2020 OC HMIS: PROJECT EXIT FORM — GENERAL

**PROJECT EXIT**

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT'S NAME</td>
<td></td>
</tr>
<tr>
<td>PROJECT EXIT DATE</td>
<td>[ ] [ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

**Destination (Check only one)**

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- 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
- 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 or living with friends, temporary tenure (e.g., room apartment or house)
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- 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
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- No exit interview completed
- Other: Specify Other Exit Destination: _____________________________________________________________
- Deceased
- Client doesn't know
- Client refused
- Data not collected

Revised on 3/4/20
## DISABLING CONDITIONS AND BARRIERS

**Do you have a physical disability?**

- [ ] No
- [ ] Yes

*If yes for Physical Disability, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- [ ] No
- [ ] Yes

- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a developmental disability?**

- [ ] No
- [ ] Yes

- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a chronic health condition?**

- [ ] No
- [ ] Yes

*If yes for Chronic Health Condition, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- [ ] No
- [ ] Yes

- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Have you been diagnosed with AIDS or have you tested positive for HIV?**

- [ ] No
- [ ] Yes

- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a mental health problem?**

- [ ] No
- [ ] Yes

*If yes for Mental Health Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- [ ] No
- [ ] Yes

- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a substance abuse problem?**

- [ ] No
- [ ] Alcohol Abuse
- [ ] Drug Abuse
- [ ] Both Alcohol and Drug

*If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- [ ] No
- [ ] Yes

- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected
### Monthly Income and Sources

<table>
<thead>
<tr>
<th>Income from Any Source</th>
<th>□ No</th>
<th>□ Client doesn’t know</th>
<th>□ Yes</th>
<th>□ Client refused</th>
<th>□ Data not collected</th>
</tr>
</thead>
</table>

**IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

<table>
<thead>
<tr>
<th>Income Source (Check all that apply)</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Earned Income</td>
<td></td>
</tr>
<tr>
<td>□ Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>□ Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>□ Private Disability Insurance</td>
<td></td>
</tr>
<tr>
<td>□ VA Service-Connected Disability Compensation</td>
<td></td>
</tr>
<tr>
<td>□ Social Security Disability Income (SSDI)</td>
<td></td>
</tr>
<tr>
<td>□ Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>□ Retirement Income from Social Security</td>
<td></td>
</tr>
<tr>
<td>□ VA Non-Service-Connected Disability Pension</td>
<td></td>
</tr>
<tr>
<td>□ Pension or retirement income from a former job</td>
<td></td>
</tr>
<tr>
<td>□ Temporary Assistance for Needy Families (TANF)</td>
<td></td>
</tr>
<tr>
<td>□ General Assistance (GA)</td>
<td></td>
</tr>
<tr>
<td>□ Alimony or other spousal support</td>
<td></td>
</tr>
<tr>
<td>□ Child Support</td>
<td></td>
</tr>
<tr>
<td>□ Other Cash Income (Specify:_________________)</td>
<td></td>
</tr>
</tbody>
</table>

### Non-Cash Benefits

<table>
<thead>
<tr>
<th>Receiving Non-Cash Benefits</th>
<th>□ No</th>
<th>□ Client doesn’t know</th>
<th>□ Yes</th>
<th>□ Client refused</th>
<th>□ Data not collected</th>
</tr>
</thead>
</table>

**IF “YES” TO RECEIVING NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<table>
<thead>
<tr>
<th>□ Supplemental Nutrition Assistance Program (SNAP)</th>
<th>□ TANF Transportation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>□ Other TANF-funded services</td>
</tr>
<tr>
<td>□ TANF Childcare Services</td>
<td>□ Other Non-Cash Benefits (Specify Source):_________________</td>
</tr>
</tbody>
</table>

### Health Insurance

<table>
<thead>
<tr>
<th>Covered by Health Insurance</th>
<th>□ No</th>
<th>□ Client doesn’t know</th>
<th>□ Yes</th>
<th>□ Client refused</th>
<th>□ Data not collected</th>
</tr>
</thead>
</table>

**IF “YES” TO COVERED BY HEALTH INSURANCE – INDICATE ALL SOURCES THAT APPLY**

<table>
<thead>
<tr>
<th>□ MEDICAID</th>
<th>□ Insurance Obtained through COBRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ MEDICARE</td>
<td>□ Private Pay Health Insurance</td>
</tr>
<tr>
<td>□ State Children’s Health Insurance Program</td>
<td>□ State Health Insurance for Adults</td>
</tr>
<tr>
<td>□ Veteran’s Administration (VA) Medical Services</td>
<td>□ Indian Health Services Program</td>
</tr>
<tr>
<td>□ Employer-provided Health Insurance</td>
<td>□ Other Health Insurance (Specify Source):_________________</td>
</tr>
</tbody>
</table>
OC CUSTOM QUESTIONS – Only for PSH, OPH, and RRH Projects

For data entry personnel only,
Why wasn’t this client placed in a permanent housing unit?

- Unable to meet landlord requirements
- Transferred to another project
- Certificate expired (PSH/OPH)
- Funds not available (RRH)
- Lost contact with the household
- Needs could not be met by project
- Housed outside of project (PSH/OPH only)
- Non-compliance with project
- Data not collected

I certify that the information above is correct to the best of my knowledge.

______________________________  _________________________
Client Signature                  Date

______________________________  _________________________
Agency Staff Signature            Date

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: _____/_____/_______

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the hard copy exit form completely filled out correctly?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Staff Name (verifying completion of Data Entry): ____________________________________________