

NC HMIS PATH Exit

**** ANSWER ALL QUESTIONS EXCEPT WHERE NOTED ****

Date _____

Client ID Number _____

PATH Staff _____

Reason for Leaving

- Completed Program
- Criminal activity/violence
- Death
- Disagreement with rules/persons
- Left for Housing Opportunity before completing program
- Needs could not be met
- Non-compliance with program
- Non-payment of rent
- Other
- Reached maximum time allowed
- Time allowed expired
- Unknown/Disappeared
- (If Other), Specify _____

Destination

- Deceased
- Client Doesn't Know
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Hotel or motel paid for without emergency shelter voucher
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Other
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Place not meant for human habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside
(If Other), Specify _____)
- Psychiatric hospital or other psychiatric facility
- Client refused
- Rental by client, no ongoing housing subsidy
- Rental by client with RRH or equivalent subsidy
- Rental by client, with other ongoing housing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP housing subsidy
- Residential project or halfway house with no homeless criteria
- Safe Haven
- Staying or living with family, permanent tenure
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Staying or living with friends, permanent tenure
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- Substance abuse treatment facility or detox center
- Transitional Housing for homeless persons (including homeless youth)
- No exit interview completed

Health and Disability Information

Does the client have a disabling condition? Yes No Client doesn't know Client refused Data not collected
 (If Yes, select all applicable conditions below)

Disability Sub-Assessment

Disability Type	Disability Determination					If Yes, to be of long-continued and indefinite duration and substantially impairs ability to live independently?				
	Yes	No	Client doesn't know	Client Refused	Data not collected	Yes	No	Client doesn't know	Client Refused	Data not collected
Physical										
Developmental										
Chronic Health Condition										
HIV/AIDS										
Mental Health Problem										
Alcohol Abuse										
Drug Abuse										
Both Alcohol & Drug Abuse										

Health Insurance Information

Currently covered by health insurance? Yes No Client doesn't know Client refused Data not collected (If Yes, select all insurance types you are covered by below)

Health Insurance Sub-Assessment

Insurance Type	Yes	No	If No, Reason						
			Applied, decision pending	Applied, client not eligible	Client did not apply	Insurance type N/A for this client	Client doesn't know	Client refused	Data not collected
MEDICAID									
MEDICARE									
State Children's Health Insurance Program									
Veteran Administration (VA) Medical Services									
Indian Health Services Program									
Employer Provided Health Insurance									
Health Insurance Obtained Through COBRA									
Private Pay Health Insurance									
State Health Insurance for Adults									
Other (if Yes, specify below)									

Other Insurance _____

Income and Non-Cash Benefit Information

Total Monthly Income \$ _____

Currently receiving income from any source? Yes No Client doesn't know Client refused Data not collected
 (If Yes, select all income types you receive and amount(s) below)

X	Source of Income (Monthly)	Amount from Source
	Alimony or Other Spousal Support	\$.00
	Child Support	\$.00
	Earned Income (<i>Employment</i>)	\$.00
	General Assistance (GA)	\$.00
	Pension or Retirement Income from a Former Job	\$.00
	Private Disability Insurance	\$.00
	Retirement Income from Social Security	\$.00
	SSDI (<i>Social Security Disability Insurance</i>)	\$.00
	SSI (<i>Supplemental Security Income</i>)	\$.00
	TANF (<i>Temporary Assistance for Needy Families or FIP</i>) grant)	\$.00
	Unemployment Insurance	\$.00
	VA Service-Connected Disability Compensation	\$.00
	VA Non-Service-Connected Disability Pension	\$.00
	Workers Compensation	\$.00
	Other (<i>Please Specify</i>) _____	\$.00
	No Financial Resources	\$.00
	Total Monthly Income Reported	\$.00

Currently receiving any non-cash benefits? Yes No Client doesn't know Client refused Data not collected
 (If Yes, select all non-cash benefit types you receive and amount(s) below)

NON-CASH BENEFIT sub-assessment

X	Source of Non-Cash Benefit (Monthly)	Amount (if applicable)
	Supplemental Nutrition Assistance Program (<i>Food Stamps</i>)	\$.00
	Special Supplemental Nutrition Program for WIC	\$.00
	TANF Child Care Services	\$.00
	TANF Transportation Services	\$.00
	Other TANF Funded-Services	\$.00
	Other (<i>Please Specify</i>) _____	\$.00

Contact – (document all contacts; required 2 contacts to open record)

Date of Contact	Staying on Streets, ES, or SH?		
	No	Yes	Worker Unable to determine

Date of Engagement: _____

Date of PATH Status Determination: _____

Client Became Enrolled in PATH? No Yes

Describe factors used to determine PATH eligibility: serious mental illness or co-occurring; severity of symptoms; literally homeless.

If No, Reason Not Enrolled:

- Client was found ineligible for PATH
- Other reason (describe below)

Connection with SOAR

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected