

# HOPWA Exit Form for HMIS: Households

## Program Exit (in HMIS: use Entry/Exit Tab)

Name: \_\_\_\_\_  
First
Middle
Last
Suffix

**HMIS Tips:**

- Complete Exit from the head of household's record
- Use the General HMIS Instructions, your program's (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.
- EDA to Entry Provider. No need to backdate.
- Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.
- If some household members are staying, uncheck the boxes next to their names.
- After completing the first Exit Data window, Save & Continue to Exit Assessment and answer required questions for each member. A (green check-mark) indicates a household member's record has been updated.

Required for all Clients. If information is not the same for all household members, note in margins or use Exit form for Singles

**1. Exit Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. Reason for leaving (optional)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Completed Program<br><input type="checkbox"/> Non-payment of rent<br><input type="checkbox"/> Reached Maximum Age Allowed<br><input type="checkbox"/> Reached Maximum Time Allowed | <input type="checkbox"/> Criminal activity/violence<br><input type="checkbox"/> Voluntarily Withdrew From Program<br><input type="checkbox"/> Left for Housing Opportunity Before Completing Program<br><input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Unknown/ disappeared<br><input type="checkbox"/> Needs could not be met<br><input type="checkbox"/> Death<br><input type="checkbox"/> Other |
|---|--|--|

**3. Destination**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Deceased<br><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher<br><input type="checkbox"/> Foster care home or foster care group home<br><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility<br><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher<br><input type="checkbox"/> Jail, prison or juvenile detention facility<br><input type="checkbox"/> Long-term care facility or nursing home<br><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH<br><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH<br><input type="checkbox"/> Owned by client, no ongoing housing subsidy<br><input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless persons<br><input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)<br><input type="checkbox"/> Psychiatric hospital or other psychiatric facility<br><input type="checkbox"/> Rental by client, no ongoing housing subsidy<br><input type="checkbox"/> Rental by client, with VASH housing subsidy<br><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy<br><input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH)<br><input type="checkbox"/> Residential project or halfway house with no homeless criteria<br><input type="checkbox"/> Safe Haven | <input type="checkbox"/> Staying or living with family, permanent tenure<br><input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)<br><input type="checkbox"/> Staying or living with friends, permanent tenure<br><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)<br><input type="checkbox"/> Substance abuse treatment facility or detox center<br><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)<br><input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> No exit interview completed<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not collected |
|---|---|--|

**HOPWA Specific**

**a. Housing Assessment at Exit**

- Able to maintain 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
- Client went to jail/prison
- Client died
- Client doesn't know
- Client refused
- Data not collected

**b. If Able to Maintain Housing at entry, Subsidy information**

- Without a subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired since project entry
- Voucher was administratively absorbed by new PHA
- Only with financial assistance other than a subsidy
- Data not collected

**c. If moved to a new housing unit Subsidy Information**

- With on-going subsidy
- Without an on-going subsidy
- Data not collected

**HIV/AIDS**

**a. Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**b. End Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**c. If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?**

- Yes
- No
- DK
- R
- NC

**d. If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count? (integer 0-1500)** \_\_\_\_\_

**e. If Yes for HIV/AIDS and a T-Cell count recorded above, how was the information obtained?**

- Medical Report
- Client Report
- Other

**g. If Yes for HIV/AIDS, does the client have Viral Load Information available?**

- Not Available
- Available
- Undetected
- DK
- R
- NC

**h. If Yes for HIV/AIDS and a Viral Load Information is available, what is the Viral Load? (integer 0-999999)** \_\_\_\_\_

**i. If Yes for HIV/AIDS and a Viral Load recorded above, how was the information obtained?**

- Medical Report
- Client Report
- Other

**a. Receiving Public HIV/AIDS Medical Assistance**

Yes  No  DK  R  NC

**If not receiving Public HIV/AIDS Medical Assistance, Specify Reason**

Applied; Decision Pending  Applied; Client not eligible  Client did not apply  Insurance type N/A for this client  DK  R  NC

**b. Receiving AIDS Drug Assistance Program (ADAP)**

Yes  No  DK  R  NC

**If not receiving AIDS Drug Assistance Program (ADAP), Specify Reason**

Applied; Decision Pending  Applied; Client not eligible  Client did not apply  Insurance type N/A for this client  DK  R  NC

**Health Insurance Updates** *(All Clients)*

**a. New Health Insurance:**

**HMIS Tips:** Enter new health insurance source using the “Add” button. Ensure that the HUD Verification step is complete. Select the edit pencil next to each health insurance source to add an end date. “Covered?” should remain “Yes” even after the health insurance ends.

Household Member Name	Covered by health insurance	Medicaid (MA)	Medicare	State Children’s Health Ins.	VA Medical Services	Employer-Provided Health Ins.	Health Ins. through COBRA	State Health Ins. for Adults	Private Pay Health Ins.	Indian Health Services Program	Other	Start Date
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /

**b. Health Insurance recorded previously that has since ENDED (not common):**

Household Member Name	Health Insurance Source (enter name from list above)	End date	Household Member Name	Health Insurance Source (enter name from list above)	End date
		/ /			/ /
		/ /			/ /
		/ /			/ /

**Disability Updates** (All Clients)

**a. Does the client have a disability of long duration?**

**HMIS Tips:** If answer to question (a) is different than recorded at project start, you must update the answer at project start, **NOT** exit! (Click on the pencil next to project start date)

Household Member Name	Disability of Long Duration?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

**b. Newly Identified Disabilities**

**HMIS Tips:** Record a Yes/No/Data not collected response value for each disability type between project start and exit. If there is a change, select the edit pencil next to a disability type to add an end date. (Disability Determination should be “Yes” if the client has the disability and should remain “Yes” even if the disability ends.) Enter a new response value 1 day after end date for that disability type using the Add button. Ensure that the HUD Verification step is complete.

