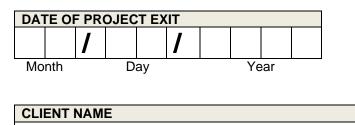
Project Exit Assessment – PATH SO, SSO This form should be used by Street Outreach and Supportive Services Only projects with PATH funding for every client. (children pages 1-2; other adults pages 1-5; heads of household pages 1-7)

ANSWER FOR ALL HOUSEHOLD MEMBERS



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									
□ Successfully housed (by program) □ Moving out of service area □ No longer eligible									
□ Successfully housed (self-resolved) □ No longer needs services □ Disagreement/ non-compliance									
Successfully referred to another provider		No longer wants services		Safety concerns/risk					
 Service-program no longer available	_								
□ (weather dependent, ended) □ Mutually agreed program exit □ Unknown/ disappeared									
□ Leaving for institution □ Reached maximum time allowed □ Death									

Destination	า - W	Where will the client stay/sleep immediately after leaving this project?						
Homeless		outside)	-					
nomeless		Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host H shelter	lome					
		Foster care home or foster care group home						
		Hospital or other residential non-psychiatric medical facility						
Institutional		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						
		Transitional housing for homeless persons (including homeless youth)						
		Residential project or halfway house with no homeless criteria						
Temporary								
remporary		Host Home (non-crisis)						
		Staying or living with family, temporary tenure (e.g., room, apartment, or house)						
		Staying or living with friends, temporary tenure (e.g., room, apartment, or house)						
		Moved from one HOPWA funded project to HOPWA TH						
		Staying or living with family, permanent tenure						
		Staying or living with friends, permanent tenure						
		Moved from one HOPWA funded project to HOPWA PH						
Permanent		Rental by client, no ongoing housing subsidy						
		Rental by client, with other ongoing housing subsidy (Please Specify)						
		□ GPD TIP housing subsidy □ Housing Stability Voucher						
		Image: VASH housing subsidyImage: Family Unification Program Voucher (FUP)						
		□ RRH or equivalent subsidy □ Foster Youth to Independence Initiative (FYI)					

]	□ Hous	ing Choice Voucher (HCV)			Permanent Supportive Housing (PSH)			
		Publie	c housing unit			Other permanent housing dedicated for formerly homeless persons			
			al by client, with other ongoing ng subsidy						
	Owned by client, no ongoing housing subsidy								
		Owned by c	lient, with ongoing housing subsidy	/					
		No exit inter	view completed						
		Other (spec	ify):						
Other									
Other	Don't know								
		Prefer not to	answer						
		Data not co	llected						
Exit Notes	– Re	eason or Des	tination details						

Disability Status - Do you have a disabling condition?								
□ Yes	Data not o	collected						
Answer 'Yes' or 'No' for each disability type (in white). Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently. For Office HMIS Users Only: If the client identifies Yes for any disability type, mark <i>Disability Determination</i> and <i>Long-Continued or</i> <i>Indefinite Duration</i> questions as Yes. The disability type's Start Date will be the Project Start Date.								
Disability Type Yes No								
Physical								
Chronic Health Condition								
HIV/AIDS								
Developmental								
Alcohol Use Disorder								
Substance Use Disorder								
Mental Health Disorder								

Health Insurance – Are you currently covered by health insurance?										
Yes No Don't know Prefer not to answer Data not collected answer										
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. For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.										
Health Insurance Type	Health Insurance Type Yes No									
Medicaid \Box										
Medicare	Medicare									

State Children's Health Insurance Program (or North Carolina Health Choice)	
Veteran's Health Administration (VHA)	
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:	

NC County Of Service In which NC county are you receiving this project's services?

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Income and Sources - Do you currently have any income from any source?									
□ Yes	🗆 No	Don't know			efer not to swer	Data not collected			
To complete the table below		thu in a							
To complete the table below Answer 'Yes' only if the incom-				ncome (except earned					
income) can be included unde	r the Head of House	hold's information.			-,				
Answer 'No' for sources that h									
If the response for any source For Office HMIS Users Only: It						the Proiect Start Date.			
Source of Income			Yes	No		onthly amount from ound to nearest dollar)			
Earned income (i.e., employm	ent income)				\$				
Unemployment Insurance					\$				
Supplemental Security Income	e (SSI)				\$				
Social Security Disability Incor	ne (SSDI)				\$				
VA Service-Connected Disabil	lity Compensation				\$				
VA Non-Service-Connected D	isability Pension				\$				
Private disability insurance					\$				
Worker's Compensation					\$				
Temporary Assistance for Nee	dy Families (TANF)				\$				
General Assistance (GA)					\$				
Retirement Income from Socia	al Security				\$				
Pension or retirement income from a former job					\$				
Child support					\$				
Alimony or other spousal support					\$				
Other source:					\$				
Total	monthly income fr	om all sources			\$				

Non-Cash Benefits - Do you have any non-cash benefits from any source?									
□ Yes □ No □ Don't know □ Prefer not to □ Data not co									
answer									
Answer 'Yes' only if the non- Answer 'No' for non-cash be	w, you must answer 'Yes' or 'N cash benefit is recurrent and rece nefit that have been terminated, e -cash benefit is 'Yes', complete	eived as of today (i.e. not ter even if they were received in	rminated).						

