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Transitional Housing, Rapid Rehousing, and all other Projects (Single Individual)

(complete this form for ALL HH members)

Client Name:	: HMIS Client ID#:
(optional)	
Exit Date:	
Reason for Le	
	_ Completed Program
	_ Criminal Activity/Violence
	_ Death
	_ Disagreement with Rules
	_ Does not meet criteria for program
	_ Goal Achieved
	_ Goal Not Achieved
	_ Left for housing opportunity before completing program
	_ Needs could not be met
	_ Non-compliance
	Non payment of rent
	Reached maximum time allowed
	_ Unknown/ Disappeared
	Other:
Destination:	
Homel	ess Situations
	_ Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
	_ Place not meant for human habitation
	_ Save Haven
Instituti	ional Situations
	_ Foster care home or foster care group home
	_ Hospital or other residential non-psychiatric facility
	_ Jail, prison, or juvenile detention
	_ Long-term care facility or nursing home
	_ Psychiatric hospital or other psychiatric facility
	Substance Abuse treatment facility or detox center
Tempor	rary and Permanent Housing Situations
	_ Moved from one HOPWA funded project to HOPWA PH
	Moved from one HOPWA funded project to HOPWA TH
	No exit interview completed
	Owned by client, no ongoing housing subsidy
	Owned by client, with ongoing housing subsidy
	Permanent housing (other than RRH) for formerly homeless persons
	Hotel/ Motel paid for without emergency shelter voucher
	Host Home (non-crisis)



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Of Central New York

1	Residential or halfway house with no homeless criteria		
	Rental by client, with GPD TIP subsidy		
	Rental by client, with VASH subsidy		
	Rental by client, with VASH subsidy Rental by client with RRH or equivalent subsidy		
	Rental by client with Housing Choice Voucher (HCV) (tenant or project based)		
	Rental by client in a public housing unit		
	Rental by client, no ongoing housing subsidy		
	Rental by client, with other ongoing housing subsidy		
	Staying or living with friends, temporary tenure (e.g. room, apartment or house)		
	Staying or living with friends, permanent tenure		
	Staying or living with family, temporary tenure (e.g. room, apartment or house)		
	Staying or living with family, permanent tenure (e.g. room, apartment or house)		
	Transitional Housing for Homeless persons (including homeless youth)		
Other Des	stination		
	Other:		
	Client Doesn't Know		
	Client Refused		
	Data Not Collected		
	Deceased		
	lity, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the lity to live independently, and is of such a nature that such ability could be improved by more suitable ions.		
Disability Type	:		
YesLCI Ald	cohol Use DisorderYesLCI BOTH Alcohol & Drug Use DisorderYesLCI Drug Use Disorder		
YesLCI Chronic Health ConditionYesLCI Developmental HIV/AIDS			
Yes_LCI Me	ntal Health DisorderYesLCI Physical Health		
	<i> ,</i>		
Medical Insura	nce:		
	ealth Insurance/ Medical Assistance?Yes No		
•	th Insurance/ Medical Assistance:		
	Medicaid Medicare		
	State Children's Health Insurance Program Veteran's Administration (VA) Medical Services		
	Employer – Provided Health Insurance		
	State Health Insurance for Adults		
	Indian Health Care Other		
	ance Company: Total Care Blue Cross Blue Shield Fidelis		
Onited He	ealthcare Molina Healthcare		
ol	10 TOT 10 TO 10 TO 11 TO		
Client Location	: NY-505 (Onondaga/ Cayuga/ Oswego counties)		
NY-510 (Ithaca/ Tompkins County)			



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Income:				
Do you have income?Yes No Total Monthly Income \$				
Income Source and amount:				
\$ Alimony/ Spousal Support	\$ Child Support			
\$ Earned Income	\$ General Assistance			
\$ Pension/Retirement income from a job	\$ Private Disability Insurance			
\$ Retirement Income from Social Security	\$ Social Security Disability Income (SSDI)			
\$ Social Security Income (SSI)	\$ Temporary Assist for Needy Families TANF			
\$ Unemployment Insurance	\$ VA Non-Service-Connected Disability Pension			
\$ VA Service-Connected Disability Compensation	\$ Worker's Compensation			
Non-Cash Benefits:				
Do you have Non-Cash Benefits?Yes No				
Source of Non-Cash Benefits:				
Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)				
Special supplemental Nutrition Program for (WIC) (HUD)				
TANF Child Care Services (HUD)				
TANF Transportation Services (HUD)				
Other TANF-Funded Services (HUD); If "Other" Specify:				