

**FL-507 Central Florida HMIS
Data Collection Guide – EXIT ASSESSMENT**

Agency/Program: _____ Assessment Date: _____

Client Name: First _____ Middle _____ Last _____

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Destination at Exit (check one):

HOMELESS SITUATIONS

<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)	<input type="checkbox"/> Safe Haven ie. domestic violence shelter or immigration sanctuary)
<input type="checkbox"/> Emergency shelter, including hotel/motel paid for with an emergency shelter voucher	

INSTITUTIONAL SITUATIONS

<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility

TEMPORARY AND PERMANENT HOUSING SITUATIONS

<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Rental by client with GPD TIP housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client with VASH subsidy
<input type="checkbox"/> Transitional Housing for homeless persons/homeless youth	<input type="checkbox"/> Permanent Housing for formerly homeless persons (PSH)
<input type="checkbox"/> Host home (non-crisis)	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Staying or living with friends, temporary tenure	<input type="checkbox"/> Rental by client, with Housing Choice Voucher (HVC)
<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Staying or living with family, temporary tenure	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Rental by client with other ongoing housing subsidy
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Owned by client, no other ongoing housing subsidy
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Owned by client with other ongoing housing subsidy
<input type="checkbox"/> Owned by client with other ongoing housing subsidy	

OTHER SITUATIONS

<input type="checkbox"/> No Exit Interview	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Other	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Deceased	

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DISABILITY INFORMATION

Does the client have any new Disabling Conditions since Entry? If yes, what **type(s)**?

Does the client no longer have any Disabling Condition that they had at Entry? If yes, what **type(s)**?

HEALTH INSURANCE INFORMATION

Does the client have any new Health Insurance source since Entry? If yes, what **source(s)**?

Does the client no longer have any Health Insurance source that they had at Entry? If yes, what **source(s)**?

INCOME INFORMATION

Does the client have any new Income source since Entry? If yes, what is their new **Total Monthly Income/ source(s) and amount (s)**?

Does the client no longer have any Income source they had at Entry? If yes, what is their **new Total Monthly Income?** What **source(s) and amount(s)** changed?

NON-CASH BENEFIT INFORMATION

Does the client have any new Non-Cash Benefit sources since Entry? If yes, what **source(s)**?

Does the client no longer have any Non-Cash Benefit sources that they had at Entry? If yes, what **source(s)**?