Project Exit Assessment – HOPWA HP

This form should be used by HOPWA funded Homeless Prevention (Short Term Rental Assistance) projects for every client. (children pages 1-3; HIV/AIDS + pages 3-4, other adults pages 1-5; heads of household pages 1-6)

ANSWER FOR ALL HOUSEHOLD MEMBERS

DATE OF PROJECT EXIT

		/			/				

Month   Day   Year

CLIENT NAME

HMIS CLIENT ID - For HMIS Users only

Reason For Leaving – Why is the client leaving this project?
Required for NC-502 Durham; recommended for NC-503 Balance of State and NC-513 Orange

☐	Successfully housed (by program)	☐	Moving out of service area	☐	No longer eligible
☐	Successfully housed (self-resolved)	☐	No longer needs services	☐	Disagreement/ non-compliance
☐	Successfully referred to another provider	☐	No longer wants services	☐	Safety concerns/risk
☐	Service-program no longer available (weather dependent, ended)	☐	Mutually agreed program exit	☐	Unknown/ disappeared
☐	Leaving for institution	☐	Reached maximum time allowed	☐	Death

---

Destination - Where will the client stay/sleep immediately after leaving this project?

Homeless	☐	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, or RHY-funded Host Home shelter
Institutional	☐	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	☐	Transitional housing for homeless persons (including homeless youth)
	☐	Residential project or halfway house with no homeless criteria
	☐	Hotel or motel paid for *without* emergency shelter voucher
	☐	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	☐	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 other ongoing housing subsidy (Please Specify)

     ☐ GPD TIP housing subsidy   ☐ Housing Stability Voucher

     ☐ VASH housing subsidy   ☐ Family Unification Program Voucher (FUP)

     ☐ RRH or equivalent subsidy   ☐ Foster Youth to Independence Initiative (FYI)

	☐ Housing Choice Voucher (HCV)	☐ Permanent Supportive Housing (PSH)
	☐ Public housing unit	☐ Other permanent housing dedicated for formerly homeless persons
	☐ Rental by client, with other ongoing housing subsidy	
	☐ Owned by client, no ongoing housing subsidy	
	☐ Owned by client, with ongoing housing subsidy	
Other	☐ No exit interview completed	
	☐ Other (specify):	
	☐ Deceased	
	☐ Don't know	
	☐ Prefer not to answer	
	☐ Data not collected	

Exit Notes – Reason or Destination details

Housing Assessment At Exit– Only Prevention projects should answer the questions in this section

☐ Able to maintain the housing they had at project entry	**If YES, provide subsidy information**
☐ Moved to new housing unit	☐ Without a subsidy
☐ Moved in with family/friends on a temporary basis	☐ With the subsidy they had at project entry
☐ Moved in with family/friends on a permanent basis	☐ With an on-going subsidy acquired since project entry
☐ Moved to a transitional or temporary housing facility or program	☐ Only with financial assistance other than a subsidy
☐ Client became homeless – moving to a shelter or other place unfit for human habitation	☐ Data not collected
☐ Client went to jail/prison	
☐ Client died	**If YES, provide subsidy information**
☐ Don't know	☐ With an ongoing subsidy
☐ Prefer not to answer	☐ Without an ongoing subsidy
☐ Data not collected	☐ Data not collected

Disability Status - Do you have a disabling condition?

☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each disability type (in white).
Only select YES if the disability type is expected to be long-continued and indefinite and
substantially impairs your ability to live independently.
For Office HMIS Users Only: If the client identifies Yes for any disability type, mark *Disability Determination* and *Long-Continued or Indefinite Duration* questions as Yes. The disability type's Start Date will be the Project Start Date.

Disability Type	Yes	No
Physical	☐	☐
Chronic Health Condition	☐	☐
HIV/AIDS	☐	☐
Developmental	☐	☐
Alcohol Use Disorder	☐	☐
Substance Use Disorder	☐	☐
Mental Health Disorder	☐	☐

Health Insurance – Are you currently covered by health insurance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each health insurance source.
Answer 'Yes' for any source that is currently received.
Answer 'No' for sources that have been terminated, even if they were received in the past.
For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.

