

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
 Middle Name: _____ Suffix: _____
 Birthdate: * _____ Social Security Number: * _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date: * _____

(ONLY REQUIRED FOR PATH PARTICIPANTS):

Project Entry Date: * _____ *(Date of 1st Contact)*
 Date of PATH Engagement: * _____ *(Interactive client relationship; results in deliberate assessment)*
 Date of PATH Status Determined: * _____
 Client Became Enrolled in PATH: * Yes No *(Client formally consents to participate in PATH program services)*
 Reason Not Enrolled in PATH:
 Client was found ineligible for PATH
 Client not enrolled for other reasons

Destination:*

- Emergency Shelter, including hotel or motel paid for with shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, no ongoing housing subsidy
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- Hotel or Motel paid for without emergency shelter voucher
- Foster Care Home or Foster Care Group Home
- Place not meant for habitation (vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

Destination:* Continued

- Hotel or Motel paid for without emergency shelter voucher
- Foster Care Home or Foster Care Group Home
- Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Other
- Safe Haven
- Rental by client, VASH Subsidy
- Rental by client, with GPD TIP housing subsidy
- Residential project or halfway house with no homeless criteria
- No exit interview completed
- Rental by client, other (non-VASH) ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Deceased
- Don't Know

Exit Reason:*

- Left for a housing opportunity before completing the program
 - Completed program
 - Non-payment of rent/occupancy charge
 - Non-compliance with Program
 - Criminal activity/destruction of property/violence
 - Reached maximum time allowed by program
 - Needs could not be met by program
 - Disagreement with rules/persons
 - Death
 - Other* (Other Exit Reason _____)
 - Unknown/Disappeared
- End Case Assignment:

(ONLY REQUIRED FOR ESG, CoC and SSVF RAPID RE-HOUSING PARTICIPANTS)

Residential Move-In Information Date:* _____ (enter date permanent housing status assessed)

In Permanent Housing:* Yes No If Yes, Date of Move-In:* _____

Health Insurance:*

If Yes, Type:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Private – Employer | <input type="checkbox"/> Military Insurance |
| <input type="checkbox"/> No | <input type="checkbox"/> Private – Individual | <input type="checkbox"/> State Funded (HIP or HIP 2.0) |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Medicare | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Other _____ |

Status:*

- Active
 - Start Date: _____
 - End Date: _____
- No
 - Applied; decision pending
 - Applied; client not eligible
 - Client did not apply
 - Insurance type N/A for this client
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- No
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- Client Doesn't Know
- Client Refused

Financial Assessment:* Cash Income:* Yes No

- Earned Income \$ _____
- Private Disability Insurance \$ _____
- Unemployment Insurance \$ _____
- Worker's Compensation \$ _____
- Pension From Former Job \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Retirement (Social Security) \$ _____
- Alimony \$ _____
- VA Service-Connected Disability \$ _____
- VA NonService-Connected Disability \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other Income \$ _____

Adult Education Assessment:*

Currently in School/Working on Degree:*

- Yes No
- Client Doesn't Know Client Refused

Received Vocational Training/Apprenticeship:*

- Yes No
- Client Doesn't Know Client Refused

Highest Grade Completed:*

- No School Completed Client Doesn't Know
- Nursery School to 4th Grade Client Refused
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12 Grade, No Diploma
- High School Diploma
- GED
- Post-Secondary School

Secondary Education:*

- None
- Associates Degree
- Bachelors
- Masters
- Doctorate
- Other Graduate/Professional Degree
- Certificate of Advanced Training or Skilled Artisan
- Client Doesn't Know
- Client Refused

Non Cash Benefits:* Yes No

- Food Stamps/Money for Food on Benefits Card \$ _____
- Special Supplemental Nutrition Program (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF Funded Services
- Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- Temporary Rental Assistance (RRH) \$ _____
- Other Source

Child Education Assessment:*

Highest Grade Completed:*

- No School Completed
- Nursery School to 4th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12 Grade, No Diploma
- High School Diploma
- GED
- Post-Secondary School
- Client Doesn't Know
- Client Refused

Current Enrollment Status:*

- Yes No
- Client Doesn't Know Client Refused

If Yes, Type of School:*

- Public School Technical/Career
- Homeschool Client Doesn't Know
- Charter Client Refused
- Parochial or Other Private School

School Name: * _____

Connected w/McKinney-Vento School Liaison?*

- Yes No
- Client Doesn't Know Client Refused

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

Housing Assessment at Exit:* (Only required for ESG/CoC Homeless Prevention Projects and HOPWA Projects)

- | | |
|---|--|
| <input type="checkbox"/> Able to maintain the housing they had at project entry | Subsidy Information:* |
| <input type="checkbox"/> Moved to new housing unit | <input type="checkbox"/> Without a subsidy |
| <input type="checkbox"/> Moved in with family/friends on a temporary basis | <input type="checkbox"/> With the subsidy they had a project entry |
| <input type="checkbox"/> Moved in with family/friends on a permanent basis | <input type="checkbox"/> With an on-going subsidy acquired since project entry |
| <input type="checkbox"/> Moved to a transitional or temporary housing facility or program | <input type="checkbox"/> Only with financial assistance other than subsidy |
| <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation | |
| <input type="checkbox"/> Client went to jail/prison | |
| <input type="checkbox"/> Client died | |
| <input type="checkbox"/> Client doesn't Know | |
| <input type="checkbox"/> Client Refused | |
| <input type="checkbox"/> Data Not Collected | |

(ONLY REQUIRED FOR PATH PARTICIPANTS)

Date of Contact:* _____

Contact with: _____

Enrollment:* _____

Contact Service:*

- Assessments: PATH Screening/Assessment
- Case Management: PATH – Case Management
- Health/Medical: PATH – Referral Primary Health Services
- Mental Health/Counseling: PATH – Referral Community Mental Health
- Prevention/Outreach: PATH – Outreach
- Substance Abuse: PATH – Referral Substance Abuse Treatment

Current Location:*

- Place Not Meant for Habitation
- Service Setting, Non-Residential
- Service Setting, Residential

Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at www.IndianaBOS.org.