



LANE COUNTY HMIS YHDP EXIT FORM

HMIS DATA PRIVACY SCRIPT READ AND ACKNOWLEDGED? YES NO

Agency	Project Name	Client ID #	Project Start Date Date Conditions Are Met
			/ /

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

ADDITIONAL HOUSEHOLD MEMBERS

Name	SSN	DOB Don't leave Blank	Relationship to HoH	Race(s) Choose from below	Hispanic Latino Y/N	Gender Choose from below	Veteran Y/N

Race selections: American Indian, Alaska Native or Indigenous, Asian or Asian American, Black, African American or African, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, White, Client Doesn't know, Client prefers not to answer

Gender selections: Woman (Girl, if child), Man (Boy, if child), Culturally Specific Identity (e.g., Two-Spirit), Different Identity, Non-Binary, Transgender, Questioning, Client Doesn't Know, Client prefers not to answer

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
	<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

YHDP QUESTIONS

Current School Enrollment & Attendance
<input type="checkbox"/> Not currently enrolled in any school or educational course
<input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session)
<input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session)
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Prefers Not to Answer

Most Recent Educational Status:	
<input type="checkbox"/> K12: Graduated from high school	<input type="checkbox"/> Higher education: Pursuing a credential but not attending
<input type="checkbox"/> K12: Obtained GED	<input type="checkbox"/> Higher education: Dropped Out
<input type="checkbox"/> K12: Dropped Out	<input type="checkbox"/> Higher education: Obtained a credential / degree
<input type="checkbox"/> K12: Suspended	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> K12: Expelled	<input type="checkbox"/> Client Prefers Not to Answer

HEALTH

General Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Dental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Mental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Projected Birth Date: ____/____/____

PROJECT COMPLETION STATUS

Completed Project Client voluntarily left early Client was expelled or otherwise involuntarily discharged

PROJECT COMPLETION QUESTIONS

If Client was expelled or otherwise involuntarily discharged from the project for Project Completion Status, choose the major reason:

Criminal Activity / Destruction of Property / Violence Non-Compliance with Project Rules Project Terminated
 Non-Payment of Rent / Occupancy Charge Reached Maximum Time Allowed by Project Unknown / Disappeared

Exit Destination safe – as determined by the client?

Yes No Client Doesn't Know Client Prefers Not to Answer

Exit Destination safe – as determined by the project / case worker?

Yes No Worker Doesn't Know

Client has permanent positive adult connections outside of the project?

Yes No Worker Doesn't Know

Client has permanent positive peer connections outside of the project?

Yes No Worker Doesn't Know

Client has permanent positive community connections outside of the project?

Yes No Worker Doesn't Know