FL-507 Central Florida HMIS

Permanent Supportive Housing 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

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

INSTITUTIONAL SITUATIONS

☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison, or juvenile detention facility	☐ Hospital or other residential non-psychiatric medical facility

TEMPORARY AND PERMANENT HOUSING SITUATIONS

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

OTHER SITUATIONS

☐ No Exit Interview	☐ Client Doesn't Know
☐ Other	☐ Client Refused
☐ Deceased	

Housing Move-In Date: _____/_____/_____

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Clients' Last Permanent Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Address Data Quality:

☐ Full Address Reported	☐ Incomplete or Estimated Address	☐ Client Doesn't Know	☐ Client Refused

Last Permanent Address's Start Date: _____

Section 1: Complete for All Household Members (Adults and Minors)

DISABILITY INFORMATION

Does the client have a Disabling Condition?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply

☐ Alcohol abuse	☐ HIV/AIDS	☐ Substance Use Disorder
☐ Chronic health condition	☐ Mental Health Disorder	
☐ Developmental	☐ Physical	

Connection with SOAR?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply

☐ _____ Medicaid	☐ _____ COBRA
☐ _____ Medicare	☐ _____ Private Pay Health Insurance
☐ _____ State Children's Health Insurance	☐ _____ State Health Insurance for Adults
☐ _____ VA Medical Services	☐ _____ Indian Health Services Program
☐ _____ Employer-Provided Health Insurance	☐ _____ 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?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused	Total Monthly Income: $_____

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	

NON-CASH BENEFIT INFORMATION

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

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

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?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, when did experience occur?

☐ Within the past 3 months	☐ 6 to 12 months ago	☐ Client doesn't know
☐ 3 to 6 months ago	☐ More than a year ago	☐ Client refused

If yes, is the client currently fleeing domestic violence?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Employed?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If no, why not?

☐ Looking for work	☐ Unable to work	☐ Not looking for work

If yes, what type of employment?

☐ Full-time	☐ Part-time	☐ Seasonal/sporadic (including day labor)

Section 3: Complete for Head of Household Only

CLIENT WELL-BEING

Client perceives that their life has value and worth.

☐ Strongly disagree	☐ Neither agree nor disagree	☐ Strongly agree	☐ Client Refused
☐ Somewhat disagree	☐ Somewhat agree	☐ Client Doesn't Know	

Client perceives that they have support from others who will listen to problems.

☐ Strongly disagree	☐ Neither agree nor disagree	☐ Strongly agree	☐ Client Refused
☐ Somewhat disagree	☐ Somewhat agree	☐ Client Doesn't Know	

Client perceives they have a tendency to bounce back after hard times.

☐ Strongly disagree	☐ Neither agree nor disagree	☐ Strongly agree	☐ Client Refused
☐ Somewhat disagree	☐ Somewhat agree	☐ Client Doesn't Know	

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid

☐ Not at all	☐ Several times a month	☐ At least every day	☐ Client Refused
☐ Once a month	☐ Several times a week	☐ Client Doesn't Know	

GENERAL HEALTH STATUS

What is the client's general health status?

☐ Excellent	☐ Good	☐ Poor	☐ Client Refused
☐ Very Good	☐ Fair	☐ Client Doesn't Know	

Please complete one form for each household member at Exit.