HMIS Universal Exit/Update Form - Adults

Completed By: _____ **Program:** _____ **Clarity ID #:** _____

☐ Update ☐ Annual Review ☐ Exit

Client Name:_____ **Update/Exit Date:** | | | / | | | / | | | | | (month / day / year)

Reason for Leaving *(Exit Only)*

☐ Completed Program	☐ Reached maximum time allowd by program
☐ Left for housing opportunity before completeing program	☐ Needs could not be met by program
☐ Non-payment of rent/occupancy charge	☐ Disagreement with rules/persons
☐ Non-compliance with program	☐ Death
☐ Criminal activity/destruction of property/violence	☐ Unknown/disappeared
☐ Other:_____	

Exit Destination *(Exit Only)*

Homeless Situation:

☐ Place not meant for habitation	☐ Emergency Shelter
☐ Safe Haven	

Institutional Situation:

☐ Foster care home or foster care group home	☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison, or juvenile detention facility	☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility	☐ Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation:

☐ Hotel or motel paid for without emergency shelter voucher	☐ Owned by client, no ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy	☐ PH (other than RRH) for formerly homeless persons
☐ Rental by client with HCV voucher (tenant or project based)	☐ Rental by client, with VASH subsidy
☐ Rental by client, with GPD TIP subsidy	☐ Rental by client, with RRH or equivalent subsidy
☐ Rental by client, no ongoing housing subsidy	☐ Rental by client, with other ongoing housing subsidy
☐ Rental by client in a public housing unit	☐ Transitional Housing for homeless persons
☐ Staying or living in a friends, temporary tenure	☐ Staying or living in a family, temporary tenure
☐ Staying or living in a friends, permanent tenure	☐ Staying or living in a family, permanent tenure
☐ Host Home (non-crisis)	☐ Residential project or halfway house with no homeless criteria
☐ Moved from one HOPWA funded project to HOPWA PH	☐ Moved from one HOPWA funded project to HOPWA TH
☐ No Exit Interview Completed	☐ Deceased
☐ Client Doesn't Know	☐ Client refused

Exit Address:_____

Disabling Conditions (all clients)

Physical

		Long term?	
☐ No	☐ Yes	☐ No	☐ Yes
☐ Client doesn't know		☐ Client doesn't know	
☐ Client refused		☐ Client refused	

Developmental

☐ No	☐ Yes
☐ Client doesn't know	
☐ Client refused	

Chronic Health

		Long term?	
☐ No	☐ Yes	☐ No	☐ Yes
☐ Client doesn't know		☐ Client doesn't know	
☐ Client refused		☐ Client refused	

HIV

☐ No	☐ Yes
☐ Client doesn't know	
☐ Client refused	

Mental Health

		Long term?	
☐ No	☐ Yes	☐ No	☐ Yes
☐ Client doesn't know		☐ Client doesn't know	
☐ Client refused		☐ Client refused	

Alcohol Use Disorder

		Long term?	
☐ No	☐ Yes	☐ No	☐ Yes
☐ Client doesn't know		☐ Client doesn't know	
☐ Client refused		☐ Client refused	

Drug Abuse

		Long term?	
☐ No	☐ Yes	☐ No	☐ Yes
☐ Client doesn't know		☐ Client doesn't know	
☐ Client refused		☐ Client refused	

Both Alcohol/Drug

		Long term?	
☐ No	☐ Yes	☐ No	☐ Yes
☐ Client doesn't know		☐ Client doesn't know	
☐ Client refused		☐ Client refused	

Domestic Violence (HoH & Adults)

Is client a domestic violence victim/survivor?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

If yes, are you currently fleeing?

- ☐ No
- ☐ Client doesn't know
- ☐ Yes
- ☐ Client refused

If Yes, when did the experience occur?

- ☐ Within the past three months
- ☐ Three to six months ago
- ☐ Six months to one year ago
- ☐ One year or more
- ☐ Client doesn't know
- ☐ Client refused

Income

Income from Any Source ***(HoH & Adults (child-->HoH))***

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

Answer Yes or No for each income source (status at time of entry)

Source of Income	Receiving income?	If yes, monthly amount from source (round down to nearest dollar)
Earned income (i.e., employment income)	☐ No ☐ Yes	$ .00
Unemployment Insurance	☐ No ☐ Yes	$ .00
Supplemental Security Income (SSI)	☐ No ☐ Yes	$ .00
Social Security Disability Income (SSDI)	☐ No ☐ Yes	$ .00
VA Service-Connected Disability	☐ No ☐ Yes	$ .00
VA Non-Service-Connected Disability Pension	☐ No ☐ Yes	$ .00
Private disability insurance	☐ No ☐ Yes	$ .00
Worker's Compensation	☐ No ☐ Yes	$ .00
Temporary Assistance for Needy Families (TANF)	☐ No ☐ Yes	$ .00
General Assistance (GA)	☐ No ☐ Yes	$ .00
Retirement Income from Social Security	☐ No ☐ Yes	$ .00
Pension or retirement income from a former job	☐ No ☐ Yes	$ .00
Child support	☐ No ☐ Yes	$ .00
Alimony or other spousal support	☐ No ☐ Yes	$ .00
Other Source If yes, specify source:	☐ No ☐ Yes	$ .00
Total Monthly Income from all sources		$ 0 .00

Non-Cash Benefits

Non-Cash Benefits from any source? ***(HoH & Adults (children go on HoH))***

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Answer 'Yes' or 'No' for each non-cash benefit source
(Based on the status at the time of entry)

No	Yes	Source of non-cash benefit
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services
☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services
☐	☐	Other source: _____

Health Insurance

Covered by health insurance ***(all clients)***

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Answer 'Yes' or 'No' for each health insurance source.
(Based on the status at the time of entry)

No	Yes	Source of insurance coverage
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other source: _____

For Permanent Destinations:

Housing Move-In Date: | | | / | | | / | | | |
month *day* *year*

Monthly Rent & Utilities Combined (estimated):_____