



FY2024 PATH Exit Assessment for SSO - Answer the following questions for ALL Adults and HoH

Client Name: _____ **HMIS Client ID#:** _____ (optional)
Exit Date: _____

Reason for Leaving:

- | | |
|---|---|
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Left for housing opportunity before completing program |
| <input type="checkbox"/> Criminal Activity/Violence | <input type="checkbox"/> Needs could not be met |
| <input type="checkbox"/> Death | <input type="checkbox"/> Non-compliance |
| <input type="checkbox"/> Disagreement with Rules | <input type="checkbox"/> Nonpayment of rent |
| <input type="checkbox"/> Does not meet criteria for program | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Goal Achieved | <input type="checkbox"/> Unknown/ Disappeared |
| <input type="checkbox"/> Goal Not Achieved | <input type="checkbox"/> Other: _____ |

Destinations:

Homeless Situations

- Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
- Place not meant for human habitation
- Safe Haven (*note: no safe havens exist in the CoC coverage area.*)

Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric facility
- Jail, prison, or juvenile detention
- Long-term Care Facility or Nursing Home
- Psychiatric hospital or other psychiatric facility
- Substance Abuse Treatment facility or detox center

Temporary Housing Situations:

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid without emergency voucher
- 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 subsidy
- Owned by client, with on-going housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
 - GPD TIP housing subsidy
 - VASH housing subsidy
 - RRH or equivalent
 - 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

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 (Do not select without consulting HMIS staff)
Client Prefers Not to Answer (Only select if client chooses not to complete assessment)
Data Not Collected (Do not select without consulting HMIS staff)

Disabling Condition:

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:

- Yes LCI Alcohol Use Disorder Yes LCI BOTH Alcohol & Drug Use Disorder Yes LCI Drug Use Disorder
Yes LCI Chronic Health Condition Yes LCI Developmental HIV/AIDS
Yes LCI Mental Health Disorder Yes LCI Physical Health

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? Yes No

Source of Health Insurance/ Medical Assistance:

- Medicaid 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: (please note the monthly amount for each source below)

- Alimony/ Spousal Support Child Support
Earned Income General Assistance
Pension or retirement income from another job
Private Disability Insurance Retirement Income from Social Security
Social Security Disability Income (SSDI) Social Security Income (SSI)
Temporary Assist for Needy Families TANF Unemployment Insurance
VA Non-Service-Connected Disability Pension VA Service-Connected Disability Compensation
Worker's Compensation



Non-Cash Benefits:

Do you have Non-Cash Benefits? ___ Yes ___ No **Monthly Amount \$** _____

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: _____

Current Living Situation: (Street Outreach ONLY)

Start Date: ___/___/___

End Date: ___/___/___

Information Date: ___/___/___

Current Living Situation:

Homeless Situations:

- ___ Place not meant for human habitation
- ___ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Institutional Situations:

- ___ Foster care home/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/detox center

Temporary Housing Situations:

- ___ Transitional housing for homeless persons (including homeless youth)
- ___ Residential project or halfway house with no homeless criteria
- ___ Hotel or motel paid without emergency voucher
- ___ 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 subsidy
- ___ Owned by client, with on-going housing subsidy
- ___ Rental by client, no ongoing housing subsidy
- ___ Rental by client, with ongoing subsidy

Other:

- ___ Other: Specify _____
- ___ Worker Unable to Determine

If "Rental by client, with ongoing subsidy" was selected, please choose subsidy type:

- ___ GPD TIP housing subsidy
- ___ VASH housing subsidy
- ___ RRH or equivalent
- ___ HCV voucher (tenant or project based)(not dedicated)
- ___ Public housing unit



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- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
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- Foster Youth to Independence Initiative (FYI)
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Living Situation verified by: (Agency/ Program Name): _____

Is Client Going to have to leave their current living situation within 14 days? Yes No

If "Yes" to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions:

Has a subsequent residence been identified? Yes No

Does individual or family have resources or support networks to obtain other permanent housing?

Yes No

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

Yes No

Has the client moved 2 or more times in the last 60 days? Yes No

Location details: _____

Date of PATH Status Determination: ___/___/_____

Client Became Enrolled in PATH: Yes No

If no, reason not enrolled: _____ Client found ineligible for PATH _____ Client was not enrolled for other reason(s)

Connection to SOAR: Yes No

Personal Phone Number: _____ - _____ - _____