

VT HMIS CoC Exit

HMIS Client ID: _____

Project Exit Date: _____

Client Exit (End Program):

Reason for Leaving: *Optional field. Some projects (FSH and SSVF) are required to use field)*

☐ Completed program	☐ Successfully enrolled (SSVF)
☐ Criminal activity / violence	☐ Over income (SSVF)
☐ Death	☐ No eviction (SSVF)
☐ Disagreement with rules / persons	☐ Military Status (SSVF)
☐ Left for housing opp. before completing program	☐ Moved away (FSH)
☐ Needs could not be met	☐ Working with another provider (FSH)
☐ Non-compliance with program	☐ Moved on unsuccessful (FSH)
☐ Non-payment of rent	☐ No longer needing services (FSH)
☐ Other: _____	☐ Other (FSH)
☐ Reached maximum time allowed	☐ Moved to inactive list (CE)
☐ Unknown / Disappeared	

Destination: *Required for all household members exiting program*

----- HOMELESS SITUATIONS -----
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home
☐ Place not meant for habitation
----- INSTITUTIONAL SITUATIONS -----
☐ 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
--- TEMPORARY HOUSING SITUATIONS ---
☐ Transitional housing for homeless persons (including homeless youth)
☐ Residential project or halfway house with no homeless criteria

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☐ Hotel or motel paid for without emergency shelter voucher
☐ Host Home (non-crisis)
☐ Staying or living with family (temporary) room, apartment, or house
☐ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOUSING SITUATIONS ---
☐ Staying or living with family (permanent)
☐ Staying or living with friends (permanent)
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing housing subsidy <i>(if selected, answer 'Rental Subsidy Type' below)</i>
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

Rental Subsidy Type: *Answer if 'Rental by client, with ongoing housing subsidy' is selected.*

☐ GPD TIP housing subsidy
☐ VASH housing subsidy
☐ RRH or equivalent subsidy
☐ HCV voucher (tenant or project based) (not dedicated)
☐ Public housing unit
☐ Rental by client, with other ongoing housing subsidy
☐ 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

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*

Does the client have a disabling condition? ☐ Yes ☐ No

Disability Type	Disability Determination	If Yes, long term?
Physical	☐ Yes ☐ No	☐ Yes ☐ No

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Developmental Disability	☐ Yes ☐ No	Automatically considered long term
Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No	Automatically considered long term
Mental Health Disability	☐ Yes ☐ No	☐ Yes ☐ No
Substance Use Disorder	☐ Alcohol use disorder ☐ Drug use disorder ☐ Both alcohol and drug use ☐ No	☐ Yes ☐ No

Monthly Income: *Answer for HoH and all Adults in household (18 years older)*

Income from Any Source: ☐ Yes ☐ No

Total Monthly Income: _____

Source of Income	Receiving Income Source?		Monthly Amount
Earned Income	☐ Yes	☐ No	\$
Unemployment Insurance	☐ Yes	☐ No	\$
SSI	☐ Yes	☐ No	\$
SSDI	☐ Yes	☐ No	\$
VA Service Connected Disability Compensation	☐ Yes	☐ No	\$
VA Non-Service Connected Disability Pension	☐ Yes	☐ No	\$
Private Disability Insurance	☐ Yes	☐ No	\$
Workers Compensation	☐ Yes	☐ No	\$
TANF – (VT Reach Up)	☐ Yes	☐ No	\$
General Assistance	☐ Yes	☐ No	\$
Retirement Income from Social Security	☐ Yes	☐ No	\$
Pension or retirement income from another job	☐ Yes	☐ No	\$
Child Support	☐ Yes	☐ No	\$
Alimony or Other Spousal Support	☐ Yes	☐ No	\$
Other Income Source	☐ Yes	☐ No	\$

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Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ☐ Yes ☐ No

Source of Income	Receiving Income Source?	
Supplemental Nutrition Assistance Program (Food Stamps)	☐ Yes	☐ No
Special Supplemental nutrition Program for WIC	☐ Yes	☐ No
TANF Child Services	☐ Yes	☐ No
TANF Transportation Services	☐ Yes	☐ No
Other TANF-Funded Services	☐ Yes	☐ No
Other Non-Cash Benefit	☐ Yes	☐ No

Health

Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ☐ Yes ☐ No

Source of Income	Receiving Income Source?	
MEDICAID	☐ Yes	☐ No
MEDICARE	☐ Yes	☐ No
State Children's Health Insurance Program	☐ Yes	☐ No
Veteran's Health Administration (VHA)	☐ Yes	☐ No
Employer – Provided Health Insurance	☐ Yes	☐ No
Health Insurance obtained through Cobra	☐ Yes	☐ No
Private Pay Health Insurance	☐ Yes	☐ No
State Health Insurance for Adults	☐ Yes	☐ No
Indian Health Services Program	☐ Yes	☐ No
Other Health Insurance	☐ Yes	☐ No