Project Exit Assessment – SO, SSO, CE

This form should be used by Street Outreach, Supportive Services Only, and Coordinated Entry projects for every client. (children pages 1-2; other adults pages 1-6; heads of household pages 1-7)

ANSWER	FOR	AL	LH	UU	SEH	IOLI	או ט	IEIV	IBI	EKS										
DATE OF F	PROJE	ECT	EXI	Т																
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Month		Day				Y	L ear													
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Reason Fo	r Leav	ving	– W	hy is	the c	lient	leav	/ing	thi	s project?										
	IC-502	Durha	m; re	comn	nende	d for N	NC-50			ce of State and NC-51	13 Orai	nge	T		1					
□ Success	sfully h	ouse	d (by	/ prog	gram)]	Moving out of ser	vice a	rea			No I	onger	eligib	le		
□ Success	sfully h	ouse	d (se	lf-res	olved	l)]	No longer needs	servic	es			Disa	agreer	nent/	non-c	<u>omplia</u>	ance
☐ Success							er]	No longer wants s	service	es			Safe	ety cor	ncerns	s/risk		
Service-					/allab	ie]	Mutually agreed p	rogra	m exit			Unknown/ disappeared					
☐ Leaving	for ins	titutio	n]	Reached maximu	m tim	e allov	ved		Death					
Destination	n - Wh	ere v	vill tl	he cli	ient s	tav/s	leer	imr	nec	liately after leaving	a this	proje	ct?							
										vehicle, an abando				/train/	subw:	av stat	ion/ai	rnort (or any	where
Homeless		outsic	de)															-		
		Emer shelte		cy she	elter,	includ	ding	note	or	motel paid for with	emer	gency	shelte	er vou	cher, (or RH	Y-fund	ded H	ost Ho	ome
		Foste	r car	re ho	me or	foste	er ca	re gr	oup	home										
	 ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility 																			
Institutional																				
		Long-	-term	ı care	facili	ty or	nurs	ing h	nom	e										
		Psych	niatri	c hos	pital (or oth	er p	sych	iatr	ic facility										
										detox center										
		☐ Transitional housing for homeless persons (including homeless youth)																		
	Residential project or halfway house with no homeless criteria																			
Temporary	☐ Hotel or motel paid for <i>without</i> emergency shelter voucher ☐ Host Home (non-crisis)																			
				,			ilv. to	mno	vror	y tenure (e.g., room	2000	rtmont	orbo	onco)						
															١					
	 □ Staying or living with friends, temporary tenure (e.g., room, apartment, or house) □ Moved from one HOPWA funded project to HOPWA TH 																			
										nt tenure										
										ent tenure										
		Move	d fro	m on	e HO	PWA	func	ded p	oroj	ect to HOPWA PH										
Permanent		Renta	al by	clien	t, no d	ongoi	ng h	ousii	ng s	subsidy										
	I .		-					•	g ho	ousing subsidy (Ple			•							
					hous	-		dy					-	_	Vouc					
	☐ VASH housing subsidy										Fami	ly Unit	ficatio	n Prog	gram ۱	/ouch	er (Fl	JP)		

Foster Youth to Independence Initiative (FYI)

RRH or equivalent subsidy

1		□ Но	ousing Choice Voucher (HCV)		Perman	sing (g (PSH)				
		□ Pu	blic housing unit			Other permanent housing dedicated for nomeless persons					
		⊓ Re	ental by client, with other ongoing using subsidy		nomele	ss persons					
			y client, no ongoing housing subsi	dv							
			y client, with ongoing housing sub								
			nterview completed	olay							
		Other (sp	•								
		Decease									
Other		Don't kno									
			ot to answer								
Fxit Notes	_		collected Destination details								
Disability	Statu	s - Do vo	u have a disabling condition?								
□ Yes		•	□ No	☐ Don't know		☐ Prefer not to answer		Data not	collected		
For Office I	HMIS U Duration	Jsers Only	bility to live independently. y: If the client identifies Yes for any s as Yes. The disability type's Sta				nd <i>Lo</i>	ng-Contin	ued or		
	. , po										
Physical	111.0	r.c.									
Chronic Hea	aith Co	naition									
HIV/AIDS											
Developme	ntal							1 1 1			
Alachalli											
Alcohol Use	e Disor	der									
Substance I											
	Use Di	sorder									
Substance l	Use Di	sorder									
Substance Mental Hea	Use Di	sorder order	you currently covered by health	insurance?							
Substance Mental Hea	Use Di	sorder order	you currently covered by health ☐ No	insurance? ☐ Don't know		☐ Prefer not to answer					
Substance Mental Hea Health Ins Yes Answer 'Yes Answer 'Yes Answer 'No	Use Dialth Dis	sorder order No' for eany source urces that sers Only		□ Don't know		answer		Data not c	collected		
Health Ins Wes Answer 'Yes Answer 'Yes Answer 'No For Office H	Use Dialth Dissurance es' or ' s' for ac' ' for so HMIS U	No' for early sources that sers Only	□ No ach health insurance source. that is currently received. t have been terminated, even if the	□ Don't know		answer		Data not c	collected		

