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

HMIS CLIENT ID #:_ <u>HMIS created and is the same as a</u>	at entry_ Date: _ The last day of last month				
Client Record					
NameConstance [your last name]					
Reason for Leaving					
X Completed program	□ Non-compliance with program				
□ Criminal activity / violence	□ Non-payment of rent				
□ Death	□ Other (specify):				
□ Disagreement with rules/persons	□ Reached maximum time allowed				
□ Left for housing opp. before completing program	□ Unknown/disappeared				
□ Needs could not be met					
<u>Destination</u>					
Homeless situations ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building ☐ Emergency shelter, including hotel or motel paid for with emergency s ☐ Safe haven					
Institutional situations					
☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home				
☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility	☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center				
	= Substance abase treatment racinty of actor center				
Temporary housing situations					
☐ Residential project or halfway house with no homeless criteria☐ Hotel or motel paid for without emergency shelter voucher	 Staying or living with family, temporary tenure (e.g., room, apartment, or house) 				
□ Transitional housing for homeless persons (including homeless youth)	□ Staying or living with friends, temporary tenure (e.g., room,				
□ Host home (non-crisis)	apartment, or house)				
	$\hfill \square$ Moved from one HOPWA funded project to HOPWA TH				
Permanent housing situations (if none of these options match, skip to "C	Other")				
☐ Staying or living with family, permanent tenure	If "rental by client, with ongoing subsidy", select type				
□ Staying or living with friends, permanent tenure	□ GPD TIP housing subsidy				
□ Moved from one HOPWA funded project to HOPWA PH	UVASH housing subsidy				
X Rental by client, no ongoing housing subsidy Rental by client, with ongoing subsidy (select subsidy type è)	□ RRH or equivalent subsidy □ HCV Voucher (tenant or project based)				
□ Owned by client, with ongoing subsidy <u>(select subsidy type e)</u>	□ Public housing unit				
□ Owned by client, man ongoing housing subsidy	□ Rental by client, with other ongoing housing subsidy				
= emica sy chemy no ongoing nearing case ay	□ 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	☐ Client doesn't know				
□ Other (specify):	☐ Client prefers not to answer				

Clients Module - HUD Exit Updated: 9/13/2023

☐ Deceased

Client location as of assessment/review date Client Location (County) __(No change)___

Health insurance information									
Health insurance □ No	(Yes)	☐ Client doesn't know ☐ Cl			v 🗆 Cli	ient prefers not to	answer		
Medicaid (MO HealthNet)		□ No X Yes				Employer-provided health insurance			No □ Yes
Medicare		X No □ Yes				COBRA-provided			No □ Yes
State Children's Health Ins Pro	gram	X No	□ Ye	es		State health insurance for adults			No □ Yes
Veteran's Health Administration		X No	□ Ye			Private pay healtl			No □ Yes
Indian Health Services Progran	n	X No	□ Ye	es		Other:		X	No □ Yes
Income and benefits									
Income from any source	□ No	Yes) 🗆	Client do	esn't kno	ow 🗆 Client pre	efers not to ansv	wer	
Alimony or other spousal supp	ort		X No	□ Yes (a	mount:) _		_		
Child support		2	X No	□ Yes (a	mount:) _		_		
Earned income		1	□ No	X Yes (a	mount:) _	<u>\$700</u>	_		
General Assistance			□ No	X Yes (a	mount:) _	<u>\$100</u>	_		
Other (specify):		2	X No	□ Yes (a	ımount:) _		_		
Pension/retirement income from	om forme	er job 2	X No	□ Yes (a	ımount:) _		_		
Private disability insurance		2	X No	□ Yes (a	ımount:) _		_		
Retirement from Social Securit	ЗУ	2	X No						
SSDI (Social Security Disability		2	X No	□ Yes (a	ımount:) _		_		
SSI (Supplemental Security Ins)			X No	□ Yes (a	ımount:) _		_		
Temporary Assistance (TA/TAN	NF)		X No	□ Yes (a	ımount:) _		_		
Unemployment insurance			X No	□ Yes (a	ımount:) _		_		
VA service-connected disability			X No	□ Yes (a	ımount:) _		_		
VA non-service-connected disa	ability		X No	□ Yes (a	ımount:) _		_		
Workers' compensation		2	X No	□ Yes (a	ımount:) _		_		
Total monthly income \$ \$\\\$8	<u> </u>	-							
Non-cash benefit from any sou	rco	No	□ Ye	as 🗆 C	lient does	sn't know □ Cli	ient prefers not	to answe	r
		□ Yes			illerit does	TANF transportat	· ·		Yes
	X No	□ Yes				Other TANF fund			Yes
		□ Yes				Other:			Yes
<u>Disability details</u>									
					-	expected to be of lo	-		duration and
Disability type	Disabili	ty dete	ermina	tion	substar	ntially impairs abilit	y to live indepen	dently?	
Alcohol Use Disorder	□ Yes	X No	□ DK	□ PNTA		□ Yes*	□ No □ DK □	□ PNTA	
Both Alcohol and Drug Use Disorders	X Yes	□ No	□ DK	□ PNTA		X Yes*	□ No □ DK □	□ PNTA	
Chronic Health Condition	□ Yes	X No	□ DK	□ PNTA		□ Yes*	□ No □ DK	□ PNTA	
Developmental Disability	□ Yes*	X No	□ DK	□ PNTA			(not applicable)		
Drug Use Disorder	□ Yes	X No	□ DK	□ PNTA		□ Yes*	□ No □ DK □	□ PNTA	
HIV/AIDS				□ PNTA			(not applicable)		
Mental Health Disorder				□ PNTA		□ Yes*	X No □ DK □	PNTA	
Physical Disability				□ PNTA					
, stear bisdomey					TA = Client	prefers not to answ		- / IVIA	

