

# VA HMIS Exit/Update Form - Child

Completed By: \_\_\_\_\_ Program: \_\_\_\_\_ Clarity ID #: \_\_\_\_\_

☐ Update

☐ Annual Review

☐ Exit

Client Name: \_\_\_\_\_

Update/Exit Date:

		/			/				
month			day			year			

## Reason for Leaving (Exit Only)

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Program                                      | <input type="checkbox"/> Reached maximum time allowed by program |
| <input type="checkbox"/> Left for housing opportunity before completing program | <input type="checkbox"/> Needs could not be met by program       |
| <input type="checkbox"/> Non-payment of rent/occupancy charge                   | <input type="checkbox"/> Disagreement with rules/persons         |
| <input type="checkbox"/> Non-compliance with program                            | <input type="checkbox"/> Death                                   |
| <input type="checkbox"/> Criminal activity/destruction of property/violence     | <input type="checkbox"/> Unknown/disappeared                     |
| <input type="checkbox"/> Other: _____   |  |

## Exit Destination (Exit Only)

### Homeless Situation:

- |   |  |
|---|--|
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Safe Haven                     |  |

### Institutional Situation:

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home         | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility       | <input type="checkbox"/> Long-term care facility or nursing home                        |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Substance abuse treatment facility or detox center             |

### Transitional and Permanent Housing Situation:

- |  |   |
|--|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher   | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                    |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy               | <input type="checkbox"/> PH (other than RRH) for formerly homeless persons              |
| <input type="checkbox"/> Rental by client with HCV voucher (tenant or project based) | <input type="checkbox"/> Rental by client, with VASH subsidy                            |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy                      | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy               |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy                | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy           |
| <input type="checkbox"/> Rental by client in a public housing unit                   | <input type="checkbox"/> Transitional Housing for homeless persons                      |
| <input type="checkbox"/> Staying or living in a friends, temporary tenure            | <input type="checkbox"/> Staying or living in a family, temporary tenure                |
| <input type="checkbox"/> Staying or living in a friends, permanent tenure            | <input type="checkbox"/> Staying or living in a family, permanent tenure                |
| <input type="checkbox"/> Host Home (non-crisis)                                      | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH             | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH                |
| <input type="checkbox"/> No Exit Interview Completed                                 | <input type="checkbox"/> Deceased   |
| <input type="checkbox"/> Client Doesn't Know   | <input type="checkbox"/> Client refused   |