

## 6.0 NC ESG Client Exit Form

### NC HMIS Exit

Exit Date: \_\_\_\_\_ Staff/Case Manager: \_\_\_\_\_

Use the following two pages for the head of household or a single client.

### General Demographic Information and Exit Data

Name: \_\_\_\_\_

Reason for Leaving:

- Completed program
- Criminal activity/violence
- Death
- Disagreement with rules/persons
- Left for housing opportunity before completing program
- Needs could not be met
- Does not or no longer qualifies for program
- Non-compliance with program
- Non-payment of rent
- Reached maximum time allowed
- Unknown/disappeared
- Other: \_\_\_\_\_

Destination:

#### Homeless Situations

- Place not meant for habitation
- Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- Safe Haven

#### 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 and Permanent Housing Situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional Housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA-funded project to PH
- Moved from one HOPWA-funded project to TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent housing subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

#### Other

- Client doesn't know
- Client refused
- Deceased
- Other: \_\_\_\_\_

Only answer the following three questions for HP projects.

Housing Assessment at Exit:

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless - moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died
- Client doesn't know
- Client refused

If able to maintain housing at entry, subsidy information:

- Without a subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired since project entry
- Only with financial assistance other than a subsidy

If moved to new housing unit, subsidy information:

- With ongoing subsidy
- Without an ongoing subsidy

### Health and Disability Information

Covered by Health Insurance:

- Yes (if yes, answer the following question)
- No (if no, skip the following question)
- Client doesn't know
- Client refused

Health Insurance Type: (Select all that apply)

- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- Other: \_\_\_\_\_

Does the client have a disabling condition?

- Yes (if yes, answer the following two questions)
- No (if no, skip the following two questions)
- Client doesn't know
- Client refused

Disability Type: (Select all that apply)

- Physical
- Chronic Health Condition
- HIV/AIDS
- Developmental
- Alcohol Abuse
- Drug Abuse
- Both Alcohol and Drug Abuse
- Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

(Not applicable for HIV/AIDS and Developmental disabilities)

- Yes
- No
- Client doesn't know
- Client refused

Use the following two pages for a non-head of household client.

## General Demographic Information and Exit Data

Name: \_\_\_\_\_

Reason for Leaving:

- Completed program
- Criminal activity/violence
- Death
- Disagreement with rules/persons
- Left for housing opportunity before completing program
- Needs could not be met
- Does not or no longer qualifies for program
- Non-compliance with program
- Non-payment of rent
- Reached maximum time allowed
- Unknown/disappeared
- Other: \_\_\_\_\_

Destination:

### Homeless Situations

- Place not meant for habitation
- Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- Safe Haven

### Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
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### Temporary and Permanent Housing Situations

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- Staying or living with friends, temporary tenure
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- Staying or living with family, permanent tenure
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- Moved from one HOPWA-funded project to PH
- Moved from one HOPWA-funded project to TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent housing subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

### Other

- Client doesn't know
- Client refused
- Deceased
- Other: \_\_\_\_\_

Only answer the following three questions for HP projects.

Housing Assessment at Exit:

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless - moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died
- Client doesn't know
- Client refused

If able to maintain housing at entry, subsidy information:

- Without a subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired since project entry
- Only with financial assistance other than a subsidy

If moved to new housing unit, subsidy information:

- With ongoing subsidy
- Without an ongoing subsidy

### Health and Disability Information

Covered by Health Insurance:

- Yes (if yes, answer the following question)
- No (if no, skip the following question)
- Client doesn't know
- Client refused

Health Insurance Type: (Select all that apply)

- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- Other: \_\_\_\_\_

Does the client have a disabling condition?

- Yes (if yes, answer the following two questions)
- No (if no, skip the following two questions)
- Client doesn't know
- Client refused

Disability Type: (Select all that apply)

- Physical
- Chronic Health Condition
- HIV/AIDS
- Developmental
- Alcohol Abuse
- Drug Abuse
- Both Alcohol and Drug Abuse
- Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

(Not applicable for HIV/AIDS and Developmental disabilities)

- Yes
- No
- Client doesn't know
- Client refused

## Income & Non-Cash Benefit Information

Income from any source:

- Yes
- No
- Client doesn't know
- Client refused

Monthly Amount	Source of Income	Household Member
<input type="radio"/> \$ _____	Alimony and Other Spousal Support	_____
<input type="radio"/> \$ _____	Child Support	_____
<input type="radio"/> \$ _____	Earned Income	_____
<input type="radio"/> \$ _____	General Assistance	_____
<input type="radio"/> \$ _____	Pension or retirement income from another job	_____
<input type="radio"/> \$ _____	Private Disability Insurance	_____
<input type="radio"/> \$ _____	Retirement Income from Social Security	_____
<input type="radio"/> \$ _____	SSDI (Social Security Disability Insurance)	_____
<input type="radio"/> \$ _____	SSI (Supplemental Security Income)	_____
<input type="radio"/> \$ _____	TANF (Temporary Assistance for Needy Families)	_____
<input type="radio"/> \$ _____	Unemployment Insurance	_____
<input type="radio"/> \$ _____	VA Service Connected Disability Compensation	_____
<input type="radio"/> \$ _____	VA Non-Service Connected Disability Pension	_____
<input type="radio"/> \$ _____	Worker's Compensation	_____
<input type="radio"/> N/A	No Financial Resources	_____
<input type="radio"/> \$ _____	Other: _____	_____

Total monthly income: \$ \_\_\_\_\_

Non-cash benefit from any source:

- Yes
- No
- Client doesn't know
- Client refused

Source of Non-Cash Benefit	Amount	Household Member
<input type="radio"/> Supplemental Nutrition Assistance Program (Food Stamps)	\$ _____	_____
<input type="radio"/> Special Supplemental Nutritional Program for WIC	\$ _____	_____
<input type="radio"/> TANF Child Care Services	\$ _____	_____
<input type="radio"/> TANF Transportation Services	\$ _____	_____
<input type="radio"/> Other TANF-Funded Services	\$ _____	_____
<input type="radio"/> Other Source: _____	\$ _____	_____

## Client's Contact Information

Is there a phone number where someone can get in touch with you or leave a message? \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Contact Type (Relationship to Client): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact's Street Address: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_