



Date the client/household exited your project (like this: 05/24/2010)

	/		/	
Month		Day		Year

**HOUSING STATUS AT EXIT** (this question may be retired in late 2014, where will the client be living?)

<input type="radio"/> <b>Category 1:</b> Homeless	<input type="radio"/> <b>Category 5:</b> At-Risk of Homelessness – Homeless Prevention Programs only
<input type="radio"/> <b>Category 2:</b> Housing Loss in 14 Days (at imminent risk)	<input type="radio"/> Client Doesn't Know
<input type="radio"/> <b>Category 3:</b> Homeless only under other federal statutes	<input type="radio"/> Client Refused
<input type="radio"/> <b>Category 4:</b> Fleeing domestic violence	

**REASON FOR EXITING** – select one answer only

<input type="radio"/> Completed Program	<input type="radio"/> Project Transition (exit & re-entry with new HH size, moved to similar project)
<input type="radio"/> Criminal activity / Destruction of property / Violence	<input type="radio"/> Stably Housed
<input type="radio"/> Death	<input type="radio"/> Housed and at Risk
<input type="radio"/> Disagreement with rules or persons	<input type="radio"/> Housed and at Imminent Risk
<input type="radio"/> Left for housing opportunity before completing program	<input type="radio"/> Literally Homeless
<input type="radio"/> Needs could not be met by project	<input type="radio"/> Refused to say
<input type="radio"/> Non-compliance with project	<input type="radio"/> Unknown/Disappeared
<input type="radio"/> Non-payment of rent or other occupancy charge	<input type="radio"/> Other, specify: _____
<input type="radio"/> Reached maximum time allowed in project	<input type="radio"/> Client left without an Exit Interview - replaces Unknown or Disappeared

**PROJECT TRANSITION**

<input type="radio"/> Transitioned immediately back into our program with a different HH size	<input type="radio"/> No transition
<input type="radio"/> Transitioned to case management project (only Outreach Programs may use this answer)	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Transitioned to treatment project (only Outreach Programs may use this answer)	<input type="radio"/> Client Refused
<input type="radio"/> Transitioned to a residential plus treatment project (only Outreach Programs may use this answer)	

**PROGRAM SANCTIONS YOU HAD TO GIVE THIS CLIENT**

<input type="radio"/> No sanction	<input type="radio"/> Failure to report when required	<input type="radio"/> Possessing contraband
<input type="radio"/> Being in Unauthorized Area	<input type="radio"/> Loss of residence through own fault	<input type="radio"/> Possession of prescription drugs without prescription
<input type="radio"/> Consumption of alcohol	<input type="radio"/> Lying or making false statements	<input type="radio"/> Unauthorized contact with victim/minor
<input type="radio"/> Failure to comply with program rules	<input type="radio"/> Abuse of legally prescribed medication	<input type="radio"/> Unauthorized visitor
<input type="radio"/> Failure to participate in programming	<input type="radio"/> Non-violent misdemeanor, no incarceration	<input type="radio"/> Use of Illegal Substances

**HOUSING ELIGIBILITY CONCERNS AT EXIT**

<input type="radio"/> No housing eligibility concerns	<input type="radio"/> Sex Offender Level 2 or 3	<input type="radio"/> Poor Landlord Recommendations
<input type="radio"/> No credit history	<input type="radio"/> Ex-Offender with violence-related CORI	<input type="radio"/> Client Doesn't Know of any
<input type="radio"/> Poor credit history	<input type="radio"/> Ex-Offender with drug-related CORI	<input type="radio"/> Refused

**EXIT DESTINATION (TYPE OF SITUATION) – DESCRIBE THE SITUATION (OR PHYSICAL LOCATION) WHERE THE HOUSEHOLD WILL BE STAYING AFTER S/HE LEAVES YOUR PROGRAM.**

