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 Leaving:

___ 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:

-----Homeless 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

----- Institutional 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

----- Temporary 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)
_____ 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 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 Destination -----
_____ Other: ______________________________________
_____ Client Doesn’t Know
_____ Client Refused
_____ Data Not Collected
_____ Deceased

**Disabling Condition:**

Do you have a DISABILITY of long duration?  ____Yes ____ No

For each disability, check “LCI” if it is expected to be of long, continued and indefinite duration, substantially impairs the individual’s ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

**Disability Type:**

_____Yes  LCI Alcohol Use Disorder
_____Yes  LCI BOTH Alcohol & Drug Use Disorder
_____Yes  LCI Drug Use Disorder
_____Yes  LCI Chronic Health Condition
_____Yes  LCI Developmental
_____Yes  LCI HIV/AIDS
_____Yes  LCI Mental Health Disorder
_____Yes  LCI Physical Health

**Medical Insurance:**

Do you have Health Insurance/ Medical Assistance?  ____Yes ____ No

Source of Health Insurance/ Medical Assistance:

_____ Medicaid
_____ Medicare
_____ State Children’s Health Insurance Program
_____ Veteran’s Administration (VA) Medical Services
_____ Employer – Provided Health Insurance
_____ Health Insurance obtained through COBRA
_____ State Health Insurance for Adults
_____ Indian Health Care
_____ Other

Medicaid ID# ______________________________

Medicaid Insurance Company:  ____ Total Care
_____ Blue Cross Blue Shield
_____ Fidelis
_____ United Healthcare
_____ Molina Healthcare

Client Location:  ____ NY-505 (Onondaga/ Cayuga/ Oswego counties)
_____ NY-510 (Ithaca/ Tompkins County)
**Income:**

**Do you have income?**  ____Yes  ____No  **Total Monthly Income** $________

Income Source and amount:

- $____ Alimony/ Spousal Support
- $____ Earned Income
- $____ Pension/Retirement income from a job
- $____ Retirement Income from Social Security
- $____ Social Security Income (SSI)
- $____ Unemployment Insurance
- $____ VA Service-Connected Disability Compensation
- $____ Child Support
- $____ General Assistance
- $____ Private Disability Insurance
- $____ Social Security Disability Income (SSDI)
- $____ Temporary Assist for Needy Families TANF
- $____ VA Non-Service-Connected Disability Pension
- $____ 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: ________________________________