Transitional Housing, Rapid Rehousing, and all other Projects Children Only Assessment
(complete this form for all children under 18)

Client Name: ____________________________________  HMIS Client ID#: __________________________
(optional)  Exit Date: __________________________

Reason for Leaving:
___ Completed Program  ___ Left for housing opportunity before completing program
___ Criminal Activity/Violence  ___ Needs could not be met
___ Death  ___ Non-compliance
___ Disagreement with Rules  ___ Non payment of rent
___ Does not meet criteria for program  ___ Reached maximum time allowed
___ Goal Achieved  ___ Unknown/ Disappeared
___ Goal Not Achieved
___ Other: __________________________________________________________________________________

Temporary and Permanent Housing Situations
___ Residential project or halfway house with no homeless criteria  ___ Rental by client, with GPD TIP subsidy
___ Hotel/ Motel paid for without emergency shelter voucher  ___ Rental by client, with VASH subsidy
___ Transitional Housing for Homeless persons (including homeless youth)  ___ Permanent housing (other than RRH) for formerly homeless persons
___ Host Home (non-crisis)  ___ Rental by client, with RRH or equivalent housing subsidy
___ Staying or living with friends, permanent tenure  ___ Rental by client in a public housing unit
___ Staying or living with friends, temporary tenure (e.g. room, apartment or house)  ___ Rental by client, no ongoing housing subsidy
___ Staying or living with family, permanent tenure (e.g. room, apartment or house)  ___ Rental by client, with other ongoing housing subsidy
___ Staying or living with family, temporary tenure (e.g. room, apartment or house)  ___ Owned by client, with ongoing housing subsidy
___ Moved from one HOPWA funded project to HOPWA PH (HOPWA Projects ONLY)  ___ Owned by client, no ongoing housing subsidy
___ Moved from one HOPWA funded project to HOPWA TH (HOPWA Projects ONLY)  ___ Rental by client with Housing Choice Voucher (HCV) (tenant or project based)
Homeless Situations

_____ Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
_____ Place not meant for human habitation
_____ Safe Haven (note: no safe havens exist in the CoC coverage area. Please consult HMIS staff before selecting this option)

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

Other Destinations

_____ No Exit Interview Completed (Select if contact attempts have been made and client location could not be determined)
_____ Deceased
_____ Other (Do not select without consulting HMIS staff): ______________________________________________________
_____ Client Doesn’t Know (Do not select without consulting HMIS staff)
_____ Client Refused (Only select if client refused to complete assessment and no information is available)
_____ Data Not Collected (Do not select without consulting HMIS staff)

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