<input type="radio"/> <b>Client left without an Exit Interview</b> - replaces Unknown or Disappeared <input type="radio"/> Deceased <input type="radio"/> Emergency Shelter, <b>including hotel or motel using voucher</b> <input type="radio"/> Foster-care, Foster Care Group Home, Community Care Housing, or Youth Residential Program <input type="radio"/> Homeless, living somewhere illegally, living in vehicle, living outside - Place not meant for human habitation <input type="radio"/> Hospital, psychiatric, or other psychiatric facility <input type="radio"/> Hospital or other residential non-psychiatric medical facility <input type="radio"/> Hotel or motel not using voucher <input type="radio"/> Hotel or motel, not paid with voucher <input type="radio"/> In the military <input type="radio"/> Jail, prison, juvenile detention facility, or Community Residence for Ex Offenders <input type="radio"/> Community Residence for Ex-Offenders (map to Jail) <input type="radio"/> Living <b>temporarily</b> in a <b>family member's</b> room, apartment, or house <input type="radio"/> Living <b>permanently</b> in a <b>family member's</b> room, apartment, or house <input type="radio"/> Living <b>temporarily</b> in a <b>friend's</b> room, apartment, or house <input type="radio"/> Living <b>permanently</b> in a <b>friend's</b> room, apartment, or house <input type="radio"/> Mental Health   Mental Retardation Group Home	<input type="radio"/> Moved from one HOPWA-funded project to HOPWA <b>PH</b> <input type="radio"/> Moved from one HOPWA-funded project to HOPWA <b>TH</b> <input type="radio"/> <b>Owned</b> by client, <b>NO</b> ongoing housing subsidy <input type="radio"/> <b>Owned</b> by client, <b>WITH</b> ongoing housing subsidy <input type="radio"/> Permanent housing for formerly homeless persons such as CoC project, HUD legacy programs, HOPWA PH <input type="radio"/> <b>Rental</b> by client, <b>NO</b> ongoing housing subsidy <input type="radio"/> <b>Rental</b> by client, with <b>VASH</b> subsidy (VA) <input type="radio"/> <b>Rental</b> by client, with <b>GPD TIP</b> subsidy (VA)* <input type="radio"/> <b>Rental</b> by client, <b>WITH</b> other ongoing housing subsidy <input type="radio"/> Residential project of Halfway House with no homeless criteria <input type="radio"/> Safe Haven <input type="radio"/> Substance Abuse Treatment Facility or Detox Center <input type="radio"/> Transitional housing for homeless persons, including homeless youth <input type="radio"/> <b>Other</b> , such as Student Housing, Coming from Military, short-term stay with strangers via Craigslist, etc. You must specify: <hr/> <input type="radio"/> Client does not know <input type="radio"/> Client refused to say <input type="radio"/> Data not collected – unacceptable answer  <p>*GPD = "Grant per diem"          TIP = "Transition in Place"          VASH = "Veterans Administration Supportive Housing"</p>
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**FUNDING SOURCE FOR EXIT DESTINATION**

<input type="radio"/> Did Not Ask <input type="radio"/> None <input type="radio"/> HOME or Tax Credit/LIHTC <input type="radio"/> HOPWA	<input type="radio"/> VA <input type="radio"/> Public Housing <input type="radio"/> S+C <input type="radio"/> Section 8	<input type="radio"/> Other Subsidy <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused
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**WHAT WOULD YOUR PROGRAM/BOSS CONSIDER A SUCCESSFUL OUTCOME?**

<input type="radio"/> Keeping this person alive during his/her stay with us <input type="radio"/> Getting this person to show up and use our services <input type="radio"/> A temporary or transitional Housing Placement <input type="radio"/> Keeping this person alive during his/her stay with us <input type="radio"/> Getting this person to show up and use our services <input type="radio"/> A temporary or transitional Housing Placement	<input type="radio"/> A permanent housing placement lasting at least six months <input type="radio"/> A permanent housing placement lasting at least a year <input type="radio"/> Keeping this client/household in the housing s/he already had <input type="radio"/> Placement in a treatment program for Substance Abuse <input type="radio"/> Placement in treatment for Counseling/Behavioral/Developmental Problems <input type="radio"/> Street Outreach: Repeated contacts and Name Recognition <input type="radio"/> Other-describe here: _____
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**CLASSIFY THE OUTCOME**

<input type="radio"/> No Opinion or Uncertain	<input type="radio"/> Success	<input type="radio"/> Failure
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**Cash Assessment Questions** (use this page for the **HEAD of HOUSEHOLD** and **All CHILDREN**, but not for **ADD'L ADULTS**)