Household Member Name (repeat client name if multiple disabilities are present)	Disability (record # from list below)	Disability determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and impairs ability to live independently?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Use Collection Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

- |   |                                |
|---|--------------------------------|
| 1. <a href="#">Mental Health Problem</a>    | 5. Alcohol abuse               |
| 2. <a href="#">Physical Disability</a>      | 6. Drug abuse                  |
| 3. <a href="#">Developmental Disability</a> | 7. Both Alcohol and Drug Abuse |
| 4. <a href="#">Chronic Health Condition</a> | 8. HIV/AIDS                    |

**c. Disabilities recorded previously that have since ENDED (not common):**

Household Member Name (repeat client name if multiple disabilities have ended)	Disability (enter name from list above)	End date	Household Member Name	Disability (enter name from list above)	End date
		/ /			/ /
		/ /			/ /
		/ /			/ /

**Income Sources/Amounts Updates** (All Adults and Heads of Household)

**a. New Income Sources/Amounts:**

**Data Collection Instructions:** Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.

**HMIS Tips:** Record a Yes/No/Data not collected response value for each monthly income type between project start and exit. If there is a change, select the edit pencil next to an income type to add an end date. ("Receiving income source" should remain "Yes" even after the income ends.) Enter a new response value 1 day after end date for that income type using the Add button. Ensure that the HUD Verification step is complete

HoH/Adult Household Member Name	Income from any source	Start Date	Source 1 (enter # from List Below)	Monthly Amount	Source 2 (enter # from List Below)	Start Date	Monthly Amount	Total Monthly Income from ALL Sources
1.	<input type="checkbox"/> Yes	/ /		\$		/ /	\$	\$
2.	<input type="checkbox"/> Yes	/ /		\$		/ /	\$	\$
3.	<input type="checkbox"/> Yes	/ /		\$		/ /	\$	\$
1. Earned Income 2. Unemployment insurance 3. SSI 4. SSDI 5. VA Service Connected Disability Compensation 6. Private disability insurance 7. Worker's compensation			8. TANF (MFIP) 9. General Assistance 10. Retirement income from Social Security 11. VA Non-Service Connected Disability Pension 12. Pension or retirement income from a former job 13. Child support 14. Alimony or other spousal support      15. Other (specify) _____					

**b. Income sources recorded previously that have since ENDED: List below with end dates:**

Household Member Name	Income Source 1 (enter name from list above)	End date	Income Source 2 (enter name from list above)	End date
1.		/ /		/ /
2.		/ /		/ /
3.		/ /		/ /

**Non-Cash Benefits Updates** (All Adults and Heads of Household)

**a. New Non-Cash Benefit Sources:**

**Data Collection Instructions:** Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.

**HMIS Tips:** Record a Yes/No/Data not collected response value for each non-cash benefit type between project start and exit. If there is a change, select the edit pencil next to a non-cash benefit type to add an end date. ("Receiving benefit?" should remain "Yes" even if the benefit ends.) Enter a new response value 1 day after end date for that non-cash benefit type using the Add button. Ensure that the HUD Verification step is complete.

HoH/Adult Household Member Name	Non-cash benefit from any source	Source 1 (enter # from List Below)	Start Date	Source 2 (enter # from List Below)	Start Date
1.	<input type="checkbox"/> Yes		/ /		/ /
2.	<input type="checkbox"/> Yes		/ /		/ /
3.	<input type="checkbox"/> Yes		/ /		/ /

1. Supplemental Nutrition Assistance Program (Food Stamps)
2. Special supplemental nutrition program (WIC)
3. TANF Child Care Services

4. TANF transportation services
5. Other TANF-Funded Services
6. Other Source (specify)

**b. Non-cash benefits recorded previously that have since ENDED: List below with end dates:**

Household Member Name	Benefit Source 1 (enter name from list above)	End date	Benefit Source 2 (enter name from list above)	End date
1.		/ /		/ /
2.		/ /		/ /
3.		/ /		/ /

**CoC of Service (Head of Household)**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> MN-500 Hennepin  | <input type="checkbox"/> MN-503 SMAC      | <input type="checkbox"/> MN-506 Northwest    | <input type="checkbox"/> MN-511 Southwest |
| <input type="checkbox"/> MN-501 Ramsey    | <input type="checkbox"/> MN-504 Northeast | <input type="checkbox"/> MN-508 West Central |   |
| <input type="checkbox"/> MN-502 Southeast | <input type="checkbox"/> MN-505 Central   | <input type="checkbox"/> MN-509 St. Louis    |   |

**Underlined terms** have definitions provided at [hmismn.org](http://hmismn.org). Please print a copy to have available.