

FY 2022 OC HMIS: PROJECT EXIT FORM — HOPWA

PROJECT EXIT

PROJECT NAME	_____										
CLIENT'S NAME	_____										
PROJECT EXIT DATE	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

Destination (Check only one)	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an 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 <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <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"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other: Specify Other Exit Destination: _____ <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

Housing Assessment at Exit (Required only for Homelessness Prevention projects)	
<input type="checkbox"/> Able to maintain the housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis	<input type="checkbox"/> Client became homeless – moving to a shelter or other place unit for human habitation <input type="checkbox"/> Client went to jail/prison <input type="checkbox"/> Client died <input type="checkbox"/> Client doesn't know

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<input type="checkbox"/> Moved to a transitional or temporary housing facility or program	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If Able to maintain the housing they had at project entry for "Housing Assessment at Exit",</i> Subsidy information	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy
<i>If Moved to new housing unit for "Housing Assessment at Exit",</i> Subsidy information	<input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without an on-going subsidy

DISABLING CONDITIONS AND BARRIERS

Do you have a physical disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Physical Disability,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a developmental disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a chronic health condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a mental health problem?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a substance abuse problem?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Client refused
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Both Alcohol and Drug	

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<i>If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

MONTHLY INCOME AND SOURCES

Income from Any Source	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY		
Income Source (Check all that apply)	Monthly Amount	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> Social Security Disability Income (SSDI)		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		
<input type="checkbox"/> Pension or retirement income from a former job		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		

NON-CASH BENEFITS

Receiving Non-Cash Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services	
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____	

HEALTH INSURANCE

Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> MEDICAID	If not covered by MEDICAID, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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<input type="checkbox"/> MEDICARE	If not covered by MEDICARE, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> State Children's Health Insurance Program	If not covered by State Children's Health Insurance Program, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	If not covered by Veteran's Administration (VA) Medical Services, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Employer-provided Health Insurance	If not covered by Employer-provided Health Insurance, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Insurance Obtained through COBRA	If not covered by Insurance Obtained through COBRA, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Private Pay Health Insurance	If not covered by Private Pay Health Insurance, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> State Health Insurance for Adults	If not covered by State Health Insurance for Adults, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Indian Health Services Program	If not covered by Indian Health Services Program, REASON	
	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Other Health Insurance	(Specify Source): _____	

If you have been diagnosed with AIDS or have you tested positive for HIV: MEDICAL ASSISTANCE

Receiving Public HIV/AIDS Medical Assistance?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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IF "NO" TO RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE – REASON	
<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Receiving AIDS Drug Assistance Program (ADAP)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – REASON	
<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Receiving Ryan White-funded Medical or Dental Assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – REASON	
<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

T-CELL (CD4) AND VIRAL LOAD

T-cell (CD4) Count Available	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for 'T-cell (CD4) Count Available', T-cell Count (Number between 0-1500)	Number: _____	
If a number is entered in the T-Cell (CD4) count, How was the information obtained	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other	
Viral Load Information Available	<input type="checkbox"/> Not available <input type="checkbox"/> Available <input type="checkbox"/> Undetectable	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If "Viral Load Information Available", Viral Load (Number between 0-999999)	Number: _____	
If a number is entered in the Viral Load count, How was the information obtained	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other	

PRESCRIBED ANTI-REMOVAL

Has the participant been prescribed anti-retroviral drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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OC CUSTOM QUESTIONS – Only for PSH, OPH, and RRH Projects

<p><i>For data entry personnel only,</i> Why wasn't this client placed in a permanent housing unit?</p>	<input type="checkbox"/> Unable to meet landlord requirements <input type="checkbox"/> Transferred to another project <input type="checkbox"/> Certificate expired (PSH/OPH) <input type="checkbox"/> Funds not available (RRH) <input type="checkbox"/> Lost contact with the household <input type="checkbox"/> Needs could not be met by project <input type="checkbox"/> Housed outside of project (PSH/OPH only) <input type="checkbox"/> Non-compliance with project <input type="checkbox"/> Data not collected
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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: ____/____/____

Question	Answer	Comments
Was the hard copy exit form completely filled out correctly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): _____