ICA St. Louis City – AHTF Exit – ES/HP/SSO/TH [FY2026] Child

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Exit Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Name of Head of Household:

Project Name (Enter Data As):

**Client Record**

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| 🛈 | Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes. |

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| **Client** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name | Client ID |

**Reason for Leaving**

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| --- | --- |
| □ Completed program  □ Criminal activity / violence  □ Death  □ Disagreement with rules/persons  □ Left for housing opp. before completing program  □ Needs could not be met | □ Non-compliance with program  □ Non-payment of rent  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Reached maximum time allowed  □ Unknown/disappeared |

**Destination**

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| **Homeless situations** | |
| □ 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, host home shelter  □ Safe haven | |
| **Institutional situations** | |
| □ Foster care home or foster care group home  □ Hospital or other residential non-psychiatric medical facility  □ 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 |
| **Temporary housing situations** | |
| □ 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)  □ 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 |
| **Permanent housing situations (if none of these options match, skip to “Other”)** | |
| □ Staying or living with family, permanent tenure  □ Staying or living with friends, permanent tenure  □ Moved from one HOPWA funded project to HOPWA PH  □ Rental by client, no ongoing housing subsidy  □ Rental by client, with ongoing subsidy *(select subsidy type 🡺)*  □ Owned by client, with ongoing housing subsidy  □ Owned by client, no ongoing housing subsidy | *If “rental by client, with ongoing subsidy”, select type*  □ GPD TIP housing subsidy  □ VASH housing subsidy  □ RRH or equivalent subsidy  □ HCV Voucher (tenant or project based)  □ Public housing unit  □ Rental by client, with other ongoing housing subsidy  □ Housing Stability Voucher  □ Family Unification Program Voucher (FUP)  □ Foster Youth to Independence Initiative (FYI)  □ Permanent Supportive Housing  □ Other permanent housing dedicated for formerly homeless persons | |
| **Other** | |
| □ No exit interview completed  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Deceased | □ Client doesn't know  □ Client prefers not to answer |

**Client location as of assessment/review date**

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| --- | --- |
| **Client Location (County)** | St. Louis City |

**Housing Assessment at Exit [Homelessness Prevention Projects Only]**

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| --- | --- |
| **Housing Assessment at Exit** | □ Able to maintain the housing they had at project entry  □ Moved to new housing unit  □ Moved in with family/friends on a temporary basis  □ Moved in with family/friends on a permanent basis  □ Moved to a transitional or temporary housing facility or program  □ Client became homeless – moving to a shelter or other place unfit for human habitation  □ Jail/prison  □ Deceased  □ Client doesn’t know  □ Client prefers not to answer |
| **If “able to maintain the housing  they had at project entry”,  subsidy information:** | □ Without a subsidy  □ With the subsidy they had at project entry  □ With an ongoing subsidy acquired since project entry  □ Only with financial assistance other than a subsidy |
| **If “moved to a new housing unit,” subsidy information:** | □ With ongoing subsidy  □ Without an ongoing housing subsidy |

**AHTF Additional Questions**

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| **Include in AHTF Report?** | □ No | □ Yes |

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| **Street Address of Client’s Night Residence** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Zip Code of Client’s Night Residence** | \_\_\_\_\_\_\_\_\_ |