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

**HMIS ADULT/CHILD EXIT FORM**

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

Date of Engagement & Current Living Situation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Engagement  (only collected at first 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 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. | |