



LANE COUNTY HMIS PLUS 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	HMIS Client ID#	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)

NAMES	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 opp. Before completing 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.

Client current Residence (city)	_____	Client Name (If different than HoH)	_____
Homeless Situations			
<input type="checkbox"/> Place not meant for habitation			
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter			
Institutional Situations			
<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	
Temporary and Permanent Housing Situations			
<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 without 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	

HOUSEHOLD TYPE

<input type="checkbox"/> Adult Only
<input type="checkbox"/> Adult(s) and Child(ren)
<input type="checkbox"/> Child(ren) Only

HOUSEHOLD SIZE AND INCOME same for every HH member

Household Size:	Household Income:
Level of Family Income:	Percent of Median Family Income:
<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%	<input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50%
<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%	<input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80%
<input type="checkbox"/> 176-200% <input type="checkbox"/> 201-250% <input type="checkbox"/> Over 250%	

ARE ANY ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME?

YES NO

Income for a child is recorded as income for the adult who receives the funds.

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance / TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned income	\$		<input type="checkbox"/> VA Service Connected Disability Compensation	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Workers' Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other sources _____	\$		<input type="checkbox"/> Other sources _____	\$	

TOTAL MONTHLY INCOME
(Record separately for each adult.)

\$

ARE ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS?

YES NO

Income for a child is recorded as income for the adult who receives the funds.

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> SNAP (Food Stamps)		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other TANF-funded services	

DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE?

YES NO

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veterans Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Indian Health Services Program		<input type="checkbox"/> Other _____	

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

Name	Disability of long duration that substantially limits the client's ability to live on their own
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
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***ONLY COMPLETE IF HOMELESS PREVENTION OR DIVERSION**

Housing at Exit	<input type="checkbox"/> Able to maintain housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless – moving to shelter or place not meant for human habitation <input type="checkbox"/> Client went to jail/prison <input type="checkbox"/> Client deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If Able to maintain housing at entry, Subsidy information	<input type="checkbox"/> With a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy
If Moved to new housing unit, Subsidy information	<input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without on-going subsidy