ICA Missouri – RHY Exit – 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**

|  |  |
| --- | --- |
| ☐ 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**

|  |  |
| --- | --- |
| **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 è)*  ☐ 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)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Health Insurance**

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| --- | --- | --- | --- | --- |
| **Covered by Health Insurance** | ☐ No | ☐ Yes | ☐ Client doesn’t know | ☐ Client prefers not to answer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicaid (MO HealthNet) | ☐ No | ☐ Yes |  |  |  |
| Medicare | ☐ No | ☐ Yes |  | ⓘ | HUD requires that the client be asked about  each individual source of health insurance  and requires an answer be recorded for each. |
| State Children’s Health Insurance Program | ☐ No | ☐ Yes |  |
| Veteran’s Health Administration | ☐ No | ☐ Yes |  |
| Employer-Provided Health Insurance | ☐ No | ☐ Yes |  |  |  |
| Health Insurance obtained through COBRA | ☐ No | ☐ Yes |  | ⓘ | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of health insurance changes. |
| Private Pay Health Insurance | ☐ No | ☐ Yes |  |
| State Health Insurance for Adults | ☐ No | ☐ Yes |  |
| Indian Health Services Program | ☐ No | ☐ Yes |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ No | ☐ Yes |  |  |  |

**Disabilities**

|  |  |
| --- | --- |
| ⓘ | 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