

**FL-507 Central Florida HMIS
HUD/VASH PH 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 (this is a type of emergency shelter bed - not Safe Haven Family Shelter)
<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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Section 1: Complete for All Household Members (Adults and Minors)

DISABILITY INFORMATION

Does the client have a Disabling Condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, check all that apply

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Substance Use Disorder
<input type="checkbox"/> Chronic health condition	<input type="checkbox"/> Mental Health Disorder	
<input type="checkbox"/> Developmental	<input type="checkbox"/> Physical	

Connection with SOAR?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, check all that apply

<input type="checkbox"/> _____ Medicaid	<input type="checkbox"/> _____ COBRA
<input type="checkbox"/> _____ Medicare	<input type="checkbox"/> _____ Private Pay Health Insurance
<input type="checkbox"/> _____ State Children's Health Insurance	<input type="checkbox"/> _____ State Health Insurance for Adults
<input type="checkbox"/> _____ VA Medical Services	<input type="checkbox"/> _____ Indian Health Services Program
<input type="checkbox"/> _____ Employer-Provided Health Insurance	<input type="checkbox"/> _____ Other: _____

Section 2: Complete for Head of Household and All Adults

INCOME INFORMATION

Record each adult's income on their own intake form. If a minor child has income, include it on the HoH's intake.

Does the client have Income from any source?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	Total Monthly Income: \$ _____
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If yes, check all that apply and include amount per month:

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

Household Income as a Percentage of AMI:

<input type="checkbox"/> Less than 30%	<input type="checkbox"/> 30% to 50%	<input type="checkbox"/> Greater than 50%
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NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, check all that apply and include amount per month:

\$ _____ SNAP	\$ _____ TANF Child Care Services	\$ _____ Other TANF-Funded Services
\$ _____ WIC	\$ _____ TANF Transportation Services	\$ _____ Other: _____

DOMESTIC VIOLENCE INFORMATION

Is Client a Survivor of Domestic Violence?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, when did experience occur?

<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client refused

If yes, is the client currently fleeing domestic violence?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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EDUCATION AND EMPLOYMENT INFORMATION

Last Grade Completed

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> School does not have grade levels	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Grades 5 - 6	<input type="checkbox"/> GED	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Grades 7 - 8	<input type="checkbox"/> Some College	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 9 - 11	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Grade 12/High school diploma	<input type="checkbox"/> Bachelor's Degree	

Employed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If no, why not?

<input type="checkbox"/> Looking for work	<input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work
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If yes, what type of employment?

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
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GENERAL HEALTH STATUS

What is the client's general health status?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client Doesn't Know	

DENTAL HEALTH STATUS

What is the client's dental health status?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client Doesn't Know	

MENTAL HEALTH STATUS

What is the client's mental health status?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client Doesn't Know	

Section 3: Complete for Head of Household Only

Case Management Exit Reason

<input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs CM	<input type="checkbox"/> No longer financially eligible for HUD-VASH voucher
<input type="checkbox"/> Transferred to another HUD-VASH program site	<input type="checkbox"/> No longer interested in participating in this program
<input type="checkbox"/> Found/chose other housing	<input type="checkbox"/> Veteran cannot be located
<input type="checkbox"/> Did not comply with HUD-VASH CM	<input type="checkbox"/> Veteran too ill to participate at this time
<input type="checkbox"/> Eviction and/or other housing related issues	<input type="checkbox"/> Veteran is incarcerated
<input type="checkbox"/> Unhappy with HUD-VASH housing	<input type="checkbox"/> Veteran is deceased
<input type="checkbox"/> Other: _____	