- ➔ Include all children's income on this page, as belonging to the *Head of Household*
- ➔ List income for additional adults on the next page

**FUNDING SOURCE:** Unless VA or PATH, or RHY, correct answer is "Continuum of Care"

**INFORMATION DATE ON WHAT DATE DID YOU ACTUALLY ASK THESE QUESTIONS?** (LIKELY TO BE A DIFFERENT DAY THAN CLIENT'S ENTRY)

<input type="radio"/> Same Date as Project Exit	<input type="radio"/> Different date than Project Exit		/		/	
		Month		Day		Year

**REPORT INCOME FOR HEAD OF HOUSEHOLD OR ANY CHILD AS OF THE EXIT DATE?**

No                       Yes                       Client does not know                       Client Refused to Provide

**IF NO** – Do you need assistance in applying for cash benefits?     Yes                       No

**IF YES** – Please indicate where the money comes from. **The individual amounts must equal the total monthly income.** Count any child's income as part of the Head of Household's income.

Fill in if YES	Source of Income	Monthly Amount round to nearest \$	HOPWA only Approx Start Date m/d/yyyy
<input type="radio"/>	Earned Income (i.e., employment income)      earned by: <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Unemployment Insurance      assigned to: <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Supplemental Security Income (SSI)      assigned to: <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Social Security Disability Income (SSDI)      assigned to: <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	VA compensation for "service connected disability"      assigned to: <input checked="" type="radio"/> HoH	\$	
<input type="radio"/>	VA compensation for "non-service connected disability"      assigned to: <input checked="" type="radio"/> HoH	\$	
<input type="radio"/>	Private disability insurance <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Worker's compensation      assigned to: <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Temporary Assistance for Needy Families (TANF) assigned to: <input checked="" type="radio"/> HoH of a family	\$	
<input type="radio"/>	General Assistance (GA)      assigned to: <input checked="" type="radio"/> Unaccompanied Individuals	\$	
<input type="radio"/>	Retirement income from Social Security      assigned to: <input checked="" type="radio"/> HoH	\$	
<input type="radio"/>	Veteran's pension      assigned to <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Pension from a former job      assigned to: <input type="radio"/> HoH <input type="radio"/> Child	\$	
<input type="radio"/>	Child support      assigned to: <input checked="" type="radio"/> HoH of a family	\$	
<input type="radio"/>	Alimony or other spousal support      assigned to: <input checked="" type="radio"/> HoH of a family	\$	
<input type="radio"/>	<b>Other sources</b> (don't include Food Stamps): <input type="radio"/> Canning <input type="radio"/> Sex Work <input type="radio"/> Panhandling      assigned to: <input type="radio"/> HoH <input type="radio"/> Child	\$	

**Total from All Sources above, *HoH and children***                      \$ \_\_\_\_\_ .00

**Total from *Add'l Adults in the Household***      (get from next page) +                      \$ \_\_\_\_\_ .00

**Total of *ALL Household Members***                      (use for next question) =                      \$ \_\_\_\_\_ .00

**INCOME CATEGORY** (for ESG Homelessness Prevention projects, households must be below 30% AMI at entry.)

**IS THE TOTAL MONTHLY HOUSEHOLD INCOME BELOW 30% AMI\*?** (SEE BELOW)                       YES                       NO

**USE THE LINKS BELOW TO DETERMINE HOUSEHOLD'S INCOME CATEGORY** (AMI= Area Median Income")

These income limits change each year and are also used to place applicants on the correct waitlist list for permanent housing. The links below are to the 2013 limits. The second link will make finding the 2014 limits easier when they are published (possibly as soon as Dec 2013)

[http://www.huduser.org/portal/datasets/il/il13/index\\_il2013.html](http://www.huduser.org/portal/datasets/il/il13/index_il2013.html)    <http://www.huduser.org/portal/datasets/il.html>

## Cash Assessment Questions for ANY AND ALL ADDITIONAL ADULTS

**FUNDING SOURCE:** Unless VA or PATH, or RHY, correct answer is “Continuum of Care”

ARE ANY ADDITIONAL ADULTS RECEIVING REGULAR, ONGOING INCOME AS OF THE INFORMATION DATE?