Clients Module - HUD Exit Updated: 9/13/2023

History of domestic violence						
Survivor of Domestic Violence? X No	o □ Yes	□ Client doesn	't know □ Client prefers no	t to answ	er	
			•			
If yes, when experience occurred	□ Within the	e nast three month	ıs □ Three to six months ag	3 0		
ii yes, when experience occurred		to twelve months a		50		
	□ Client doe		☐ Client prefers not to a			
If yes, currently fleeing? □ No	□ Yes □	Client doesn't kno	w Client prefers not to a	inswer		
Client Record						
Name Henry [your last n	namel					
			_			
Client location as of assessment/review						
Client Location (County)(No change)						
Health insurance information						
Health insurance	□ Client doe	esn't know □Cl	ient prefers not to answer			
Medicaid (MO HealthNet)			Employer-provided health in	curanca	X No	□ Yes
Medicare	X No DY		COBRA-provided health insu		X No	□ Yes
State Children's Health Ins Program	X No DY		State health insurance for ad		X No	□ Yes
Veteran's Health Administration	X No DY		Private pay health insurance		X No	□ Yes
Indian Health Services Program	X No DY		Other:		X No	□ Yes
ilidiali Health Services Frogram	A NO DIE	23	Other.		A NO	□ 1E3
Income and benefits	_					
Income from any source No	Yes	Client doesn't kno	ow □ Client prefers not to	answer		
Alimony or other spousal support	X No			,		
Child support	X No	☐ Yes (amount:)				
Earned income	□ No		\$250			
General Assistance	X No		<u>Ψ200</u>			
Other (specify):	X No	· · · · · · · · · · · · · · · · · · ·				
Pension/retirement income from forme						
Private disability insurance	X No	□ Ves (amount:)				
Retirement from Social Security	X No	□ Yes (amount:)				
SSDI (Social Security Disability Ins)	X No	□ Yes (amount:)				
SSI (Supplemental Security Ins)	X No	□ Yes (amount:)				
Temporary Assistance (TA/TANF)	X No	□ Yes (amount:)				
Unemployment insurance	X No	□ Yes (amount:)				
VA service-connected disability comp	X No	□ Yes (amount:)				
VA non-service-connected disability	X No	□ Yes (amount:)				
Workers' compensation	X No	□ Yes (amount:)				
Total monthly income \$ \$250	XIII					
Total monthly mediae 3						
Non each honofit from any source	No = '	/oc = Cl:cat-l-	osn't know — Clientf	orc n = + + -	000	
Non-cash benefit from any source	\smile	res □ Client do	esn't know 🗆 Client pref			
SNAP (food stamps) X No	□ Yes		TANF transportation services		□ Yes	
WIC X No	□ Yes		Other TANF funded services		□ Yes	
TANF child care services X No	□ Yes		Other:	X No	□ Yes	

Clients Module - HUD Exit Updated: 9/13/2023

Disability details

Disability type Disability determination substantially impairs ability to live independently? □ Yes* □ No □ DK □ PNTA Alcohol Use Disorder □ Yes X No □ DK □ PNTA Both Alcohol and Drug Use Disorders □ Yes* □ No □ DK □ PNTA □ Yes X No □ DK □ PNTA Chronic Health Condition □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA Developmental Disability □ Yes* X No □ DK □ PNTA (not applicable) □ Yes* □ No □ DK □ PNTA Drug Use Disorder □ Yes X No □ DK □ PNTA HIV/AIDS □ Yes* X No □ DK □ PNTA (not applicable) Mental Health Disorder □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA **Physical Disability** □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA DK = Client doesn't know; PNTA = Client prefers not to answer **History of domestic violence Survivor of Domestic Violence?** X 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** Jennifer [your last name] Name Client location as of assessment/review date Client Location (County) __(No change)___ Health insurance information Health insurance ☐ Client doesn't know ☐ Client prefers not to answer Medicaid (MO HealthNet) Employer-provided health insurance X No □ Yes X No □ Yes Medicare COBRA-provided health insurance X No □ Yes X No □ Yes State Children's Health Ins Program □ No X Yes State health insurance for adults X No □ Yes Veteran's Health Administration X No □ Yes Private pay health insurance X No □ Yes **Indian Health Services Program** X No □ Yes Other: X No □ Yes **Disability details** If yes, expected to be of long-continued and indefinite duration and Disability type Disability determination substantially impairs ability to live independently? □ Yes* □ No □ DK □ PNTA Alcohol Use Disorder □ Yes X No □ DK □ PNTA Both Alcohol and Drug Use Disorders □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA Chronic Health Condition □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA **Developmental Disability** □ Yes* X No □ DK □ PNTA (not applicable) Drug Use Disorder □ Yes* □ No □ DK □ PNTA □ Yes X No □ DK □ PNTA HIV/AIDS □ Yes* X No □ DK □ PNTA (not applicable) Mental Health Disorder □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA **Physical Disability** □ Yes X No □ DK □ PNTA □ Yes* □ No □ DK □ PNTA DK = Client doesn't know; PNTA = Client prefers not to answer

If yes, expected to be of long-continued and indefinite duration and

Clients Module - HUD Exit Updated: 9/13/2023