								Ш	
State Children's Health Insurance Program (or North Carolina Health Choice)									
Veteran's Health Administration (VHA)									
Employer-Provided Health In									
Health insurance obtained th	rough COBRA								
Private Pay Health Insurance)								
State Health Insurance for Ad									
Indian Health Services Progra									
Other If Yes, specify source:	um								
Office in Tes, specify source.									
NC County Of Service In which NC county are you	receiving this project	ct'e earvic	2052						
in which NC county are you	receiving this projec	ct's servic	ces?						
ANSWER THE	SE QUESTIONS	FOR H	EAD OF HO	USEH	OLD /	AND OTH	IER A	DULTS	
Income and Sources - Do	you currently have a	any incom	ne from any so	urce?					
□ Yes	□ No	[□ Don't know		□ Pre	efer not to		Data not co	ollected
	1.0					swer			0001.00
To complete the table below Answer 'Yes' only if the incor		and receiv					s incom	e (except e	earned
income) can be included und Answer 'No' for sources that	have been terminated,	, even if the	mation. ey were receive	d in the pa					
income) can be included und	have been terminated, rce is 'Yes', complete	, even if the	mation. ey were received unt in the shad	d in the pa	ns belo		oe the P	roject Start	t Date.
income) can be included und Answer 'No' for sources that If the response for any sou	have been terminated, rce is 'Yes', complete	, even if the	mation. ey were received unt in the shad	d in the pa	ns belo	art Date will b			
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income) can be included und Answer 'No' for sources that If the response for any sou For Office HMIS Users Only: Source of Income Earned income (i.e., employn	have been terminated, rce is 'Yes', complete If the client identifies Y	, even if the	mation. ey were received unt in the shad	d in the pa ed section , the sour	ons beloce's Sta	If yes, source	month	ly amount	from
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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. If yes, monthly amount from source Yes No Source of Non-Cash Benefit (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: П П \$ **Current Living Situation** When was this contact with you? 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. 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 with 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 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) **Temporary** Host Home (non-crisis) Staying or living in a friend's room, apartment, or house Staying or living in a family member's room, apartment or house Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing subsidy (Please Specify) GPD TIP housing subsidy Housing Stability Voucher VASH housing subsidy Family Unification Program Voucher (FUP) RRH or equivalent subsidy Foster Youth to Independence Initiative (FYI) Permanent Housing Choice Voucher (HCV) Permanent Supportive Housing (PSH) Other permanent housing dedicated for formerly Public housing unit homeless persons Rental by client, with other ongoing housing subsidy Owned by client, no ongoing housing subsidy Owned by client, with ongoing housing subsidy \Box Other (specify): Don't know Other

Prefer not to answer

Data not collected

	uation verified rifying agency are										
arrie trie ve	mymig agency ar	ia project									
			nanent Current Liv								
Are you go □ Yes	oing to nave to	□ No	rrent living situatio	Don't k			□ Prefer r	not to		ata no	t collected
J 163				- Don't k	IIOW		answer			ata 110	t conected
f Yes to, "	you are going	to have to leav	ve their current livir	ng situation w	/ithir	14 days	?"				
		•	e been identified?			. ,			<u> </u>		
	□ Yes	□ No	☐ Don't know				ot to answer			not co	llected
	Do you or yo	our family have	resources or supp		to ol		er permaner ot to answer	nt hous ☐		not co	llected
Answer all	*		nership interest in		•					100 00	ilected
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	Have you mo	oved 2 or more	times in the last 60	davs?	-						
	☐ Yes	□ No	☐ Don't know			Prefer n	ot to answer		Data	not co	llected
Surrent Liv	ing Situation	- Location deta	ails								
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Coordina	ated Entry As	ssessment - F	For Staff Only								
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Date Of A	Assessment						/	/			
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Assessm	ent Type				In Pers	on								
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Assessm	ent Level				Housin									
				Placed										
Prioritizat				Not Pla										
Coordina	ed Entry Event – For Staff Only													
Start Date				1			/							
Event														
	☐ Referral to Prevention Assistance project													
Access	☐ Problem Solving/Diversion/Rapid Resolution in		Go to A											
Events	☐ Referral to scheduled Coordinated Entry Crisis													
	☐ Referral to scheduled Coordinated Entry Hous		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													
Defermel	☐ Referral to Emergency Shelter bed opening													
Referral Events	☐ Referral to Transitional Housing bed/unit open													
	☐ 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 ope													
	☐ Referral to emergency assistance/flex fund/fur													
	☐ Referral to a Housing Stability Voucher													
If 'Event' a	nswer was 'Problem Solving/Diversion/Rapid Re-	Housir	ng interv	ention	or servi	e res	ult', pl	ease	answer	A:				
	oblem Solving/Diversion/Rapid Resolution													
	ervention or service result – Client housed/re-housed a safe alternative?		Yes				No							
If 'Event' a	nswer was 'Referral to post-placement/follow-up	case n	nanagem	ent res	ult', plea	ase ar	nswer	B:						
	ferral to post-placement/follow-up case management sult – Enrolled in Aftercare project?	□ Yes					□ No							
If 'Event' a	nswer was Referral to an ES, TH, Joint TH-RRH, F	RRH, P	SH, or O	ther Ph	openin	g, ple	ase an	swer	C-E:					
	cation of Crisis Housing or Permanent Housing Referral roject name or Project ID)													
D. Re	ferral Result (if known)	1 1 1	Client accepted	<u> </u>	1 1	ent ected		Provide rejecte						
E. Da	te of Result (if known)			/			/							