



# HMIS SSVF 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

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

Month	Day	Year							

- Is the Client an Adult or Head of Household? Yes is Auto Generated for these questions
- Is the Program Type Either Homeless Prevention or Rapid-Rehousing? Yes is Auto Generated for these questions
- Is the Program Funding Source HUD:VASH or VA:SSVF? Yes is Auto Generated for these questions

## 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

Is the Client an Adult or Head of Household?

Response is autogenerated by the system

Is the Program Type a Permanent Housing Program Type?

Response is autogenerated by the system

Is the Program Funding Source HUD:VASH or VA:SSVF?

Response is autogenerated by the system

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year		

CONNECTION TO SOAR?

<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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LAST GRADE COMPLETED/HIGHEST GRADE COMPLETED

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Associates degree
<input type="checkbox"/> Grades 5 - 6	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Grades 7 - 8	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Grades 9 - 11	<input type="checkbox"/> Vocational certification
<input type="checkbox"/> Grade 12 - High School Diploma	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> School Program does not have grade levels	<input type="checkbox"/> Client Refused
<input type="checkbox"/> GED	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Some College	

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
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If yes, type of employment

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/Sporadic (including day labor)
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If no, why not employed?

<input type="checkbox"/> Looking for work	<input type="checkbox"/> Unable to work	<input type="checkbox"/> Not working
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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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LAST GRADE COMPLETED/HIGHEST GRADE COMPLETED

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Associates degree
<input type="checkbox"/> Grades 5 - 6	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Grades 7 - 8	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Grades 9 - 11	<input type="checkbox"/> Vocational certification

<input type="checkbox"/>	Grade 12 - High School Diploma	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	School Program does not have grade levels	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	GED	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Some College		

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
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If yes, type of employment

<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Seasonal/Sporadic (including day labor)
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If no, why not employed?

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work	<input type="checkbox"/>	Not working
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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 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 Case Income							

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:		

### 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	Health Insurance Providers	NO	YES	Health Insurance Providers
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Employer - Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other