

VT HMIS PSHA Medicaid Program Exit Form

HMIS Client ID: _____

Project Exit Date: _____

Client Exit (End Program):

Reason for Leaving: *Optional field.*

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

Destination: *Required for all household members exiting program*

----- HOMELESS SITUAIONS -----
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home
<input type="checkbox"/> Place not meant for habitation
----- INSTITUTIONAL SITUATIONS -----
<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"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Substance abuse treatment facility or detox center
--- TEMPORARY HOSUING SITUATIONS ---
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Host Home (non-crisis)
<input type="checkbox"/> Staying or living with family (temporary) room, apartment, or house

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<input type="checkbox"/> Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOUSING SITUATIONS ---
<input type="checkbox"/> Staying or living with family (permanent)
<input type="checkbox"/> Staying or living with friends (permanent)
<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with ongoing housing subsidy <i>(if selected, answer 'Rental Subsidy Type' below)</i>
<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Owned by client, no ongoing housing subsidy

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

<input type="checkbox"/> GPD TIP housing subsidy
<input type="checkbox"/> VASH housing subsidy
<input type="checkbox"/> RRH or equivalent subsidy
<input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)
<input type="checkbox"/> Public housing unit
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Housing Stability Voucher
<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)
<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatically considered long term
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatically considered long term
Mental Health Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Use Disorder	<input type="checkbox"/> Alcohol use disorder	

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	<input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both alcohol and drug use <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
VA Service Connected Disability Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF – (VT Reach Up)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Retirement Income from Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Pension or retirement income from another job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Alimony or Other Spousal Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Income Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Supplemental nutrition Program for WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF Child Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF Transportation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other TANF-Funded Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Other Non-Cash Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Health Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ☐ Yes ☐ No

Source of Income	Receiving Income Source?	
MEDICAID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDICARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Children's Health Insurance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Health Administration (VHA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer – Provided Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance obtained through Cobra	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Pay Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Health Insurance for Adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indian Health Services Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No