

NC HMIS Exit

Exit Date: _____ Staff/Case Manager: _____

Use the following two pages for the head of household or a single client.

General Demographic Information and Exit Data

Name: _____

Reason for Leaving:

- ☐ Completed program
- ☐ Criminal activity/violence
- ☐ Death
- ☐ Disagreement with rules/persons
- ☐ Left for housing opportunity before completing program
- ☐ Needs could not be met
- ☐ Does not or no longer qualifies for program
- ☐ Non-compliance with program
- ☐ Non-payment of rent
- ☐ Reached maximum time allowed
- ☐ Unknown/disappeared
- ☐ Other: _____

Destination:

Homeless Situations

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ 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

Temporary and Permanent Housing Situations

- ☐ 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
- ☐ Staying or living with family, temporary tenure
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA-funded project to PH
- ☐ Moved from one HOPWA-funded project to 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 housing 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

Other

- ☐ Client doesn't know
- ☐ Client refused
- ☐ Deceased
- ☐ Other: _____

Only answer the following three questions for HP projects.

Housing Assessment at Exit:

- ☐ Able to maintain the housing they had at project entry
- ☐ Moved to new housing unit
- ☐ Moved in with family/friends on a temporary basis
- ☐ Moved in with family/friends on a permanent basis
- ☐ Moved to a transitional or temporary housing facility or program
- ☐ Client became homeless - moving to a shelter or other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't know
- ☐ Client refused

If able to maintain housing at entry, subsidy information:

- ☐ Without a subsidy
- ☐ With the subsidy they had at project entry
- ☐ With an ongoing subsidy acquired since project entry
- ☐ Only with financial assistance other than a subsidy

If moved to new housing unit, subsidy information:

- ☐ With ongoing subsidy
- ☐ Without an ongoing subsidy

Health and Disability Information

Covered by Health Insurance:

- ☐ Yes (if yes, answer the following question)
- ☐ No (if no, skip the following question)
- ☐ Client doesn't know
- ☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
- ☐ MEDICARE
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance obtained through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other: _____

Does the client have a disabling condition?

- ☐ Yes (if yes, answer the following two questions)
- ☐ No (if no, skip the following two questions)
- ☐ Client doesn't know
- ☐ Client refused

Disability Type: (Select all that apply)

- ☐ Physical
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Developmental
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Both Alcohol and Drug Abuse
- ☐ Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

(Not applicable for HIV/AIDS and Developmental disabilities)

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Use the following two pages for a non-head of household client.

General Demographic Information and Exit Data

Name: _____

Reason for Leaving:

- ☐ Completed program
- ☐ Criminal activity/violence
- ☐ Death
- ☐ Disagreement with rules/persons
- ☐ Left for housing opportunity before completing program
- ☐ Needs could not be met
- ☐ Does not or no longer qualifies for program
- ☐ Non-compliance with program
- ☐ Non-payment of rent
- ☐ Reached maximum time allowed
- ☐ Unknown/disappeared
- ☐ Other: _____

Destination:

Homeless Situations

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ 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

Temporary and Permanent Housing Situations

- ☐ 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
- ☐ Staying or living with family, temporary tenure
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA-funded project to PH
- ☐ Moved from one HOPWA-funded project to 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 housing 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

Other

- ☐ Client doesn't know
- ☐ Client refused
- ☐ Deceased
- ☐ Other: _____

Only answer the following three questions for HP projects.

Housing Assessment at Exit:

- ☐ Able to maintain the housing they had at project entry
- ☐ Moved to new housing unit
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- ☐ Moved in with family/friends on a permanent basis
- ☐ Moved to a transitional or temporary housing facility or program
- ☐ Client became homeless - moving to a shelter or other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't know
- ☐ Client refused

If able to maintain housing at entry, subsidy information:

- ☐ Without a subsidy
- ☐ With the subsidy they had at project entry
- ☐ With an ongoing subsidy acquired since project entry
- ☐ Only with financial assistance other than a subsidy

If moved to new housing unit, subsidy information:

- ☐ With ongoing subsidy
- ☐ Without an ongoing subsidy

Health and Disability Information

Covered by Health Insurance:

- ☐ Yes (if yes, answer the following question)
- ☐ No (if no, skip the following question)
- ☐ Client doesn't know
- ☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
- ☐ MEDICARE
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance obtained through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other: _____

Does the client have a disabling condition?

- ☐ Yes (if yes, answer the following two questions)
- ☐ No (if no, skip the following two questions)
- ☐ Client doesn't know
- ☐ Client refused

Disability Type: (Select all that apply)

- ☐ Physical
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Developmental
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Both Alcohol and Drug Abuse
- ☐ Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

(Not applicable for HIV/AIDS and Developmental disabilities)

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Income & Non-Cash Benefit Information

Income from any source:

- ☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused

Monthly Amount	Source of Income	Household Member
<input type="radio"/> \$ _____	Alimony and Other Spousal Support	_____
<input type="radio"/> \$ _____	Child Support	_____
<input type="radio"/> \$ _____	Earned Income	_____
<input type="radio"/> \$ _____	General Assistance	_____
<input type="radio"/> \$ _____	Pension or retirement income from another job	_____
<input type="radio"/> \$ _____	Private Disability Insurance	_____
<input type="radio"/> \$ _____	Retirement Income from Social Security	_____
<input type="radio"/> \$ _____	SSDI (Social Security Disability Insurance)	_____
<input type="radio"/> \$ _____	SSI (Supplemental Security Income)	_____
<input type="radio"/> \$ _____	TANF (Temporary Assistance for Needy Families)	_____
<input type="radio"/> \$ _____	Unemployment Insurance	_____
<input type="radio"/> \$ _____	VA Service Connected Disability Compensation	_____
<input type="radio"/> \$ _____	VA Non-Service Connected Disability Pension	_____
<input type="radio"/> \$ _____	Worker's Compensation	_____
<input type="radio"/> N/A	No Financial Resources	_____
<input type="radio"/> \$ _____	Other: _____	_____

Total monthly income: \$ _____

Non-cash benefit from any source:

- ☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused

Source of Non-Cash Benefit	Amount	Household Member
<input type="radio"/> Supplemental Nutrition Assistance Program (Food Stamps)	\$ _____	_____
<input type="radio"/> Special Supplemental Nutritional Program for WIC	\$ _____	_____
<input type="radio"/> TANF Child Care Services	\$ _____	_____
<input type="radio"/> TANF Transportation Services	\$ _____	_____
<input type="radio"/> Other TANF-Funded Services	\$ _____	_____
<input type="radio"/> Other Source: _____	\$ _____	_____

Client's Contact Information

Is there a phone number where someone can get in touch with you or leave a message? _____

Email Address: _____

Emergency Contact's Name: _____

Contact Type (Relationship to Client): _____

Emergency Contact Phone Number: _____

Emergency Contact's Street Address: _____

Primary Language Spoken: _____