ICA Missouri – PIT Minimum Exit – ES/TH [FY2024]   Adult/HoH

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

☐ Completed program
☐ Criminal activity / violence
☐ Death
☐ Disagreement with rules/persons
☐ Left for housing opp. before completing program
☐ Needs could not be met

☐ Non-compliance with program
☐ Non-payment of rent
☐ Other (specify): _____
☐ Reached maximum time allowed
☐ Unknown/disappeared

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

☐ 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

Temporary housing situations

☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Transitional housing for homeless persons (including homeless youth)
☐ Host home (non-crisis)

☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
☐ Moved from one HOPWA funded project to HOPWA TH

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

☐ Staying or living with family, permanent tenure
☐ Staying or living with friends, permanent tenure
☐ Moved from one HOPWA funded project to HOPWA PH
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing subsidy *(select subsidy type ➔)*
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

If "rental by client, with ongoing subsidy", select type

☐ GPD TIP housing subsidy
☐ VASH housing subsidy
☐ RRH or equivalent subsidy
☐ HCV Voucher (tenant or project based)
☐ Public housing unit
☐ Rental by client, with other ongoing housing subsidy
☐ Housing Stability Voucher
☐ Family Unification Program Voucher (FUP)
☐ Foster Youth to Independence Initiative (FYI)
☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons

Other

☐ No exit interview completed
☐ Other (specify): _____
☐ Deceased

☐ Client doesn't know
☐ Client prefers not to answer

Client location as of assessment/review date

(i) | Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.

Client Location (County) _____

Disabilities

(i) | If one or more of the options below with an asterisk(*) has been selected, the answer to "disabling condition" must be "yes."
If none of the answers below with an asterisk(*) has been selected, the answer to "disabling condition" may be "yes" or "no."

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Both Alcohol and Drug Use Disorders	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Chronic Health Condition	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Developmental Disability	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Drug Use Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
HIV/AIDS	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Mental Health Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Physical Disability	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer