

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: *

Homeless Situation

- 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

Institutional Situation

- 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

Temporary Housing Situations

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or Motel paid for without emergency shelter voucher
- Host Home (non-crisis)

- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

Permanent Housing Situation

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Other

- No exit interview completed
- Other _____
- Deceased
- Client doesn't know
- Client prefers not to answer
- Data not collected

Exit Assessments:

Health Insurance

Covered by Health Insurance: *

- Yes
- Client doesn't know
- Data not collected
- No
- Client prefers not to answer

Type	Status	Reason No	
Private	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Private – Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Private – Individual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
State Children's Health Insurance Program S-CHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Military Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Other Public	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
State Funded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Combined Children's Health Insurance / Medicaid Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Indian Health Service (HIS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Other	<input type="checkbox"/> Yes If so, please specify: _____ <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

SOAR Connection Assessment: *

Assessment Date: * _____

Connection with SOAR: *

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Barriers*:

Alcohol Use Disorder

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Mental Health

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Developmental Disability

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Physical Disability

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Drug Use Disorder

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Chronic Health Condition

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

HIV/AIDS

Barrier Present?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Condition is Indefinite?

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

Income and Sources, Non-Cash Benefits

Assessment Date: ___ / ___ / _____

Income from Any Source:

- Yes
- Client prefers not to answer
- No
- Data not collected
- Client doesn't know

If "Yes" select all that apply

Type	Description	Monthly Amount
<input type="checkbox"/>	Earned Income	\$
<input type="checkbox"/>	Private Disability Insurance	\$
<input type="checkbox"/>	Unemployment Insurance	\$
<input type="checkbox"/>	Worker's Compensation	\$
<input type="checkbox"/>	Pension from a former job	\$
<input type="checkbox"/>	Supplemental Security Income	\$
<input type="checkbox"/>	Social Security Disability Income	\$
<input type="checkbox"/>	Retirement (Social Security)	\$
<input type="checkbox"/>	Alimony	\$
<input type="checkbox"/>	Veteran's Pension	\$
<input type="checkbox"/>	Veteran's Disability Payment	\$
<input type="checkbox"/>	TANF	\$
<input type="checkbox"/>	Child Support	\$
<input type="checkbox"/>	Other Income	\$
	Count/Total Monthly Income:	\$

Non-Cash Benefits from Any Source:

- Yes
- Client prefers not to answer
- Client doesn't know
- No
- Data not collected

If "Yes" select all that apply

Type	Description	Monthly Amount
<input type="checkbox"/> Food Stamps/Money for food on benefits card		\$
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children		\$
<input type="checkbox"/> TANF Child Care Services		\$
<input type="checkbox"/> TANF Transportation Services		\$
<input type="checkbox"/> Other TANF-funded Services		\$
<input type="checkbox"/> Other Source		\$
	Count/Total Monthly Income:	\$

Expenses:

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> No | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Client doesn't know | |

If "Yes" select all that apply

Household

Type	Description	Monthly Amount
<input type="checkbox"/> Rent		\$
<input type="checkbox"/> Mortgage		\$
<input type="checkbox"/> Maintenance		\$
	Count/Total Monthly Income:	\$

Automotive

Type	Description	Amount
<input type="checkbox"/> Car Payment		\$
<input type="checkbox"/> Car Insurance		\$
<input type="checkbox"/> Gasoline		\$
	Count/Total Monthly Income:	\$

Food

Type	Description	Monthly Amount
<input type="checkbox"/> Groceries		\$

Other

Type	Description	Monthly Amount
<input type="checkbox"/> Miscellaneous		\$

Current Living Situation Assessment: *

Current Living Situation: *

Homeless Situations

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe Haven

Other

- Other
- Worker unable to determine

Record contact

Contact Service Information:

Contact Service:

- CE – Case Management
- PATH – Case Management
- PATH – Community Mental Health
- PATH – Contact
- PATH – Re-engagement
- PATH – Screening
- RHY – Contact

Assessments

- PATH – Housing Eligibility Determination

Contact Service

- ESG Outreach – Case Management
- ESG Outreach – Outreach
- ESG Outreach – Referral to Other Services

Prevention/Outreach

- ESG – Street Outreach

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

