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Homelessness Prevention Exit Assessment (complete for all Adults and Head of household)

| Client Name: | HMIS Client ID#: | (optional) |
|---|---|-------------------|
| Exit Date: | | |
| Reason for Leaving: | | |
| Completed Program | Left for housing opportunity before co | ompleting program |
| Criminal Activity/Violence | Needs could not be met | |
| Death | Non-compliance | |
| Disagreement with Rules | Nonpayment of rent | |
| Does not meet criteria for program | Reached maximum time allowed | |
| Goal Achieved | Unknown/ Disappeared | |
| Goal Not Achieved | Other: | |
| Destinations: | | |
| Homeless Situations | | |
| | for w/ES voucher, or RHY funded Host Home s | helter |
| Place not meant for human habitation | | |
| Safe Haven (note: no safe havens exist in t | he CoC coverage area.) | |
| Institutional Situations | | |
| Foster care home or foster care group hor | | |
| Hospital or other residential non-psychiat | ric facility | |
| Jail, prison, or juvenile detention | | |
| Long-term Care Facility or Nursing Home | | |
| Psychiatric hospital or other psychiatric fac | cility | |
| Substance Abuse Treatment facility or deta | ox center | |
| Temporary Housing Situations: | | |
| Transitional housing for homeless persons (in | ncluding homeless youth) | |
| Residential project or halfway house with no | homeless criteria | |
| Hotel or motel paid without emergency vouc | cher | |
| Host Home (non-crisis) | | |
| Staying in family member's room/apartment | :/house | |
| Staying in friend's room/apartment/house | | |
| Permanent Housing Situations: | | |
| Owned by client, no on-going housing subsid | ly | |
| Owned by client, with on-going housing subs | · | |
| Rental by client, no ongoing housing subsidy | | |
| , | choose this answer, name the Rental Subsidy | Type below) |
| GPD TIP housing subsidy | , | ,, |
| VASH housing subsidy | | |
| RRH or equivalent | | |
| HCV voucher (tenant or project base | ed)(not dedicated) | |
| Public Housing Unit | | |



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Of Central New York

| 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 | |
| Other Destinations | |
| No Exit Interview Completed (Select if contact attempts have been made and client location could not be determined) | |
| Deceased | |
| Other (Do not select without consulting HMIS staff): | |
| Client Doesn't Know (<i>Do not select without consulting HMIS staff</i>) | |
| Client Prefers Not to Answer (Only select if client chooses not to complete assessment) | |
| Data Not Collected (Do not select without consulting HMIS staff) | |
| | |
| <u>Disabling Condition:</u> | |
| Do you have a DISABILITY of long duration?Yes No | |
| For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the | |
| individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable | |
| housing conditions. | |
| Disability Type: | |
| YesLCI Alcohol Use DisorderYesLCI BOTH Alcohol & Drug Use DisorderYesLCI Drug Use Disorder | |
| Yes LCI Chronic Health Condition Yes LCI Developmental Yes LCI HIV/AIDS | |
| YesLCI Mental Health DisorderYesLCI Physical Health | |
| ' | |
| Medical Insurance: | |
| Do you have Health Insurance/ Medical Assistance?YesNo | |
| Source of Health Insurance/ Medical Assistance: | |
| Medicare Medicare | |
| State Children's Health Insurance Program Veteran's Health Administration (VHA) | |
| Employer – Provided Health Insurance Health Insurance obtained through COBRA | |
| State Health Insurance for Adults | |
| Indian Health Care Other | |
| Medicaid ID# | |
| Medicaid Insurance Company: Total Care Blue Cross Blue Shield Fidelis | |
| United Healthcare Molina Healthcare | |
| Income: | |
| Do you have income?Yes No Total Monthly Income \$ | |
| Income Source and amount: | |
| | |
| \$ Alimony/ Spousal Support \$ Child Support | |
| \$ Earned Income \$ General Assistance | |
| \$ Pension/Retirement income from a job \$ Private Disability Insurance | |
| \$ Retirement Income from Social Security \$ Social Security Disability Income (SSDI) | |
| \$ Social Security Income (SSI) \$ Temporary Assist for Needy Families TANF | |



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\$_____ VA Non-Service-Connected Disability Pension ___ Unemployment Insurance VA Service-Connected Disability Compensation \$_____ Worker's Compensation **Non-Cash Benefits:** Do you have Non-Cash Benefits? Yes No Source of Non-Cash Benefits: _____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps) _____ Special supplemental Nutrition Program for (WIC) (HUD) _____ TANF Child Care Services (HUD) TANF Transportation Services (HUD) _____ Other TANF-Funded Services (HUD); If "Other" Specify: ______ **Housing Assessment at Exit:** Able to Maintain the Housing they had at Project Start ____ Moved into 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 If able to maintain housing at entry, subsidy Information: Without a subsidy With a subsidy they had at project entry With an on-going subsidy they acquired since project entry _____ Only with financial assistance other than a subsidy Data not collected If moved to a new housing unit, subsidy information: ____ Without a subsidy ____ With a subsidy they had at project entry _____ With an on-going subsidy they acquired since project entry

Only with financial assistance other than a subsidy

Data not collected