

FY 2022 OC HMIS: PROJECT EXIT FORM — VASH

PROJECT EXIT

| | | | | | | | | | | | |
|--------------------------|--|---|--|---|---|--|---|--|--|--|--|
| PROJECT NAME | _____ | | | | | | | | | | |
| CLIENT'S NAME | _____ | | | | | | | | | | |
| PROJECT EXIT DATE | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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 |

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DISABLING CONDITIONS AND BARRIERS

Do you have a physical disability?

| | |
|--|---|
| <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 |
| <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"/> Yes | <input type="checkbox"/> Client doesn't know <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"/> Yes | <input type="checkbox"/> Client doesn't know <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"/> Yes | <input type="checkbox"/> Client doesn't know <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"/> Yes | <input type="checkbox"/> Client doesn't know <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"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol and Drug | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| <i>If you have any Substance Abuse 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 |

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 |
|-------------------------------|---|--|

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| 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 | <input type="checkbox"/> Insurance Obtained through COBRA | |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Private Pay Health Insurance | |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> State Health Insurance for Adults | |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Indian Health Services Program | |
| <input type="checkbox"/> Employer-provided Health Insurance | <input type="checkbox"/> Other Health Insurance (Specify Source): _____ | |

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HUD-VASH EXIT INFORMATION

| | |
|--|---|
| Case Management Exit Reason (Required for Veterans, Head of Household, in Permanent Supportive Housing Projects) | <input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs CM <input type="checkbox"/> Transferred to another HUD-VASH program site <input type="checkbox"/> Found/chose other housing <input type="checkbox"/> Did not comply with HUD-VASH CM <input type="checkbox"/> Eviction and/or other housing related issues <input type="checkbox"/> Unhappy with HUD-VASH housing <input type="checkbox"/> No longer financially eligible for HUD-VASH voucher <input type="checkbox"/> No longer interested in participating in this program <input type="checkbox"/> Veteran cannot be located <input type="checkbox"/> Veteran too ill to participate at this time <input type="checkbox"/> Veteran is incarcerated <input type="checkbox"/> Veteran is deceased <input type="checkbox"/> Other |
| If 'Other' for 'Case Management Exit Reason', Specify Other Case Management Exit Reason | _____ |

ADDITIONAL INFORMATION

| | | |
|---|--|---|
| Last Grade Completed | <input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some College | <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| Employed | <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 No for Employed, Why not employed? | <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work | |
| If Yes for Employed, What type of employment do you have? | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor) | |
| General Health Status | <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Poor <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 |
|---|--|

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): _____