

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

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

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

|  |  |  |
| --- | --- | --- |
| **Payment Start Date** | **Payment End Date** | **Funding Source** |
|  |  | City of Pittsburgh ESG  City of Pittsburgh ESG CV 1  City of Pittsburgh ESG CV 2  Allegheny County ESG  Allegheny County ESG CV 1  Allegheny County ESG CV 2  Sate of PA ESG  State of PA ESG CV 1  State of PA ESG CV 2 |
| **Payment Type** | **Amount** |
| Arrears  Forward Rent  Security Deposit | $ |

*Domestic Violence*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Victim/Survivor | When did this happen? | | | |
| Yes  No | Within the past 3 months | Within the past 3-6 months | Within the past 6-12 months | More than 1 year ago |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| Yes | No |
| Full-Time | Looking for Work |
| Part-time | Not Looking for Work |
| Seasonal | Unable to Work |

***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*** | Yes  No | ***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 Conditions | Yes No |  |  |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| Physical | Yes No | HIV/AIDS | |
| Developmental | |  |  |
| Chronic health condition | Yes No |  |  |
| Mental health disorder | Yes No | Alcohol use disorder | Yes No |
| Drug use disorder | Yes No | Alcohol and drug use disorder | Yes No |

***Exit Details***

|  |  |  |
| --- | --- | --- |
| **Voluntary Termination** |  | **Did a termination of service appeal hearing occur?** |
| Yes  No |  | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Reason for Involuntary Termination** | | |
| Distributing or Manufacturing Drugs  Non-compliance w/ Program Expectations  Unable to locate or contact client  Other | Threats or acts of violence  Unresolvable safety concern |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Voluntary Exit** | Achieved housing stability  Non-compliance with program expectations  Deceased | No longer interested in participating in program  Program unable to meet needs  Other | Transition to alternate CoC program |

|  |  |
| --- | --- |
| **Exit Destination Type** | |
| ***Homeless*** | ***Institution*** |
| Emergency Shelter  Place not meant for human habitation  Safe Haven | 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 |
| ***Temporary*** | ***Permanent*** |
| 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 Home (non-crisis)  Staying with family, temporary tenure  Staying with friends, temporary tenure | Staying or living with family, permanent tenure  Staying or living with friends, permanent tenure  Moved from one HOPWA funded project to HOPWA TH  Moved from one HOPWA funded project to HOPWA PH  Permanent housing (other than RH) for formerly homeless persons  Rental by client, with GPD TIP housing subsidy  Rental by client, with VASH housing subsidy  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 no ongoing housing subsidy  Owned by client, with no ongoing housing subsidy |
| ***Other*** |
| No Exit Interview Completed  Other  Deceased  Client Doesn’t Know  Client Refused  Data Not Collected  Worker unable to determine |

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

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