<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Client does not know	<input type="radio"/> Client Refused to Provide
ADULT'S NAME _____		ADULT'S SSN _____ - _____ - _____	
IF NO – Do you need assistance in applying for cash benefits? <input type="radio"/> Yes		<input type="radio"/> No	
IF YES – Please indicate where the money comes from. <i>The individual amounts must equal the total monthly income.</i>			

Fill in if YES	Source of Income	Monthly Amount round to nearest \$	HOPWA only Approx Start Date <i>mm/dd/yyyy</i>
<input type="radio"/>	Earned Income (i.e., employment income)	\$	
<input type="radio"/>	Unemployment Insurance	\$	
<input type="radio"/>	Supplemental Security Income (SSI)	\$	
<input type="radio"/>	Social Security Disability Income (SSDI)	\$	
<input type="radio"/>	VA compensation for “service connected disability”	\$	
<input type="radio"/>	VA compensation for “non-service connected disability”	\$	
<input type="radio"/>	Private disability insurance	\$	
<input type="radio"/>	Worker’s compensation	\$	
<input type="radio"/>	Temporary Assistance for Needy Families (TANF) assigned to: ● HoH of a family	\$	
<input type="radio"/>	General Assistance (GA) assigned to: ● Unaccompanied Individuals only	\$	
<input type="radio"/>	Retirement income from Social Security	\$	
<input type="radio"/>	Veteran’s pension	\$	
<input type="radio"/>	Pension from a former job	\$	
<input type="radio"/>	Child support assigned to: ● HoH of a family	\$	
<input type="radio"/>	Alimony or other spousal support assigned to: ● HoH of a family	\$	
<input type="radio"/>	<b>Other sources</b> (don't include Food Stamps): Explain what the other source is: <input type="radio"/> Canning <input type="radio"/> Sex Work <input type="radio"/> Panhandling	\$	

**Total from *Add'l Adults in the Household*** (GET from next page) + \$ \_\_\_\_\_ .00

## Non-Cash Benefits Assessment Questions (one-time questions for All HH Members)

**FUNDING SOURCE:** Unless VA or PATH, or RHY, correct answer is “Continuum of Care”

**IS THIS HOUSEHOLD RECEIVING ONGOING BENEFITS AS OF THE INFORMATION DATE?**

Yes                       No                       Client does not know                       Client refused to provide

**IF NO** – DO YOU NEED ASSISTANCE IN APPLYING FOR BENEFITS?

Yes                       No

**IF YES** –Please indicate which of the following non-cash benefits have you received over the last 30 days

Fill In If YES	Source of non-cash benefit	HOPWA only Approx Start Date m/d/yyyy	HOPWA Only If no, explain
<input type="radio"/>	Food stamps or money for food on a benefits card Monthly Amount of Benefit = \$ _____ .00		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	MEDICAID or State-Funded Equivalent		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	MEDICARE health insurance program		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	AIDS Drug Assistance Program (ADAP)		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	COBRA Health Insurance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Employer Provided Health Insurance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Private Pay Health Insurance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Ryan White medical assistance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	State Children’s Health Insurance Program (SCHIP)		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Veteran’s Administration Medical Services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Permanent Rental Assistance -Section 8, Public Housing, or other		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Temporary Rental Assistance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	TANF child care services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	TANF transportation services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Other TANF-Funded Services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	WIC Nutrition Program for Women, Infants, and Children		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Other source (explain) _____		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown

**COPY the DISABILITIES FOR EACH HOUSEHOLD MEMBER** (for staff performing Exits on the HW HMIS website)

You should record at least the same disabilities as at entry to ensure consistency on CoC-wide reports when the same client is in multiple programs. You should also use the **Generate Intake Feature** to ensure that disabilities reported in earlier program visits are visible to you.

1. Open two windows in your browser and position them side by side (half the screen each – use CTRL and + sign or – sign so that each window shows the full width of a page)
2. Visit this link: [https://hmis.housingworks.net/apr\\_worksheet/hec](https://hmis.housingworks.net/apr_worksheet/hec)
3. Find the List Box ( Menu Box, Drop-Box): **Associated Entry/Exit Records** and select the family Review entry responses for each HH member, and duplicate for the exit assessment