ICA Missouri – ESG Exit – ES-NbN [FY2026] Adult/HoH

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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| 🛈 | Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above. |

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| **Client Location (County)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Current Living Situation** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Date:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **Current living situation (Where is the client staying right now?)** | | | | | | | *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 | | | | | | |  | *Skip to next data element.* | | | | | | *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 | | |  | *Skip to “Is client going to have to leave their current living situation within 14 days?”* | | | | | | *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 in a friend’s room, apartment, or house  □ Staying or living in a family member’s room, apartment, or house | | |  | *Skip to “Is client going to have to leave their current living situation within 14 days?”* | | | | | | *Permanent housing situations (if none of these options match, skip to “Other”)* | | | | | | | □ 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 | | | | *Skip to “Is client going to have to leave their current living situation within 14 days?”* | | | | | | | *Other* | | | | | | | □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Worker unable to determine | | | □ Client doesn’t know  □ Client prefers not to answer | | | | **Is client going to have to leave their current living situation within 14 days?** | | | | | | | □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer | | |  |  | | --- | --- | |  | *If yes, continue. Otherwise, skip to next data element.* | | | | | | | | **Has a subsequent residence been identified?** | | | | | | | □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer | | **Does individual or family have resources or support networks to obtain other permanent housing?** | | | | | | | □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer | | **Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?** | | | | | | | □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer | | **Has the client moved 2 or more times in the last 60 days?** | | | | | | | □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer | |

**Date of Engagement**

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| --- | --- |
| 🛈 | Record the date of the first time the client expressed an interest in working together on a housing plan. This must be on or after the project start date. Leave blank if the client has not yet expressed an interest in working on a housing plan. |

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| **Date of Engagement** | \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Disabilities**

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| 🛈 | If one or more of the options below with an asterisk(\*) has been selected, the answer to “disabling condition” must be “yes.”  If none of the answers below with an asterisk(\*) has been selected, the answer to “disabling condition” may be “yes” or “no.” |

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| Disability type | Disability determination | If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |
| Alcohol Use Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Both Alcohol and Drug Use Disorders | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Chronic Health Condition | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Developmental Disability | □ Yes\* □ No □ DK □ PNTA | *(not applicable)* |
| Drug Use Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| HIV/AIDS | □ Yes\* □ No □ DK □ PNTA | *(not applicable)* |
| Mental Health Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Physical Disability | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |

DK = Client doesn’t know; PNTA = Client prefers not to answer