

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 exited.

Exit Date: * _____

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: *

- Place note meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency Shelter, including hotel or motel paid for with shelter voucher, or RHY-funded Host Home shelter
- Safe Haven
- Foster Care Home or Foster Care Group Home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center
- 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 (e.g., room, apartment, or house)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, VASH Subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client with RRH or equivalent 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 other ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Other

- No exit interview completed
- Other
- Deceased
- Client Don't Know
- Client Refused
- Data Not Collected

Exit Reason:

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

Covered by Health Insurance: *

- | | |
|--|---|
| <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 | |

Type of Insurance: *

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Employer |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> Military Insurance | <input type="checkbox"/> State Funded |
| <input type="checkbox"/> Health Insurance Obtained through COBRA | <input type="checkbox"/> Indian Health Service (Native American) |
| | <input type="checkbox"/> Other Public |
| | <input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program |
| | <input type="checkbox"/> Other _____ |

Status: *

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

SOAR Connection Assessment: *

Assessment Date: * _____

Connection with SOAR: *

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

HMIS Barriers Assessment: *

Alcohol Use Disorder

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Developmental Disability

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Drug Use Disorder

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

HIV/AIDS

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

HIV/AIDS Continued

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Mental Health

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Physical Disability

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Chronic Health Condition

Barrier Present?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Condition is Indefinite?

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Financial Assessment: * Income from any Source: *

Yes No

- Earned Income \$ _____
- Unemployment Insurance \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Self-Employment \$ _____
- VA Disability \$ _____
- Veteran's Pension \$ _____
- Worker's Compensation \$ _____
- TANF \$ _____
- General Assistance (GA) \$ _____
- Retirement (Social Security) \$ _____
- Child Support \$ _____
- Alimony/Spousal Support \$ _____
- Other Income \$ _____

Other helpful resources at
<https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/hmis-clienttrack-and-dv-clienttrack/>

Non-Cash Benefits: * Yes No

- Supplemental Nutrition Assistance Program (SNAP) \$ _____
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Other Source

Current Living Situation Assessment: *

Living Situation: *

HOMELESS SITUATIONS

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

OTHER

- Other
- Worker unable to determine

Location detail: _____

Contact: *

Contact Service: * _____

Location: _____