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**Transitional Housing, Rapid Rehousing, and all other Projects Children Only Assessment**

(complete this form for all children under 18)

**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"/> Non payment 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)



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- 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