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

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 Mental Health Disorder   ____Yes  __LCI Physical Health
____Yes  __LCI HIV/AIDS

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  _____ Other
_____ Indian Health Care

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

**Income:**

<table>
<thead>
<tr>
<th>Do you have income?</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

**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:**

<table>
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<tr>
<th>Do you have Non-Cash Benefits?</th>
<th>Yes</th>
<th>No</th>
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**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 |
Only with financial assistance other than a subsidy
Data not collected