

MO-604 HMIS Exit Form

Instructions: Please use this form to enter all information into CaseWorthy. Know that this form can be edited to fit your specific program needs.

Project Start Date: ___/___/___ Move-in Date: ___/___/___ Project Exit Date: ___/___/___

Client ID: _____ Family ID: _____ Relationship to HoH: _____

Project Name (as it appears in CaseWorthy): _____

Client Record:

Name: _____
First Middle Last Suffix

HUD Program Assessment

Destination Type:

Homeless Situations:

- Place not meant for human habitation Emergency shelter including hotel or motel paid for with ES voucher or RHY Funded Host Home Shelter Safe Haven

Institutional Situations:

- Foster care home or foster care group home Long-term care facility or nursing home
 Hospital or other residential non-psychiatric medical facility Psychiatric hospital or other psychiatric facility
 Jail, prison, or juvenile detention facility Substance abuse treatment facility or detox center

Temporary and Permanent Housing Situations:

- Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria
 Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis)
 Staying or living with friends, temporary tenure Staying or living with friends, permanent tenure
 Staying or living with family, temporary tenure Staying or living with family, permanent tenure
 Rental by client, no ongoing housing subsidy Rental by client, with ongoing housing subsidy
 Owned by client, with ongoing housing subsidy Owned by client, no ongoing housing subsidy
 Moved from one HOPWA funded project to HOPWA PH No exit interview completed
 Other Deceased
 Client doesn't know Client prefers not to answer

If the previous answer included renting or owning with *ongoing housing subsidy*, please select from one of the following:

- GPD TIP housing subsidy VASH housing subsidy
 RRH or equivalent subsidy Foster Youth to Independence Initiative (FYI)
 HCV voucher (tenant or project based) (not dedicated) Public housing unit
 Rental by client, with other ongoing housing subsidy Housing Stability Voucher
 Family Unification Program Voucher (FUP) Permanent Supportive Housing
 Other permanent housing dedicated for formerly homeless persons

Non-cash benefit from any sources?

Yes No Client Doesn't know Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) Yes No
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Yes No
TANF Child Care services Yes No
TANF transportation services Yes No
Other TANF-funded services Yes No
Other non-cash benefit (please specify): Yes No

Does the client have health insurance?

Yes No Client Doesn't know Client prefers not to answer
• Please note that this answer is connected to the HUD Health Insurance Assessment

General Health Status:

Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer

Sexual Orientation: *Required for RHY and CoC PSH programs

Heterosexual Gay Lesbian Bisexual Questioning/Unsure
 Client doesn't know Client prefers not to answer Other (specify) _____

Disabling Conditions:

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

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 <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA

HUD Financial Assessment

Income received from any sources?

Yes No Client Doesn't know Client prefers not to answer

Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Earned/Employed Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Pension or Retirement Income from a former job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Child Support Yes No \$ _____
 Alimony or other spousal support Yes No \$ _____
 Workers' Compensation Yes No \$ _____
 Other source (specify below): Yes No \$ _____

Total Monthly Income: \$ _____

HUD Health Insurance Assessment

Health Insurance from any source?

Yes No Client Doesn't know Client prefers not to answer

Medicaid Medicare State Children's Health Insurance Program
 VA Medical Services Employer-Provided Health Insurance Health Insurance obtained through COBRA
 Private Pay Health Insurance State Health Insurance for Adults Indian Health Services Program
 Other (please specify): _____

HUD HOPWA Assessment

Receiving Public HIV/AIDS Medical Assistance?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":
 Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

Receiving AIDS Drug Assistance Program (ADAP)?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":
 Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

Receiving Ryan White-funded Medical or Dental Assistance?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":
 Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

Has the client been prescribed anti-retroviral drugs?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":
 Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

T-cell (CD4) and Viral Load:

T-Cell (CD4) Count Available? Yes No Client Doesn't know Client prefers not to answer

If yes, T-Cell Count: _____

How was the T-Cell Count information obtained? Medical Report Client Report Other

Viral Load Information Available?

Not Available Available Undetectable Closed
 Alternate Schedule Change in Capacity Client doesn't know Client prefers not to answer