

Your client and their child are exiting the program with updates. BE SURE TO SET YOUR ENTER DATA AS (EDA) MODE AND BACK DATE BEFORE ENTERING THE INFORMATION BELOW!!!!

Staff: _____ Project Exit Date: **[The last day of last month]** Name of Head of Household: **Jordan [use your last name]**

Project Name (Enter Data As): **[Use SSO project name provided in email as EDA]**

Client Record

i Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Client **Jordan [use your last name]** **[HMIS created and is same as at entry]**
Name Client ID

Reason for Leaving

X Completed program

- ☐ Criminal activity / violence
- ☐ Death
- ☐ Disagreement with rules/persons
- ☐ Left for housing opp. before completing program
- ☐ Needs could not be met

- ☐ Non-compliance with program
- ☐ Non-payment of rent
- ☐ Other (specify): _____
- ☐ Reached maximum time allowed
- ☐ Unknown/disappeared

Destination

Homeless situations

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, 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 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 family, temporary tenure (e.g., room, apartment, or house)
- ☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- ☐ Moved from one HOPWA funded project to HOPWA TH

Permanent housing situations (if none of these options match, skip to "Other")

- ☐ Staying or living with family, permanent tenure
- X Staying or living with friends, permanent tenure**
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing subsidy (*select subsidy type →*)
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

If "rental by client, with ongoing subsidy", select type

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV Voucher (tenant or project based)
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Housing Stability Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other permanent housing dedicated for formerly homeless persons

Other

- ☐ No exit interview completed
- ☐ Other (specify): _____
- ☐ Deceased
- ☐ Client doesn't know
- ☐ Client prefers not to answer

Client location as of assessment/review date

i Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.

Client Location (County) [no change]

Housing Move-In Date [Rapid ReHousing projects only]

i Record the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, RRH, and OPH). This must be on or after the project start date. Leave blank if the client is not yet housed.

Housing Move-In Date [leave blank for this type of project]

Health Insurance

Covered by Health Insurance ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Medicaid (MO HealthNet)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Medicare	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

i HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

i **Data Entry Tip:**
Remember to end date old records and create new records each time a source of health insurance changes.

Monthly Income

Income from Any Source ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes: \$ <u>400</u>
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____

i HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each.
For any income sources where income is received, the monthly amount must also be recorded.

i **Data Entry Tip:**
Remember to end date old records and create new records each time a source of income changes.

Total Monthly Income \$ 400

Non-Cash Benefits

Non-Cash Benefits from Any Source ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP)
(Previously known as Food Stamps) ☐ No ☒ Yes

Special Supplemental Nutrition Program for
Women, Infants and Children (WIC) ☒ No ☐ Yes

TANF Child Care services ☒ No ☐ Yes

TANF transportation services ☒ No ☐ Yes

Other TANF-funded services ☒ No ☐ Yes

Other (specify): _____ ☒ No ☐ Yes



HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.



Data Entry Tip:

Remember to end date old records and create new records each time a source of non-cash benefit changes.

Health

General Health Status ☒ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer

Dental Health Status ☐ Excellent ☒ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer

Mental Health Status ☐ Excellent ☒ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer

Safe and Appropriate Exit

Exit destination safe – as determined by client ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Exit destination safe – as determined by the project/caseworker ☐ No ☒ Yes ☐ Worker does not know

Client has permanent positive adult connections outside of project ☐ No ☒ Yes ☐ Worker does not know

Client has permanent positive peer connections outside of project ☐ No ☒ Yes ☐ Worker does not know

Client has permanent positive community connections outside of project ☒ No ☐ Yes ☐ Worker does not know

Project Completion Status

Project Completion Status ☒ Completed project ☐ Client voluntarily left early
☐ Client was expelled or otherwise involuntarily discharged from project

If "client was expelled or otherwise involuntarily discharged from project" select the major reason

- ☐ Criminal activity/destruction of property/violence
- ☐ Non-compliance with project rules
- ☐ Non-payment of rent/occupancy charge
- ☐ Reached maximum time allowed by project
- ☐ Project terminated
- ☐ Unknown/disappeared

Youth Education Status [Head of Household Only]

Current School Enrollment and Attendance ☐ Not currently enrolled in any school or educational course ☐ Client doesn't know
☐ Currently enrolled but NOT attending regularly (when school or the course is in session) ☐ Client prefers not to answer
☒ Currently enrolled and attending regularly (when school or the course is in session) ☐ Data not collected

**Current
Educational Status**

X Pursuing a diploma or GED

- ☐ Pursuing Associate's Degree
☐ Pursuing Bachelor's Degree
☐ Pursuing Graduate Degree
☐ Pursuing other post-secondary credential

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Disabilities

i If one or more of the options below with an asterisk(*) has been selected, the answer to "disabling condition" must be "yes."
 If none of the answers below with an asterisk(*) has been selected, the answer to "disabling condition" may be "yes" or "no."

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes X No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA


DK = Client doesn't know; PNTA = Client prefers not to answer

Be sure to include your client's child in the exit. Below in red are changes to the child's information at exit.

Staff: _____ Project Update Date: **[The last day of last month]** Name of Head of Household: **Jordan [use your last name]**

Project Name (Enter Data As): **[Use SSO project name provided in email as EDA]**

Client Record

 Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Client **Alex [use your last name]** **[HMIS created and is same as at entry]**
Name Client ID

Reason for Leaving

X Completed program

- ☐ Criminal activity / violence
- ☐ Death
- ☐ Disagreement with rules/persons
- ☐ Left for housing opp. before completing program
- ☐ Needs could not be met

- ☐ Non-compliance with program
- ☐ Non-payment of rent
- ☐ Other (specify): _____
- ☐ Reached maximum time allowed
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Destination

Homeless situations

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, 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 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 family, temporary tenure (e.g., room, apartment, or house)
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- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing subsidy (select subsidy type →)
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

If "rental by client, with ongoing subsidy", select type

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV Voucher (tenant or project based)
- ☐ Public housing unit
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- ☐ Permanent Supportive Housing
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- ☐ No exit interview completed
- ☐ Other (specify): _____
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Medicare ☒ No ☐ Yes

State Children's Health Insurance Program ☐ No ☒ Yes

Veteran's Health Administration ☒ No ☐ Yes

Employer-Provided Health Insurance ☒ No ☐ Yes

Health Insurance obtained through COBRA ☒ No ☐ Yes

Private Pay Health Insurance ☒ No ☐ Yes

State Health Insurance for Adults ☒ No ☐ Yes

Indian Health Services Program ☒ No ☐ Yes

Other (specify): _____ ☒ No ☐ Yes

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Chronic Health Condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
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Drug Use Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
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Mental Health Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

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