



# LANE COUNTY HMIS **BASIC EXIT FORM**

Agency	Project Name	Client ID #	Exit Date
			/ /

**HEAD OF HOUSEHOLD (HoH) NAME** (first, middle initial, last, suffix)**EXISTING HOUSEHOLD INFO**

<input type="checkbox"/> full <input type="checkbox"/> partial	Is this form adding client(s) to an existing household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, HMIS Client ID (HoH) _____
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**HEAD OF HOUSEHOLD CONTACT INFO**

Name	Housing status	Email	Address	Contact #
				<input type="checkbox"/> Cell Phone <input type="checkbox"/> Message Phone

Housing Status selections: Unsheltered or Emergency Shelter, Doubled up, Transitional Housing Project, Housed

**HOUSEHOLD MEMBERS IN THIS EXIT (LIST NAMES AND CLIENT IDS)**


Name	Client #

**REASON FOR LEAVING**

<input type="checkbox"/> Completed Program	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Criminal Activity / Violence
<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Death	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Disagreement with rules / person	<input type="checkbox"/> Reached maximum time allowed	<input type="checkbox"/> Left for housing opportunity before completing the program
<input type="checkbox"/> Unknown / Disappeared	<input type="checkbox"/> Other (Explain):	

**DESTINATION**

Complete separately for each adult if adults were living in different living situations.

<b>Client current Residence (city)</b>	_____	<b>Client Name</b> (If different than HoH)	_____
<b>Homeless Situations</b>			
<input type="checkbox"/> Place not meant for habitation			
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for <b>with</b> emergency shelter voucher, or RHY-funded Host Home shelter			
<b>Institutional Situations</b>			
<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Long-term care facility or nursing home	
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility		<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Substance abuse treatment facility or detox center	
<b>Temporary and Permanent Housing Situations</b>			
<input type="checkbox"/> Residential project or halfway house with no homeless criteria		<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Hotel or motel paid for <b>without</b> emergency shelter voucher		<input type="checkbox"/> Rental by client, with ongoing housing subsidy	
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)		 If Yes, Rental Subsidy Type:	
<input type="checkbox"/> Host Home (non-crisis)		<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> HCV Voucher	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house		<input type="checkbox"/> RRH/equivalent <input type="checkbox"/> PSH <input type="checkbox"/> Public housing unit	
<input type="checkbox"/> Staying or living in a family member's room, apartment or house		<input type="checkbox"/> Family Unification Program (FUP)	
<input type="checkbox"/> Owned by client, with housing subsidy		<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)	
<input type="checkbox"/> Owned by client, no housing subsidy		<input type="checkbox"/> Other	