

AKHMIS Exit

CoC, ESG, and / or BHAP – All but Prevention and Street Outreach

On the Exit Assessment, the health insurance coverage, disability information, monthly income, and / or non-cash benefits only need to be answered if there has been a change in the client's / household's information since Project Start Date or the most recent Interim Review / Annual Assessment.

Date: ____/____/____

Exit Completed By: _____

Client Name / Household: _____

Reason for Leaving

- | | |
|--|---|
| <input type="checkbox"/> Advanced to new project
<input type="checkbox"/> Completed program
<input type="checkbox"/> Death
<input type="checkbox"/> Housed
<input type="checkbox"/> Left for housing before completing program
<input type="checkbox"/> Needs could not be met
<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Unknown / disappeared
<input type="checkbox"/> Voluntary break in shelter stay | <input type="checkbox"/> Aged out of project
<input type="checkbox"/> Criminal activity / violence
<input type="checkbox"/> Disagreement with rules / persons
<input type="checkbox"/> Ineligible for project
<input type="checkbox"/> Lowered BrAC
<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Other
<input type="checkbox"/> Relocated outside of community
<input type="checkbox"/> Violation of probation / parole
<input type="checkbox"/> Voluntary checkout |
|--|---|

Destination

- | | |
|--|---|
| <input type="checkbox"/> Deceased
<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Hotel paid for without voucher
<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Moved from HOPWA-funded to HOPWA TH
<input type="checkbox"/> Owned by client, ongoing housing subsidy
<input type="checkbox"/> Place not meant for habitation
<input type="checkbox"/> Rental by client, no ongoing subsidy
<input type="checkbox"/> Rental by client, RRH or equivalent subsidy
<input type="checkbox"/> Rental by client, other housing subsidy
<input type="checkbox"/> Staying with family, permanent tenure
<input type="checkbox"/> Staying with friends, permanent tenure
<input type="checkbox"/> Substance abuse treatment / detox center
<input type="checkbox"/> Other | <input type="checkbox"/> Emergency shelter, including hotel paid for with voucher
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Moved from one HOPWA-funded project to HOPWA PH
<input type="checkbox"/> Owned by client, no housing subsidy
<input type="checkbox"/> Permanent housing (not RRH) for homeless persons
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Rental by client, VASH subsidy
<input type="checkbox"/> Rental by client, GPD TIP subsidy
<input type="checkbox"/> Residential project / halfway house, no homeless criteria
<input type="checkbox"/> Staying with family, temporary tenure
<input type="checkbox"/> Staying with friends, temporary tenure
<input type="checkbox"/> Transitional housing for homeless persons
<input type="checkbox"/> No exit interview completed |
|--|---|

Covered by Health Insurance?

____ Yes (if yes, select specific type(s)) ____ No

- | | |
|--|---|
| <input type="checkbox"/> Medicaid
<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> Employer-Provided Health Insurance
<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Indian Health Services Program | <input type="checkbox"/> Medicare
<input type="checkbox"/> Veteran's Administration Medical Services
<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Other |
|--|---|

Do you have a Disabling Condition?

____ Yes ____ No

If Yes, indicate the specific type(s) and answer the additional questions

Disability Type	Yes or No	Expected to be of long-continued and indefinite duration and substantially impair the individual's ability to live independently?	Condition going to be long-term?
Alcohol Abuse			

AKHMIS Exit
CoC, ESG, and / or BHAP – All but Prevention and Street Outreach

Both Alcohol and Drug Abuse			
Chronic Health Condition			
Developmental			
Drug Abuse			
HIV / AIDS			
Mental Health Problem			
Physical			

Housing Move-In Date: ____/____/____

Do you have any monthly income? ____ Yes ____ No

If Yes, what is the total monthly amount? \$_____

If Yes, select the specific sources and the monthly amount of each source

Alimony or other spousal support	\$
TANF	\$
Child support	\$
Earned income	\$
General assistance	\$
Pension or retirement income from another job	\$
Private disability insurance	\$
SSDI	\$
SSI	\$
Retirement income from social security	\$
Unemployment insurance	\$
VA service connected disability compensation	\$
VA non-service connected disability pension	\$
Worker's compensation	\$
Other	\$

AKHMIS Exit
CoC, ESG, and / or BHAP – All but Prevention and Street Outreach

Do you receive any non-cash benefits?

Yes (if yes, select specific type(s))

No

TANF Child Care Services

TANF Transportation Services

Other TANF-Funded Services

Special Supplemental Nutrition Program for WIC

SNAP (Food Stamps)

Other Source