



COHMIS

VA Exit Form

HUD-VASH, Contract Residential Services (CRS), Grant Per Diem (GPD)

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, temporary tenure					<input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Staying or living with family, temporary tenure					<input type="checkbox"/> Deceased				
<input type="checkbox"/> Staying or living with friends, permanent tenure					<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Staying or living with family, permanent tenure					<input type="checkbox"/> Client refused				
					<input type="checkbox"/> Data not collected				

DISABLING CONDITION	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
PHYSICAL DISABILITY	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Physical Disability <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
DEVELOPMENTAL DISABILITY	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
CHRONIC HEALTH CONDITION	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Chronic Health Condition <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
HIV/AIDS	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
MENTAL HEALTH PROBLEM	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Mental Health Problem <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
SUBSTANCE ABUSE PROBLEM	
<input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Both alcohol and drug abuse	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Substance Abuse Problem <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Income from Any Source – Indicate all sources that apply		
Income Source (Check all that apply)	Monthly Amount	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Social Security Disability Insurance (SSDI)		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> VA Non-Service Connected Disability Pension		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> Pension or Retirement Income from a Former Job		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Alimony and Other Spousal Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		
Total Monthly Amount		

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____)	

HEALTH INSURANCE	
Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Covered by Health Insurance – Indicate all sources that apply	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance (Specify source: _____)

HUD-VASH CASE MANAGEMENT EXIT REASON (HUD-VASH only)	
<input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs CM <input type="checkbox"/> Transferred to another HUD-VASH program site <input type="checkbox"/> Found/chose other housing <input type="checkbox"/> Did not comply with HUD-VASH CM <input type="checkbox"/> Eviction and/or other housing related issues <input type="checkbox"/> Unhappy with HUD-VASH housing <input type="checkbox"/> No longer financially eligible for HUD-VASH voucher	<input type="checkbox"/> No longer interested in participating in this program <input type="checkbox"/> Veteran cannot be located <input type="checkbox"/> Veteran too ill to participate at this time <input type="checkbox"/> Veteran is incarcerated <input type="checkbox"/> Veteran is deceased <input type="checkbox"/> Other (specify): _____
CONNECTION WITH SOAR (optional for GPD-Case Management/Housing Retention)	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

LAST GRADE COMPLETED (HUD-VASH only)			
<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grades 12	<input type="checkbox"/> School does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Certification	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

EMPLOYMENT STATUS (not required for CRS)	
Employed?	<input type="checkbox"/> No* <input type="checkbox"/> Yes* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Employed	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/sporadic (including day labor)
*If NO to Employed	
Why not employed?	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work

GENERAL HEALTH STATUS (HUD-VASH only)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Fair | |
| <input type="checkbox"/> Poor | |

HUD-VASH & VA GPD Transition in Place Projects only

If Client is in a Permanent Housing Situation at time of Exit:

HOUSING MOVE-IN DATE

(enter on Enrollment Screen for Head of Household)

MONTH			DAY			YEAR			

ZIP CODE:

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CONTACT INFORMATION (Optional – entered on the **Contacts** tab)

Phone number

--

Email

--

ADDRESS (Optional – entered on the **Locations** tab)

Street

--

City

--

State

--

Zip Code

--

Signature of applicant stating all information is true and correct

Date