KS BOS HMIS

PATH Exit Form

CLIENT NAME			
Last:			
First:			
Middle:		Suffix	
PROJECT NAME			
PROJECT EXIT DATE (MM/DD/YYYY)			

DESTINATION (ALL CLIENTS)

- ☐ Place not meant for habitation (vehicle, anywhere outside)
- ☐ Emergency Shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded Host Home
- ☐ Safe Haven
- ☐ 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
- ☐ 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 friends, **temporary tenure**
- ☐ Staying or living with family, **temporary tenure**
- ☐ Staying or living with friends, **permanent tenure**
- ☐ Staying or living with family, **permanent tenure**
- ☐ Moved from one HOPWA funded project to HOPWA **PH**
- ☐ Moved from one HOPWA funded project to HOPWA **TH**
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with other ongoing housing subsidy
- ☐ No Exit Interview Completed
- ☐ Other
- ☐ Deceased
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

CONNECTION WITH SOAR	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused	☐ Data not collected

DATE OF ENGAGEMENT *(If the client was Engaged, be sure to enter this date on the client's Enrollment screen prior to Exiting)*	MONTH	DAY	YEAR

PATH STATUS		
Date of Status Determination:	MONTH	DAY	YEAR
Client became Enrolled in PATH?	☐ No*	☐ Yes
***If NO to Client became Enrolled in PATH**		
Reason not Enrolled:	☐ Client was found ineligible for PATH ☐ Client was found ineligible for other reasons ☐ Unable to locate client	

DISABLING CONDITION

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

PHYSICAL DISABILITY

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Physical Disability** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes

DEVELOPMENTAL DISABILITY

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

CHRONIC HEALTH CONDITION

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Chronic Health Condition** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes

HIV/AIDS

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

MENTAL HEALTH PROBLEM

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Mental Health Problem** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes

SUBSTANCE ABUSE PROBLEM

☐ No
☐ Alcohol abuse
☐ Drug abuse
☐ Both alcohol and drug abuse

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Substance Abuse Problem** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes

DOMESTIC VIOLENCE VICTIM/SURVIOR	
☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

*If YES to Domestic Violence Victim/Survivor		
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

*If YES to Income from Any Source – Indicate all sources that apply	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income	
☐ Unemployment Insurance	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ VA Service-Connected Disability Compensation	
☐ VA Non-Service Connected Disability Compensation	
☐ Private Disability Insurance	
☐ Worker's Compensation	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Retirement Income from Social Security	
☐ Pension or Retirement Income from a Former Job	
☐ Child Support	
☐ Alimony and Other Spousal Support	
☐ Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Childcare Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Non-Cash Benefit (Specify source:_____)

HEALTH INSURANCE		
Covered by Health Insurance?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veteran's Administration (VA) Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance Obtained Through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other Health Insurance (Specify source:_____)

CONTACT INFORMATION (Optional – entered on the **Contacts** tab)	
Phone number	
Email	

ADDRESS (Optional – entered on the **Locations** tab)			
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date