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Homeless Prevention Exit Assessment (complete for all Adults and Head of household)

Client Name: _____
 (optional)
Exit Date: _____

HMIS Client ID#: _____

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



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- 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 _____ 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

Housing Move-In Date (Head of Household Only): ___/___/___

(Date client first stayed in permanent residence through your program)



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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	\$ _____ 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: _____

Housing Assessment at Exit:

Able to Maintain the Housing they had at Project Start
 Moved into New Housing Unit
 Moved in with Family/friends on a temporary basis
 Moved in with family/friends on a permanent basis
 Moved to a transitional or temporary housing facility or program
 Client became homeless – moving to a shelter or other place unfit for human habitation
 Client went to jail/prison
 Client Died

If able to maintain housing at entry, Subsidy Information:

Without a subsidy
 With a subsidy they had at project entry
 With an on-going subsidy they acquired since project entry
 Only with financial assistance other than a subsidy
 Data not collected

If moved to a new housing unit, subsidy information:

Without a subsidy
 With a subsidy they had at project entry
 With an on-going subsidy they acquired since project entry



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- Only with financial assistance other than a subsidy
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