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)
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:			\$

Type Of Current Living Situation - Where were you living during this contact? If the response is an Institutional, Temporary, or Permanent situation, follow-up questions are listed below. 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 Jali, prison, or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility of 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) Geb Home (non-crisis) Staying or living in a friend's room, apartment or house Rental by client, with other ongoing housing subsidy (Please Specify) GeD TIP housing subsidy Foamily Unification Program Voucher (FUP) VASH housing subsidy Foater Youth to Independence Initiative (FYI) Permanent Guowing Unit in a family member's room, apartment or house Rental by client, with other ongoing housing subsidy Foamily Unification Program Youcher (FUP) <t< th=""><th>Current Liv When was the</th><th></th><th></th><th></th><th></th><th></th><th>/</th><th></th><th> </th><th></th><th></th><th></th><th></th></t<>	Current Liv When was the						/						
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Living Situation verified by:	other		Prefer not to answer										
iname the verifying agency and project													
	Name the verif	ying a	agency	and project									

			ent Current Livi							
Are you g	oing to have to I	eave your currer	nt living situation	within 14 days?	,					
□ Yes		🗆 No		Don't know		Prefer not	to	Data not collected		
						answer				
\mathbf{V}										
If Yes to, '	you are going to	o have to leave t	heir current living	situation within	า 14 days	?"				
	Has a subsequ	ent residence be	een identified?							
	Yes	🗆 No	Don't know		Prefer no	ot to answer		Data not collected		
	Do you or you	r family have res	ources or suppor	t networks to o	btain othe	r permanent l	housi	ing?		
Answer	□ Yes	🗆 No	Don't know		Prefer no	ot to answer		Data not collected		
all	Have you had a lease or ownership interest in a permanent housing unit in the last 60 days?									
	□ Yes	🗆 No	Don't know		Prefer no	ot to answer		Data not collected		
	Have you mov	ed 2 or more tim	es in the last 60 d	ays?						
	□ Yes	🗆 No	Don't know		Prefer no	ot to answer		Data not collected		
Current Li	ving Situation -	Location details								
DATE OF	ENGAGEMEN	Т				1				
Did the cli	ent agree to a ca	ase plan on this	contact? If so, list	t the date?		1				
					Month	n Da <u>v</u>	y	Year		

DATE OF STATUS DETERMINATION Date the client was determined eligible and enrolled, eligible and client refused, or ineligible and not enrolled in PATH Program.		1		1			
	Mon	th	Day		Y	ear	

CLIENT BECAME ENROL	LLED IN PATH PROGRAM		
□ Yes	🗆 No		
	↓		
	IF NO, reason not enrolled		
	Client was found ineligible for	□ Client was not enrolled for other reasons	□ Unable to locate

CONNECTION WITH SOAR (PATH only) – Has the client been referred to a SOAR case manager?											
🗆 Yes	🗆 No	Don't know	Prefer not to	Data not collected							
			answer								

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

Coordinated Entry Assessment - For Staff Only													
Date Of Assessment / /													
Assessme	ent Location												
	□ CEF												
	□ Housing Helpline												
	□ HomeLink												
Orange													
CoC	□ Jail												
	Medical Provider												
	□ Outreach												
	□ Shelter												
	Region 1		Reg	ion 8									
	Region 2		Reg	ion 9									
	□ Region 3		Reg	ion 1	0								
BoS CoC	□ Region 4		Reg	ion 1	1								
	□ Region 5		□ Region 12										
	□ Region 6		Reg	ion 1	3								
	Region 7												
Durham	□ Durham CoC												
				Pho	ne								
Assessme	ent Type			In F	ers	on							
				Virt	ual								
				Cris	is N	leed	ds As	sess	mei	nt		 	
Assessme	ent Level			Ηοι	Ising	g Ne	eeds	Asse	essn	nen	t		
Duiouiticat	ion Status			Pla	ced	on l	Prior	itizati	on l	List			
Prioritization Status				Not	Pla	ced	on F	Priorit	tizat	ion	List		

Coordinated Entry Event – For Staff Only														
Start Date / Date Of Event / / / /														
Event														
		Referral to Prevention Assistance project												
Access		Problem Solving/Diversion/Rapid Resolution intervention or service Go to A												
Events		Referral to scheduled Coordinated Entry Crisis Needs Assessment												
		Referral to scheduled Coordinated Entry Housing Needs Assessment							Go to B					
	Referral to post-placement/follow-up case management													
	Referral to Street Outreach project or services													
Referral Events		Referral to Housing Navigation project or services												
		Referral to Non-continuum services: Ineligible for continuum	n serv	/ices										
Referral to Non-continuum services: No availability in continuum services														

	Referral to Emergency Shelter bed opening							
	Referral to Transitional Housing bed/unit oper							
	Referral to Joint TH-RRH project/unit/resource							
	Referral to RRH project resource opening		Go to C					
	Referral to PSH project resource opening							
	Referral to Other PH project/unit/resource operation	ening						
	Referral to emergency assistance/flex fund/fu							
	Referral to a Housing Stability Voucher							
If 'Even	If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:							
Α.	Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	🗆 No						
lf 'Even	t' answer was 'Referral to post-placement/follow-up	case management result',	please answer B:					
В.	Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	□ No						
lf 'Even	If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:							
C.	Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)							
D.	Referral Result (if known)	Client accepted	Client Drovider rejected Provider					
E.	Date of Result (if known)							