HMIS Client ID:	Project Exit Date:		
Remove Client from Community Queue: Before removir ensure no other local CE region is working with the client	ng a client or household from the Community Queue, please t through Coordinated Entry.		
Client Exit (End Program):			
Reason for Leaving: Optional field unless client is being r	moved to the Inactive List		
☐ 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	ı program		
HOMELESS SITU	UTAIONS		
☐ Emergency shelter, including hotel or motel paid for	with emergency shelter voucher, Host Home		
☐ Place not meant for habitation			
INSTITUTIONAL S ☐ Foster care home or foster care group home	ITUATIONS		
☐ Hospital or other residential non-psychiatric medical	facility		
☐ Jail, prison, or juvenile detention facility	Tacinty		
☐ 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	ng homeless youth)		

1

☐ Resi	☐ Residential project or halfway house with no homeless criteria					
☐ Hote	☐ Hotel or motel paid for without emergency shelter voucher					
☐ Host Home (non-crisis)						
☐ Stay	☐ Staying or living with family (temporary) room, apartment, or house					
☐ Staying or living with friends (temporary) room, apartment, or house						
	PERMANENT HOSUING SITUATIONS					
☐ Staying or living with family (permanent)						
☐ Stay	ing or living with friends (perman	ent)				
☐ Rent	tal by client, no ongoing housing	subsidy				
☐ Rent	tal by client, with ongoing housing	g subsidy (<i>if selected, answer</i>	'Rental Subsidy Type' below)			
☐ Owr	ned by client, with ongoing housir	ng subsidy				
☐ Owr	ned by client, no ongoing housing	subsidy				
	D					
	Rental Subsidy Type: Answer if 'R	ental 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?					
Alcohol Use Disability		□Yes □ No	□Yes □ No			

Both Alcohol and Drug Use Disability	□Yes □	No	□Yes □ No		
Drug Use Disability	□Yes □	No	□Yes □ No		
Chronic Health Condition	□Yes □	No	□Yes □ No		
Developmental Disability	□Yes □	No	Automatically	considered long term	
Mental Health Disability	□Yes □	□Yes □ No		□Yes □ No	
Physical	□Yes □	No	□Yes □ No		
HIV/AIDS	□Yes □ No		Automatically considered long term		
Monthly Income: Answer for HoH and all Income from Any Source: ☐Yes ☐ No	ll Adults in I	Total Monthl	y Income:	Danah ku Amanus	
Source of Income Alimony or Other Spousal Support		Receiving Incom		Monthly Amount	
		□Yes	□ No		
Child Support		□Yes	□No	\$	
Earned Income		□Yes	□ No	\$	
General Assistance		□Yes	□ No	\$	
Other		□Yes	□ No	\$	
Pension or retirement income from another job		□Yes	□ No	\$	
Private Disability Insurance		□Yes	□ No	\$	
Retirement Income from Social Security		□Yes	□ No	\$	
SSDI		□Yes	□ No	\$	
SSI		□Yes	□ No	\$	
TANF – (VT Reach Up)		□Yes	□ No	\$	
Unemployment Insurance		□Yes	□ No	\$	
VA Non-Service Connected Disability Pension		□Yes	□ No	\$	
VA Service Connected Disability Compensation		□Yes	□ No	\$	
Workers Compensation		□Yes	□No	\$	

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

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

3

Source of Income	Receiving Income Sou	rce?	
Supplemental Nutrition Assistance Program (Food Stamps)	□Yes	□No	Health
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 Source	□Yes	□No	

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	□Yes	□ No