

HOPWA - Exit Form for HMIS: SINGLE Clients

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

Name: _____
First Middle Last Suffix

HMIS Tips: *(From the head of household's record, if additional members were added to single entry)*

- Complete Exit from the head of household's record, if additional members were added to single entry.
- Use the General HMIS Instructions & your program's (funder) Supplemental User 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.

1. Exit Date: ____ / ____ / ____

2. Destination

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

HOPWA Specific

a. Housing Assessment at Exit

- | | |
|---|--|
| <input type="checkbox"/> Able to maintain housing they had at project Entry
<input type="checkbox"/> Moved to new housing unit
<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> Moved to a transitional or temporary housing facility or program
<input type="checkbox"/> Client became homeless- moving to a shelter or other place unfit for human habitation
<input type="checkbox"/> Client went to jail/prison | <input type="checkbox"/> Client died
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused
<input type="checkbox"/> 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

a. Covered by health insurance Yes No Client doesn't know Client refused Data not collected

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.

b. New Source(s) of Health Insurance	Covered?	Start Date		Covered?	Start Date
MEDICAID	<input type="checkbox"/> Yes	/ /		Health Insurance obtained through COBRA	<input type="checkbox"/> Yes / /
MEDICARE	<input type="checkbox"/> Yes	/ /		Private Pay Health Insurance	<input type="checkbox"/> Yes / /
State Children's Health Insurance Program	<input type="checkbox"/> Yes	/ /		State Health Insurance for Adults	<input type="checkbox"/> Yes / /
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes	/ /		Indian Health Services Program	<input type="checkbox"/> Yes / /
Employer-Provided Health Insurance	<input type="checkbox"/> Yes	/ /		Other (specify)	<input type="checkbox"/> Yes / /

c. Health insurance sources recorded previously that have since ended

Source 1 (enter name from lists above)	End date	Source 2 (enter name from lists above)	End date
	/ /		/ /

a. Does the client have a disability of long duration? Yes No Client doesn't know Client refused Data not collected

If the 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)

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.

b. Newly Identified Disabilities

Disability Type	Disability Determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Mental Health Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Use Project Exit Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Physical	<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
Developmental	<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
Chronic Health Condition	<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
Alcohol Abuse	<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
Drug Abuse	<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
Both Alcohol and Drug Abuse	<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
HIV/AIDS	<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

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

Disability 1 (enter name from list above)	End date	Disability 2 (enter name from list above)	End date
	/ /		/ /

a. Income from any source Yes No Client doesn't know Client refused Data not collected

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.

b. New Source(s) of Monthly Income	Receiving income?	Start date	Monthly amount		Receiving income?	Start date	Monthly amount
Earned Income	<input type="checkbox"/> Yes	/ /	\$	General Assistance	<input type="checkbox"/> Yes	/ /	\$
Unemployment Insurance	<input type="checkbox"/> Yes	/ /	\$	Retirement Income From Social Security	<input type="checkbox"/> Yes	/ /	\$
SSI	<input type="checkbox"/> Yes	/ /	\$	VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes	/ /	\$
SSDI	<input type="checkbox"/> Yes	/ /	\$	Pension or retirement income from another job	<input type="checkbox"/> Yes	/ /	\$
VA Service Connected Disability Compensation	<input type="checkbox"/> Yes	/ /	\$	Child Support	<input type="checkbox"/> Yes	/ /	\$
Private Disability Insurance	<input type="checkbox"/> Yes	/ /	\$	Alimony or Other Spousal Support	<input type="checkbox"/> Yes	/ /	\$
Worker's Compensation	<input type="checkbox"/> Yes	/ /	\$	Other (specify) _____	<input type="checkbox"/> Yes	/ /	\$
TANF	<input type="checkbox"/> Yes	/ /	\$				

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

Income Source 1 (enter name from list above)	End date	Income Source 2 (enter name from list above)	End date	Income Source 3 (enter name from list above)	End date
	/ /		/ /		/ /

a. Non-cash benefit from any source Yes No Client doesn't know Client refused Data not collected

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.

b. New Source(s) of Non-Cash Benefits	Receiving benefit?	Start date		Receiving benefit?	Start date
Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/> Yes	/ /	TANF Transportation services	<input type="checkbox"/> Yes	/ /
Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Yes	/ /	Other TANF-Funded Services	<input type="checkbox"/> Yes	/ /
TANF Child Care Services	<input type="checkbox"/> Yes	/ /	Other Source (specify) _____	<input type="checkbox"/> Yes	/ /

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

Benefit Source 1 (enter name from list above)	End date	Benefit Source 2 (enter name from list above)	End date	Benefit Source 3 (enter name from list above)	End date
	/ /		/ /		/ /

Heads of Household

a. Client Location (CoC of Service)

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

Underlined terms have definitions provided at hmismn.org. Please print a copy to have available.