

ICA Missouri – HUD CoC/ESG/HOPWA Project Exit – Clients Module

HMIS CLIENT ID #: HMIS created and is the same as at entry Date: The last day of last month

Client Record

Name Constance [your last name]

Reason for Leaving

- | | |
|--|---|
| <input checked="" 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 checked="" 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 dateClient Location (County) (No change) **Health insurance information**

Health insurance ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | | |
|-------------------------------------|---|------------------------------------|---|
| Medicaid (MO HealthNet) | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Employer-provided health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medicare | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | COBRA-provided health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| State Children's Health Ins Program | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | State health insurance for adults | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Veteran's Health Administration | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Private pay health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Indian Health Services Program | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other: _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Income and benefits

Income from any source ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | |
|---|---|--------------|
| Alimony or other spousal support | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Child support | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Earned income | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (amount:) | <u>\$700</u> |
| General Assistance | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (amount:) | <u>\$100</u> |
| Other (specify): _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Pension/retirement income from former job | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Private disability insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Retirement from Social Security | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| SSDI (Social Security Disability Ins) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| SSI (Supplemental Security Ins) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Temporary Assistance (TA/TANF) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Unemployment insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| VA service-connected disability comp | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| VA non-service-connected disability | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Workers' compensation | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |

Total monthly income \$ \$800

Non-cash benefit from any source ☒ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | | |
|--------------------------|---|------------------------------|---|
| SNAP (food stamps) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | TANF transportation services | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| WIC | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other TANF funded services | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| TANF child care services | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other: _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Disability details

| 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Both Alcohol and Drug Use Disorders | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Chronic Health Condition | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Developmental Disability | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | (not applicable) |
| Drug Use Disorder | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| HIV/AIDS | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | (not applicable) |
| Mental Health Disorder | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Physical Disability | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |

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

History of domestic violence

Survivor of Domestic Violence? ☒ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, when experience occurred ☐ Within the past three months ☐ Three to six months ago
☐ From six to twelve months ago ☐ More than a year ago
☐ Client doesn't know ☐ Client prefers not to answer

If yes, currently fleeing? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Client Record

Name Henry [your last name]

Client location as of assessment/review date

Client Location (County) (No change)

Health insurance information

Health insurance ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | | |
|-------------------------------------|---|------------------------------------|---|
| Medicaid (MO HealthNet) | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Employer-provided health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medicare | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | COBRA-provided health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| State Children's Health Ins Program | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | State health insurance for adults | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Veteran's Health Administration | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Private pay health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Indian Health Services Program | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other: _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Income and benefits

Income from any source ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | |
|---|---|--------------|
| Alimony or other spousal support | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Child support | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Earned income | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (amount:) | <u>\$250</u> |
| General Assistance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Other (specify): _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Pension/retirement income from former job | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Private disability insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Retirement from Social Security | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| SSDI (Social Security Disability Ins) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| SSI (Supplemental Security Ins) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Temporary Assistance (TA/TANF) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Unemployment insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| VA service-connected disability comp | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| VA non-service-connected disability | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |
| Workers' compensation | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (amount:) | _____ |

Total monthly income \$ \$250

Non-cash benefit from any source ☒ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | | |
|--------------------------|---|------------------------------|---|
| SNAP (food stamps) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | TANF transportation services | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| WIC | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other TANF funded services | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| TANF child care services | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other: _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Disability details

| 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Both Alcohol and Drug Use Disorders | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Chronic Health Condition | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Developmental Disability | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | (not applicable) |
| Drug Use Disorder | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| HIV/AIDS | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | (not applicable) |
| Mental Health Disorder | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Physical Disability | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |

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History of domestic violence

Survivor of Domestic Violence? ☒ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If Yes, when experience occurred ☐ within the past three months ☐ three to six months ago
☐ from six to twelve months ago ☐ more than a year ago
☐ Client doesn't know ☐ Client prefers not to answer

If Yes, currently fleeing? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Client Record

Name Jennifer [your last name]

Client location as of assessment/review date

Client Location (County) (No change)

Health insurance information

Health insurance ☐ No ☒ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | | |
|-------------------------------------|---|------------------------------------|---|
| Medicaid (MO HealthNet) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Employer-provided health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medicare | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | COBRA-provided health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| State Children's Health Ins Program | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | State health insurance for adults | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Veteran's Health Administration | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Private pay health insurance | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Indian Health Services Program | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Other: _____ | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Disability details

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

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