

KS BOS HMIS

SSVF Exit Form (RRH & HP)

CLIENT NAME									
Last:									
First:									
Middle:						Suffix			
PROJECT NAME									
PROJECT EXIT DATE (MM/DD/YYYY)									
DESTINATION (ALL CLIENTS)									
<input type="checkbox"/> Place not meant for habitation (vehicle, anywhere outside)					<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH				
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded Host Home					<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH				
<input type="checkbox"/> Safe Haven					<input type="checkbox"/> Rental by client, with GPD TIP subsidy				
<input type="checkbox"/> Foster care home or foster care group home					<input type="checkbox"/> Rental by client, with VASH housing subsidy				
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility					<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons				
<input type="checkbox"/> Jail, prison or juvenile detention facility					<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy				
<input type="checkbox"/> Long-term care facility or nursing home					<input type="checkbox"/> Rental by client, with HCV voucher				
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility					<input type="checkbox"/> Rental by client in a public housing unit				
<input type="checkbox"/> Substance abuse treatment facility or detox center					<input type="checkbox"/> Rental by client, no ongoing housing subsidy				
<input type="checkbox"/> Residential project or halfway house with no homeless criteria					<input type="checkbox"/> Rental by client, with other ongoing housing subsidy				
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher					<input type="checkbox"/> Owned by client, no ongoing housing subsidy				
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)					<input type="checkbox"/> Owned by client, with other ongoing housing subsidy				
<input type="checkbox"/> Host Home (non-crisis)					<input type="checkbox"/> No Exit Interview Completed				
<input type="checkbox"/> Staying or living with friends, temporary tenure					<input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Staying or living with family, temporary tenure					<input type="checkbox"/> Deceased				
<input type="checkbox"/> Staying or living with friends, permanent tenure					<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Staying or living with family, permanent tenure					<input type="checkbox"/> Client refused				
					<input type="checkbox"/> Data not collected				

If Client is in a Permanent Housing Situation at time of Exit (SSVF RRH Projects Only):

HOUSING MOVE-IN DATE

(enter on Enrollment Screen for Head of Household)

MONTH			DAY			YEAR			

DISABLING CONDITION (Update on Enrollment screen if this has changed during project stay)

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

CASH INCOME FOR INDIVIDUAL

- | | | |
|--------------------------------|-------------------------------|--|
| Income from Any Source? | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Yes* | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

***If YES to Income from Any Source – Indicate all sources that apply**

Income Source (Check all that apply)	Monthly Amount
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> VA Non-Service Connected Disability Compensation	
<input type="checkbox"/> Private Disability Insurance	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA)	
<input type="checkbox"/> Retirement Income from Social Security	
<input type="checkbox"/> Pension or Retirement Income from a Former Job	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Alimony and Other Spousal Support	
<input type="checkbox"/> Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS			
Receiving Non-Cash Benefits?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Yes*	<input type="checkbox"/> Data not collected	
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services		
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-Funded Services		
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____)		

HEALTH INSURANCE			
Covered by Health Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Yes*	<input type="checkbox"/> Data not collected	
*If YES to Covered by Health Insurance – Indicate all sources that apply			
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Health Insurance Obtained Through COBRA		
<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Pay Health Insurance		
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults		
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program		
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify source: _____)		

CONNECTION WITH SOAR			
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused		
<input type="checkbox"/> Data not collected			
LAST GRADE COMPLETED			
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> School does not have grade levels	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Some College	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Grades 9-11		<input type="checkbox"/> Vocational Certification	
<input type="checkbox"/> Grades 12			

EMPLOYMENT STATUS	
Employed?	<input type="checkbox"/> No* <input type="checkbox"/> Yes* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Employed	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/sporadic (including day labor)
*If NO to Employed	
Why not employed?	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work

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