



HMIS HOPWA Program Exit Form

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

SOCIAL SECURITY NUMBER: [All clients]

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Last Name																				
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First Name																				
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PROGRAM EXIT

PROJECT EXIT DATE

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Month Day Year

DESTINATION

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

HOUSING ASSESSMENT AT EXIT

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

Is the Program Type a Permanent Housing Program Type?

Yes is Auto Generated for this question

COMPLETE HOUSING MOVE-IN DATE WHEN THE CLIENT MOVES INTO A PERMANENT HOUSING UNIT

		/			/			
Month		Day		Year				

DISABLING CONDITION AND BARRIERS

DISABLING 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
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If yes,

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
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If yes,

Long Term?

<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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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
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If yes,

Substantially Impairs Independence?

<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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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
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If yes,

Long Term?

<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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HIV - AIDS

<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,

Substantially Impairs Independence?

<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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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
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If yes,

Long Term?

<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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SUBSTANCE ABUSE 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
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If yes, please check below:

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Both Alcohol & Drug Abuse
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Long Term?

<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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INCOME FROM ANY SOURCE

Have you received income from any source?

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

If yes for "Income from any source:

Indicate all sources and dollar amounts for the source(s) that apply:

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

TOTAL CASH INCOME: Amount is Auto Generated

NON-CASH BENEFITS

Have you received non-cash benefits 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 for non-cash benefits from any source that apply:

No	Yes	Source of Benefit	No	Yes	Source of Benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	SANF Child Care services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, public housing, or other ongoing rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance

<input type="checkbox"/>	<input type="checkbox"/>	Other Source	If yes to "Other" Source, please specify
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HEALTH INSURANCE INFORMATION

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
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NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID

Reason not covered by Medicare (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE

Reason not covered by Medicare (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)

Reason not covered by SCHIP (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services

Reason not covered by VA (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Employer - Provided Health Insurance

Reason not covered by Employer - Provided Health Insurance (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance obtained through COBRA

Reason not covered by COBRA (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance

Reason not covered by Private Pay Health Insurance (check one):

- Applied, Decision Pending
- Applied, Client not eligible
- Client did not apply
- Insurance Type N/A for this Client
- Client Doesn't Know
- Client Refused
- Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)

Reason not covered by State Health Insurance for Adults (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program

Reason not covered by Indian Health Services Program (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Other

Source of Other Insurance: _____

MEDICAL ASSISTANCE

Receiving Public HIV/AIDS Medical 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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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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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
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If Yes.

T-cell Count (integer between 0 - 1500)

Viral Load Information Available

- Not Available
 Available
 Undetectable
 Client doesn't know
 Client Refused
 Data Not Collected

If Available, :

Count (integer between 0 - 999999)