



# COHMIS

## Minimum Template Exit Form

CLIENT NAME									
Last:									
First:									
Middle:						Suffix			
PROJECT NAME									
PROJECT EXIT DATE (MM/DD/YYYY)									
DESTINATION (ALL CLIENTS)									
<input type="checkbox"/> Place not meant for habitation (vehicle, anywhere outside)					<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH				
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded Host Home					<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH				
<input type="checkbox"/> Safe Haven					<input type="checkbox"/> Rental by client, with GPD TIP subsidy				
<input type="checkbox"/> Foster care home or foster care group home					<input type="checkbox"/> Rental by client, with VASH housing subsidy				
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility					<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons				
<input type="checkbox"/> Jail, prison or juvenile detention facility					<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy				
<input type="checkbox"/> Long-term care facility or nursing home					<input type="checkbox"/> Rental by client, with HCV voucher				
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility					<input type="checkbox"/> Rental by client in a public housing unit				
<input type="checkbox"/> Substance abuse treatment facility or detox center					<input type="checkbox"/> Rental by client, no ongoing housing subsidy				
<input type="checkbox"/> Residential project or halfway house with no homeless criteria					<input type="checkbox"/> Rental by client, with other ongoing housing subsidy				
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher					<input type="checkbox"/> Owned by client, no ongoing housing subsidy				
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)					<input type="checkbox"/> Owned by client, with other ongoing housing subsidy				
<input type="checkbox"/> Host Home (non-crisis)					<input type="checkbox"/> No Exit Interview Completed				
<input type="checkbox"/> Staying or living with friends, <b>temporary tenure</b>					<input type="checkbox"/> Other				
<input type="checkbox"/> Staying or living with family, <b>temporary tenure</b>					<input type="checkbox"/> Deceased				
<input type="checkbox"/> Staying or living with friends, <b>permanent tenure</b>					<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Staying or living with family, <b>permanent tenure</b>					<input type="checkbox"/> Client refused				
					<input type="checkbox"/> Data not collected				

DISABLING CONDITION	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

CONTACT INFORMATION (Optional – entered on the <b>Contacts</b> tab)	
Phone number	
Email	

ADDRESS (Optional – entered on the <b>Locations</b> tab)			
Street			
City			
State		Zip Code	

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Signature of applicant stating all information is true and correct

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Date