AKHMIS Exit
CoC, ESG, and / or BHAP – Street Outreach Only

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 information since Project Start Date or the most recent Interim Review / Annual Assessment.

Date: _____/_____/_____ **Exit Completed By:** _____

Client / Household Name: _____

Reason for Leaving

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

Destination

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

Contact Date: ____/____/_____
Is the client staying on the Streets, in Shelter, or Safe Haven? ____ Yes ____ No ____ Unknown

Contact Comment:

Date of Engagement: ____/____/_____

Covered by Health Insurance? ____ Yes (if yes, select specific type(s)) ____ No

____ Medicaid
____ State Children's Health Insurance Program
____ Employer-Provided Health Insurance
____ Private Pay Health Insurance
____ Indian Health Services Program
____ Medicare
____ Veteran's Administration Medical Services
____ Health Insurance obtained through COBRA
____ State Health Insurance for Adults
____ Other

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

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	$

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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