6.0 Project Exit Assessment – ES, TH

This form should be used for every client exiting Emergency Shelter and Transitional Housing projects. (children pages 1-2; all adults pages 1-4; heads of household pages 1-6)

ANSWER FOR ALL HOUSEHOLD MEMBERS

DATE OF PROJECT EXIT									
		/			/				
Month			Day			Year			

CLIENT NAME

HMIS CLIENT ID - For HMIS Users only								

REASON FOR LEAVING – Why is the client leaving this project? Required for NC-502 Durham; recommended for NC-503 Balance of State and NC-513 Orange
☐ Completed program
☐ Criminal activity / violence
☐ Death
☐ Disagreement with rules/persons
☐ Left for housing opp. before completing program
☐ Needs could not be met
☐ Does not or no longer qualifies for program
☐ Non-compliance with program
☐ Non-payment of rent
☐ Other (specify):
☐ Reached maximum time allowed
☐ Unknown/Disappeared

DESTINATION - Where will the client stay/sleep immediately after leaving this project?	
Homeless	☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	☐ Emergency shelter, including hotel or motel paid for *with* emergency shelter voucher, or RHY-funded Host Home shelter
Institutional	☐ Foster care home or foster care group home
	☐ Hospital or other residential non-psychiatric medical facility
	☐ Jail, prison, or juvenile detention facility
	☐ Long-term care facility or nursing home
	☐ Psychiatric hospital or other psychiatric facility
	☐ Substance abuse treatment facility or detox center
Temporary and Permanent	☐ Residential project or halfway house with no homeless criteria
	☐ Hotel or motel paid for *without* emergency shelter voucher
	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Host Home (non-crisis)
	☐ Staying or living in friends, temporary tenure (e.g. room, apartment or house)
	☐ Staying or living with family, temporary tenure (e.g. room, apartment or house)
	☐ Staying or living with family, permanent tenure

Temporary and Permanent (cont.)	☐ Staying or living in friends, permanent tenure
	☐ Moved from one HOPWA funded project to HOPWA PH
	☐ Moved from one HOPWA funded project To HOPWA TH
	☐ Rental by client, with GPD TIP housing subsidy
	☐ Rental by client, with VASH housing subsidy
	☐ Permanent housing (other than RRH) for formerly homeless persons
	☐ Rental by client, with RRH or equivalent subsidy
	☐ Rental by client, with HCV voucher (tenant or project based)
	☐ Rental by client in a public housing unit
	☐ Rental by client, no ongoing housing subsidy
	☐ Rental by client, with other ongoing housing subsidy
	☐ Owned by client, no ongoing housing subsidy
	☐ Owned by client, with ongoing housing subsidy
Other	☐ No exit interview completed
	☐ Other (specify):
	☐ Deceased:
	☐ Client doesn't know
	☐ Client refused
	☐ Data not collected

NOTES – Reason or Destination details

NC COUNTY OF SERVICE **In which NC county is this client receiving your project's services?**	

DISABILITY STATUS - Does the client have a disabling condition?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Answer 'Yes' or 'No' for each disability type (in white).
If the client selects 'Yes' for any disability type, you must also complete the shaded sections below.

Disability Type	Yes	No	Disability Determination	Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?	Start Date (MM/DD/YYYY)
Physical	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
Chronic Health Con	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
HIV/AIDS	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
Developmental	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
Alcohol Abuse	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
Drug Abuse	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
Both Alcohol & Drug Abuse	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	
Mental Health Prob.	☐	☐	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	☐ Yes ☐No ☐ CDK ☐ CR ☐DNC	

HEALTH INSURANCE - Is the client currently covered by health insurance?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Answer 'Yes' or 'No' for each health insurance source.
Answer 'Yes' for any source that is currently received.
Answer 'No' for sources that have been terminated, even if they were received in the past.
If the client selects 'Yes' for any insurance type, complete the shaded section below.

