HMIS ESG Program Exit Form

Community Alliance for the Homeless | HMIS | Memphis, TN 38103 | Phone: 901.527.1302

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household

PROGRAM EXIT

PROGRAM EXIT DATE

Month Day Year

SOCIAL SECURITY NUMBER: [All clients]

Last Name:

First Name

DESTINATION

☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐	Hotel or motel paid for without emergency shelter voucher	☐	Rental by client, with VASH housing subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY funded Host Home shelter	☐	Transitional Housing for homeless persons (including homeless youth)	☐	Permanent Housing (other than RRH) for formerly homeless persons
☐	Safe Haven	☐	Stay or living with friends, temporary tenure (e.g., room, apartment or house)	☐	Rental by client, with RRH or equivalent subsidy
☐	Foster care home of foster care group home	☐	Stay or living with family, temporary tenure (e.g., room, apartment or house	☐	Rental by client, no ongoing housing subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Stay or living with family, permanent tenure	☐	Rental by client, with other ongoing housing subsidy
☐	Jail, prison or juvenile detention center	☐	Stay or living with friends, permanent tenure	☐	Owned by client, with ongoing housing subsidy
☐	Long-term care facility or nursing home	☐	Moved from one HOPWA funded project to HOPWA PH	☐	Owned by client, with no ongoing housing subsidy
☐	Psychiatric hospital or other psychiatric facility	☐	Moved from one HOPWA funded project to HOPWA TH	☐	Not exit interview completed
☐	Substance abuse treatment facility or detox center	☐	Rental by client, with GPD TIP housing subsidy	☐	Other
☐	Residential project of halfway house with no homeless criteria	☐	Rental by client, with VASH housing subsidy	☐	Deceased
☐	Client doesn't know	☐	Client refused	☐	Not data collected

Specify Other Exit Destination: _____

DISABLING CONDITION

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes,

Physical Disability

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Developmental Disability

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Substantially Impairs Independence?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Chronic Health Condition

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

HIV – AIDS

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Substantially Impairs Independence?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Mental Health Problem

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Substance Abuse Problem

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes, please check below:

☐	Alcohol Abuse	☐	Drug Abuse	☐	Both Alcohol & Drug Abuse

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Domestic Violence Victim/Survivor

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes, last occurrence (please check one):

☐	Within the past three months?	☐	Three to six months, excluding six months exactly	☐	Six months to one year, excluding one year exactly
☐	One year or More	☐	Client Doesn't Know	☐	Client Refused
☐	Data Not Collected				

Are you currently fleeing?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

INCOME FROM ANY SOURCE

Have you received income from any source?

☐	No	☐	Client refused
☐	Yes	☐	Data not collected
☐	Client doesn't know		

If yes to income from any source, please check source(s):

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
☐	☐	Unemployment Insurance	$	☐	☐	VA Non-Service Connected Disability Pension	$
☐	☐	Worker's Compensation	$	☐	☐	Pension or Retirement Income from a Former Job	$
☐	☐	Private Disability Insurance	$	☐	☐	Temporary Assistance for Needy Families (TANF)	$
☐	☐	VA Service-Connected Disability Compensation	$	☐	☐	General Assistance (GA)	$
☐	☐	Social Security Disability Insurance (SSDI)	$	☐	☐	Alimony and Other Spousal Support	$
☐	☐	Supplemental Security Income (SSI)	$	☐	☐	Child Support	$
☐	☐	Retirement Income from Social Security	$	☐	☐	Other Cash Income*	$

Source of Other Cash Income: _____

NON-CASH BENEFITS

Have you received non-cash benefits from any source?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes to Non-Cash benefits, please check source(s)

No	Yes	Source of Benefit	No	Yes	Source of Benefit
☐	☐	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	SANF Child Care services (or use local name)	☐	☐	Temporary Assistance for Needy Families (TANF)
☐	☐	TANF transportation services (or use local name)	☐	☐	Other TANF funded Services (or use local name)
☐	☐	Section 8, public housing, or other ongoing rental assistance	☐	☐	Temporary rental assistance
☐	☐	Other Source	If yes to "Other" Source, please specify:		

HEALTH INSURANCE INFORMATION

Covered by health insurance?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes, please check.

NO	YES	Health Insurance Providers	NO	YES	Health Insurance Providers
☐	☐	MEDICAID	☐	☐	Health Insurance obtained through COBRA
☐	☐	MEDICARE	☐	☐	Private Pay Health Insurance
☐	☐	State Children's Health Insurance Program (or use local name)	☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services	☐	☐	Indian Health Services Program
☐	☐	Employer – Provided Health Insurance	☐	☐	Other (please specify)