

Hume HMIS Exit Form

Client Name:	SSN:	Date of Birth: / /
Agency or Program Name:	Exit Date: / /	

Exit Data

<p>Reason for leaving</p> <input type="checkbox"/> Left for a housing opportunity <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Death <input type="checkbox"/> Unknown/disappeared <input type="checkbox"/> Transferred to another program within agency due to reason not listed above <input type="checkbox"/> Other _____	<p>Destination:</p> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter. Specify shelter: _____ <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) Specify program: _____ <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons: <input type="checkbox"/> Destination Home <input type="checkbox"/> Garden Park Apartments <input type="checkbox"/> Shelter plus Care <input type="checkbox"/> Permanent Step <input type="checkbox"/> CCIH – ACCESS <input type="checkbox"/> Project Thrive <input type="checkbox"/> Tabora Gardens <input type="checkbox"/> Permanent Connections <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Host home (non-crisis) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, VASH Subsidy <input type="checkbox"/> Rental by client, GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing subsidy <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Other _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Data not collected	<p>RR Exit Outcome</p> <input type="checkbox"/> Mediation/Kept own unit <input type="checkbox"/> Reunified with family/friends (temporary) <input type="checkbox"/> Reunified with family/friends (permanent) <input type="checkbox"/> Relocation <input type="checkbox"/> Unable to contact client <input type="checkbox"/> Unable to resolve <p>Is client employed or unemployed?</p> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
<p>Discharged to What City?</p> <p>_____</p> <p>If Permanently housed, Move-in Date:</p> <p>_____/_____/_____</p> <p>If Move-In date, Specify City Where Housed:</p> <p>_____</p>		

Monthly Income

	Received in Past 30 Days?		Received in Past 30 Days?
\$ _____ Earned income (i.e. employment income)	Yes / No	\$ _____ VA service-connected disability compensation	Yes / No
\$ _____ Pension from a former job (including military retirement pay)	Yes / No	\$ _____ VA non service-connected disability pension	Yes / No
\$ _____ Private disability insurance	Yes / No	\$ _____ Alimony or other spousal support	Yes / No
\$ _____ Child support	Yes / No	\$ _____ SSI	Yes / No
\$ _____ Unemployment insurance	Yes / No	\$ _____ SSDI	Yes / No
\$ _____ Worker's compensation	Yes / No	\$ _____ General Assistance	Yes / No
\$ _____ Retirement income from Social Security	Yes / No	\$ _____ TANF	Yes / No
		\$ _____ Other income source: _____	Yes / No

Non Cash Benefits

	Received in Past 30 Days?		Received in Past 30 Days?
- Supplemental Nutrition Assistance Program (Food stamps)	Yes / No	- Other TANF-funded services	Yes / No
- TANF Child Care Services	Yes / No	- WIC	Yes / No
- TANF Transportation Services	Yes / No	- Other _____	Yes / No