Health Insurance Type	Yes	No	Start Date (MM/DD/YYYY)
Medicaid	☐	☐	
Medicare	☐	☐	
State Children's Health Insurance Program (or use local name)	☐	☐	
Veteran's Administration (VA) Medical Services	☐	☐	
Employer-Provided Health Insurance	☐	☐	
Health insurance obtained through COBRA	☐	☐	
Private Pay Health Insurance	☐	☐	
State Health Insurance for Adults	☐	☐	
Indian Health Services Program	☐	☐	
Other If Yes, specify source:	☐	☐	

Continued on page 4

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

INCOME AND SOURCES - Does the client currently have any income from any source?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each income source.
Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated).
Answer 'No' for sources that have been terminated, even if they were received in the past.
If the response for any source is 'Yes', complete the shaded sections below.
Enter the start date and monthly amount received. If unsure of the exact amount, enter the client's best estimate.
Children's income (except earned income) can be included under the Head of Household's information.

Source of Income	Yes	No	If yes, monthly amount from source (round to nearest dollar)	Start Date (MM/DD/YYYY)
Earned income (i.e., employment income)	☐	☐	$	
Unemployment Insurance	☐	☐	$	
Supplemental Security Income (SSI)	☐	☐	$	
Social Security Disability Income (SSDI)	☐	☐	$	
VA Service-Connected Disability Compensation	☐	☐	$	
VA Non-Service-Connected Disability Pension	☐	☐	$	
Private disability insurance	☐	☐	$	
Worker's Compensation	☐	☐	$	
Temporary Assistance for Needy Families (TANF)	☐	☐	$	
General Assistance (GA)	☐	☐	$	
Retirement Income from Social Security	☐	☐	$	
Pension or retirement income from a former job	☐	☐	$	
Child support	☐	☐	$	
Alimony or other spousal support	☐	☐	$	
Other source:	☐	☐	$	
Total monthly income from all sources			$	

NON-CASH BENEFITS - Does the client have any non-cash benefits from any source?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)	Start Date (MM/DD/YYYY)
Supplemental Nutrition Assistance Program (SNAP)	☐	☐	$	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	☐	$	
TANF Child Care services *(or use local name)*	☐	☐	$	
TANF transportation services *(or use local name)*	☐	☐	$	
Other TANF-Funded Services *(or use local name)*	☐	☐	$	
Other source:	☐	☐	$	

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

COORDINATED ENTRY ASSESSMENT										
DATE OF ASSESSMENT			/			/				

ASSESSMENT LOCATION	
Orange CoC	☐ CEF
	☐ Housing Helpline
	☐ HomeLink
	☐ IFC Commons
	☐ Jail
	☐ Medical Provider
	☐ Outreach
	☐ Shelter
BoS CoC	☐ Region 1
	☐ Region 2
	☐ Region 3
	☐ Region 4
	☐ Region 5
	☐ Region 6
	☐ Region 7
	☐ Region 8
	☐ Region 9
	☐ Region 10
	☐ Region 11
	☐ Region 12
	☐ Region 13

ASSESSMENT TYPE	
	☐ Phone
	☐ In Person
	☐ Virtual

ASSESSMENT LEVEL	
	☐ Crisis Needs Assessment
	☐ Housing Needs Assessment

PRIORITIZATION STATUS	
	☐ Placed on Prioritization List
	☐ Not Placed on Prioritization List

COORDINATED ENTRY EVENT										
START DATE / DATE OF EVENT			/			/				

EVENT		
Access Events	☐ Referral to Prevention Assistance project	
	☐ Problem Solving/Diversion/Rapid Resolution	→ **Go to A**
	☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	
	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment	→ **Go to B**

Referral Events	☐ Referral to post-placement/follow-up case management	
	☐ Referral to Street Outreach project or services	
	☐ Referral to Housing Navigation project or services	
	☐ Referral to Non-continuum services: Ineligible for continuum services	
	☐ Referral to Non-continuum services: No availability in continuum services	
	☐ Referral to Emergency Shelter bed opening	→ **Go to C**
	☐ Referral to Transitional Housing bed/unit opening	
	☐ Referral to Joint TH-RRH project/unit/resource opening	
	☐ Referral to RRH project resource opening	
	☐ Referral to PSH project resource opening	
	☐ Referral to Other PH project/unit/resource opening	

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer the following question:		
A. Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	☐ Yes	☐ No
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:		
B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	☐ Yes	☐ No
If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following questions		
C. Location of Crisis Housing or Permanent Housing Referral (project name)		
D. Referral Result	☐ Client accepted	☐ Client rejected ☐ Provider rejected
E. Date of Result	/ /	/ /