

HPRP HMIS Data: EXIT FORM

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each family member and clip together.

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) <i>[All clients]</i>															N/A	Client does not know	Client refused to provide	
First name																	<input type="checkbox"/>	<input type="checkbox"/>
Middle name																<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name																	<input type="checkbox"/>	<input type="checkbox"/>
Suffix															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HOUSING STATUS *[All clients]*

- | | |
|--|--|
| <input type="checkbox"/> Literally homeless | <input type="checkbox"/> Client does not know |
| <input type="checkbox"/> Housed and at imminent risk of losing housing | <input type="checkbox"/> Client refused to provide |
| <input type="checkbox"/> Housed and at-risk of losing housing | |
| <input type="checkbox"/> Stably housed | |

DESTINATION *[All clients]*

- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Owned by client, no housing subsidy |
| <input type="checkbox"/> Places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> Owned by client, with housing subsidy |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Foster care home or foster care group home |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Hospital (non psychiatric) |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Staying or living with family, temporary tenure | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Staying or living with family, permanent tenure | <input type="checkbox"/> Jail, prison, or juvenile detention facility |
| <input type="checkbox"/> Staying or living with friend's, temporary tenure | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Rental by client, no housing subsidy | <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> Rental by client, other (non-VASH) subsidy | <input type="checkbox"/> Client does not know |
| <input type="checkbox"/> Rental by client, VASH subsidy | <input type="checkbox"/> Client refused to provide |

PROGRAM EXIT DATE *[All clients]*

		/			/				
Month			Day			Year			