VT HMIS PSHA Medicaid Program Exit Form

HMIS Client ID: _____ **Project Exit Date: _____**

Client Exit (End Program):

Reason for Leaving: *Optional 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 SITUTAIONS -------
❑ 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 HOSUING SITUATIONS ---
❑ Transitional housing for homeless persons (including homeless youth)
❑ Residential project or halfway house with no homeless criteria
❑ Hotel or motel paid for without emergency shelter voucher
❑ Host Home (non-crisis)
❑ Staying or living with family (temporary) room, apartment, or house

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❑ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOSUING 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 *(if selected, answer 'Rental Subsidy Type' below)*
❑ 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
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	

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	❑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	$

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

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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