

Staff: \_\_\_\_\_ Project Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

**Client Record**

Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

**Client**

Name \_\_\_\_\_

Client ID \_\_\_\_\_

**Reason for Leaving**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed program                               | <input type="checkbox"/> Non-compliance with program  |
| <input type="checkbox"/> Criminal activity / violence                    | <input type="checkbox"/> Non-payment of rent          |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Other (specify): _____       |
| <input type="checkbox"/> Disagreement with rules/persons                 | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Unknown/disappeared          |
| <input type="checkbox"/> Needs could not be met                          |   |

**Destination****Homeless situations**

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- ☐ Safe haven

**Institutional situations**

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

**Temporary housing situations**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)  |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH                                    |
| <input type="checkbox"/> Host home (non-crisis)   |   |

**Permanent housing situations (if none of these options match, skip to "Other")**

- |  |  |
|--|--|
| <input type="checkbox"/> Staying or living with family, permanent tenure                         | <i>If "rental by client, with ongoing subsidy", select type</i>                          |
| <input type="checkbox"/> Staying or living with friends, permanent tenure                        | <input type="checkbox"/> GPD TIP housing subsidy   |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH                         | <input type="checkbox"/> VASH housing subsidy  |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy                            | <input type="checkbox"/> RRH or equivalent subsidy                                       |
| <input type="checkbox"/> Rental by client, with ongoing subsidy ( <u>select subsidy type →</u> ) | <input type="checkbox"/> HCV Voucher (tenant or project based)                           |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy                           | <input type="checkbox"/> Public housing unit   |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy                             | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy            |
|  | <input type="checkbox"/> Housing Stability Voucher                                       |
|  | <input type="checkbox"/> Family Unification Program Voucher (FUP)                        |
|  | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI)                   |
|  | <input type="checkbox"/> Permanent Supportive Housing                                    |
|  | <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |

**Other**

- |  |   |
|--|---|
| <input type="checkbox"/> No exit interview completed | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Other (specify): _____      | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Deceased                    |   |

**Client location as of assessment/review date**Client Location (County) St. Louis City

## **Housing Assessment at Exit [Homelessness Prevention Projects Only]**

### **Housing Assessment at Exit**

- ☐ Able to maintain the housing they had at project entry
- ☐ Moved to 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
- ☐ Jail/prison
- ☐ Deceased
- ☐ Client doesn't know
- ☐ Client prefers not to answer

### **If “able to maintain the housing they had at project entry”, subsidy information:**

- ☐ Without a subsidy
- ☐ With the subsidy they had at project entry
- ☐ With an ongoing subsidy acquired since project entry
- ☐ Only with financial assistance other than a subsidy

### **If “moved to a new housing unit,” subsidy information:**

- ☐ With ongoing subsidy
- ☐ Without an ongoing housing subsidy

## **AHTF Additional Questions**

**Include in AHTF Report?**    ☐ No    ☐ Yes

**Street Address of Client's Night Residence** \_\_\_\_\_

**Zip Code of Client's Night Residence** \_\_\_\_\_