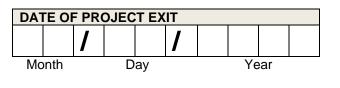
Project Exit Assessment – CoC PSH This form should be used for every client exiting Permanent Supportive Housing Projects. (children pages 1-3; all adults pages 1-4; heads of household pages 1-5)

ANSWER FOR ALL HOUSEHOLD MEMBERS



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								
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	here 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)						
Homeless		Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter						
		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						
Tomporary		Hotel or motel paid for without emergency shelter voucher						
Temporary		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 subsidyFoster Youth to Independence Initiative (FYI)						

	□ Housing Choice Voucher (HCV)		Permanent Supportive Housing (PSH)						
	Public housing unit		Other permanent housing dedicated for formerly homeless persons						
	Rental by client, with other ongoing housing subsidy								
	Owned by client, no ongoing housing subsidy								
	Owned by client, with ongoing housing subsidy								
	No exit interview completed								
	□ Other (specify):								
Other									
Other	Don't know								
	Prefer not to answer								
	Data not collected								
Exit Notes	 Reason or Destination details 								

Disability Status - Do you have a disabling condition?								
□ Yes	□ No	□ Prefer not to □ answer	Data not 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	Νο			
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						
Answer 'Yes' for any source Answer 'No' for sources that	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				Yes	No				
Medicaid									

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	v		efer not to	Data not collected	
				an	swer		
To complete the table below							
Answer 'Yes' only if the income			y (i.e. not te	rminateo	d). Children's ir	ncome (except earned	
income) can be included under			مر مما المراجع	1			
Answer 'No' for sources that ha					NW/		
For Office HMIS Users Only: If						the Project Start Date.	
		,	,	[
Source of Income			Yes	No		onthly amount from ound to nearest dollar)	
Earned income (i.e., employme	ent income)				\$	•	
Unemployment Insurance					\$		
Supplemental Security Income	e (SSI)				\$		
Social Security Disability Incor	ne (SSDI)				\$		
VA Service-Connected Disabil	ity Compensation				\$		
VA Non-Service-Connected Di	isability Pension				\$		
Private disability insurance					\$		
Worker's Compensation					\$		
Temporary Assistance for Nee	dy Families (TANF)				\$		
General Assistance (GA)					\$		
Retirement Income from Socia	I Security				\$		
Pension or retirement income	from a former job				\$		
Child support					\$		
Alimony or other spousal supp	ort				\$		
Other source:					\$		
Total	monthly income from	n all sources			\$		

Non-Cash Benefits - Do you have any non-cash benefits from any source?								
□ Yes	🗆 No	Don't know	Prefer not to answer	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)
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:			\$

GENERAL HEALTH STATUS								
	□ Very Good	□ Good	Fair	Poor	Client doesn't know	Client refused	Data not collected	

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

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 House		Go to B									
	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	Referral to Emergency Shelter bed opening											
Events	Referral to Transitional Housing bed/unit oper											
	Referral to Joint TH-RRH project/unit/resource		4									
	Referral to RRH project resource opening	Go to C										
	Referral to PSH project resource opening		_									
	Referral to Other PH project/unit/resource opening											
	Referral to emergency assistance/flex fund/furniture assistance											
	Referral to a Housing Stability Voucher											
If 'Event'	If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:											
A. Problem Solving/Diversion/Rapid Resolution						No						
intervention or service result – Client housed/re-housed In a safe alternative?												
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:												
B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?						No						

If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:											
С.	Location of Crisis Housing or Permanent Housing Referral										
	(Project name or Project ID)										
D.	Referral Result (if known)	Client accepted		Client rejected			Provider rejected				
E.	Date of Result (if known)			/			/				

Moving On Assistance Provided											
Date Of Moving On Assistance				/			1				
Event											
	Subsidized housing application assistance										
□ Financial assistance for Moving On (e.g., security deposit, moving expenses)											
Non-financial assistance for Moving On (e.g., housing navigation, transition support)											
	Housing referral/placement										
	Other, please specify:										