

**Step 1: Basic Client Information**

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to close an open enrollment by performing the exit workflow. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

**Step 2: Project Exit**

Complete the project exit information and please note all fields with an \* are required fields. Complete additional forms for each household member exited.

Exit Date: \* \_\_\_\_\_

Destination:\*

- Place note meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency Shelter, including hotel or motel paid for with shelter voucher, or RHY-funded Host Home shelter
- Safe Haven
- Foster Care Home or Foster Care Group Home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center
- 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 with 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
- Staying or living with 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, 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, other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

**Other**

- No exit interview completed
- Other
- Deceased
- Client Don't Know
- Client Refused
- Data Not Collected

Exit Reason:

- |   |  |
|---|--|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program   |
| <input type="checkbox"/> Completed program  | <input type="checkbox"/> Disagreement with rules/persons     |
| <input type="checkbox"/> Non-payment of rent/occupancy charge                         | <input type="checkbox"/> Death                               |
| <input type="checkbox"/> Non-compliance with Program                                  | <input type="checkbox"/> Other*<br>(Other Exit Reason _____) |
| <input type="checkbox"/> Criminal activity/destruction of property/violence           | <input type="checkbox"/> Unknown/Disappeared                 |
| <input type="checkbox"/> Reached maximum time allowed by program                      |  |

Covered by Health Insurance:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Type of Insurance:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Private   | <input type="checkbox"/> State Funded  |
| <input type="checkbox"/> Private-Employer  | <input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program |
| <input type="checkbox"/> Private-Individual  | <input type="checkbox"/> Indian Health Service (Native American)               |
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Health Insurance obtained through COBRA               |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) |  |
| <input type="checkbox"/> Military Insurance  |  |
| <input type="checkbox"/> Other Public  |  |

Status:\*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Active            | <input type="checkbox"/> No                                 |  |
| <input type="checkbox"/> Start Date: _____ | <input type="checkbox"/> Applied; decision pending          | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date: _____   | <input type="checkbox"/> Applied; client not eligible       | <input type="checkbox"/> Client Refused      |
|  | <input type="checkbox"/> Client did not apply               | <input type="checkbox"/> Data Not Collected  |
|  | <input type="checkbox"/> Insurance type N/A for this client |  |

Connection with SOAR Assessment:\*

Assessment Date: \* \_\_\_\_\_

Connection with SOAR:\*

- Yes  Client Refused
- No  Data Not Collected
- Client Doesn't Know

Income and Sources, Non-Cash Benefits:\*

Income from any source:\*

- Yes  No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Income:

- Earned Income \$ \_\_\_\_\_
- Self Employment \$ \_\_\_\_\_
- Worker's Compensation \$ \_\_\_\_\_
- Unemployment Insurance \$ \_\_\_\_\_
- Other Pension \$ \_\_\_\_\_
- Supplemental Security Income \$ \_\_\_\_\_
- Social Security Disability Income \$ \_\_\_\_\_
- Retirement \$ \_\_\_\_\_
- Veteran's Pension \$ \_\_\_\_\_
- Veteran's Disability Payment \$ \_\_\_\_\_
- TANF \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other Income \$ \_\_\_\_\_

Non Cash Benefits: \*  Yes  No

- Food Stamps/Money for food on benefits card \$ \_\_\_\_\_
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Other Source

Employment Assessment:\*

Employed:

- Yes  If yes, Type of Employment:  Full Time
- No  Part Time
- Client Doesn't Know  Seasonal/sporadic (including day labor)
- Client Refused
- Data Not Collected

Adult Education Assessment:\*

Highest Grade Completed:\*

- School program does not have grade levels
- Less than grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- 12<sup>th</sup> Grade, No Diploma
- High School Diploma
- GED
- Some college
- Client Doesn't Know
- Client Refused
- Data Not Collected

Secondary Education:

- Associates Degree
- Bachelors
- Masters
- Doctorate
- Other graduate/professional degree
- Certificate of advanced training or skilled artisan

Child Education Assessment:\*

Last Grade Completed:\*

- School program does not have grade levels
- Less than grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- 12<sup>th</sup> Grad, No Diploma
- High School Diploma
- GED
- Some college
- Client Doesn't Know
- Client Refused
- Data Not Collected

School Status:

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client Doesn't Know
- Client Refused
- Data Not Collected

Enrollment Exit:\* (Only for SSVF Prevention project participants)

Destination:\*

**Homeless Situation**

- 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
- Safe Haven

**Institutional Situation**

- Foster Care Home or Foster Care Group Home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center

**Temporary and Permanent Housing**

- 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 with friends, temporary tenure (e.g., room, apartment or house)
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
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- Owned by client, no ongoing housing subsidy

**Other**

- No Exit interview completed
- Other
- Deceased
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Exit Reason:

- Left for a housing opportunity before completing program
- Completed program
- Non-payment of rent/occupancy charge
- Non-Compliance with Program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program
- Needs could not be met by program
- Disagreement with Rules/Persons
- Death
- Other
- Unknown/Disappeared

*Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at*  
<https://www.in.gov/ihcda/indianabos/2436.htm>