Health Insurance Type	Yes	No
Medicaid	☐	☐
Medicare	☐	☐
State Children's Health Insurance Program (or North Carolina Health Choice)	☐	☐
Veteran's Health Administration (VHA)	☐	☐
Employer-Provided Health Insurance	☐	☐
Health insurance obtained through COBRA	☐	☐
Private Pay Health Insurance	☐	☐
State Health Insurance for Adults	☐	☐
Indian Health Services Program	☐	☐
Other If Yes, specify source:	☐	☐

If NOT covered by Health Insurance, reason not covered?	
☐ Applied; decision pending	☐ Don't know
☐ Applied; client not eligible	☐ Prefer not to answer
☐ Client did not apply	☐ Data not collected
☐ Insurance Type N/A for this client	

NC County Of Service In which NC county are you receiving this project's services?	

Only Answer The Questions Below For Clients Presenting With HIV/AIDS

T-Cell (CD4) And Viral Load

Indicate T-cell count (CD4) and viral load measurement at 6 month intervals, or as frequently as your medical plan allows, beginning at project start through project exit.

If Yes for HIV/AIDS, do you have a T-Cell (CD4) count available?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer to not answer	☐ Data not collected

If Yes for T-Cell (CD4) count is available, T-Cell (CD4) count (0 – 1500)		Start Date (MM/DD/YYYY)	
How was the T-Cell count information obtained?			

If Yes for HIV/AIDS, do you have Viral Load information available?					
☐ Not Available	☐ Available	☐ Undetectable	☐ Don't know	☐ Prefer to not answer	☐ Data not collected

If Yes for Viral Load information is available, what is the Viral Load? (0-999999)		Start Date (MM/DD/YYYY)	
How was the Viral Load information obtained?			

Medical Assistance?
For HMIS Users Only: record the Project Start Date as the Medical Assistance Information Date

Receiving Public HIV/AIDS Drug Assistance Program (ADAP)?			
☐ Yes	☐ No	☐ Don't know	☐ Prefer to not answer

If No, reason not receiving public HIV/AIDS drug assistance program?	
☐ Applied; decision pending	☐ Don't know
☐ Applied; client not eligible	☐ Prefer to not answer
☐ You did not apply	☐ Data not collected
☐ Insurance Type N/A for this client	

Receiving Ryan White-funded Medical or Dental Assistance?			
☐ Yes	☐ No	☐ Don't know	☐ Prefer to not answer

If No, reason not receiving Ryan White-funded Medical or Dental Assistance?	
☐ Applied; decision pending	☐ Don't know
☐ Applied; client not eligible	☐ Prefer to not answer
☐ You did not apply	☐ Data not collected
☐ Insurance Type N/A for this client	

Prescribed Anti-Retroviral – Have you been prescribed anti-retroviral drugs?			
☐ Yes	☐ No	☐ Don't know	☐ Prefer to not answer

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Income and Sources - Do you currently have any income from any source?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each monthly income source.
Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated). Children's income (except earned income) can be included under the Head of Household's information.
Answer 'No' for sources that have been terminated, even if they were received in the past.
If the response for any source is 'Yes', complete the amount in the shaded sections below.
For Office HMIS Users Only: If the client identifies Yes for any income source, the source's Start Date will be the Project Start Date.

Source of Income	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	☐	☐	$
Unemployment Insurance	☐	☐	$
Supplemental Security Income (SSI)	☐	☐	$
Social Security Disability Income (SSDI)	☐	☐	$
VA Service-Connected Disability Compensation	☐	☐	$
VA Non-Service-Connected Disability Pension	☐	☐	$
Private disability insurance	☐	☐	$
Worker's Compensation	☐	☐	$
Temporary Assistance for Needy Families (TANF)	☐	☐	$
General Assistance (GA)	☐	☐	$
Retirement Income from Social Security	☐	☐	$

Pension or retirement income from a former job	☐	☐	$
Child support	☐	☐	$
Alimony or other spousal support	☐	☐	$
Other source:	☐	☐	$
Total monthly income from all sources			$

Non-Cash Benefits - Do you have any non-cash benefits from any source?

☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Supplemental Nutrition Assistance Program (SNAP)	☐	☐	$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	☐	$
TANF Child Care services *(or use local name)*	☐	☐	$
TANF transportation services *(or use local name)*	☐	☐	$
Other TANF-Funded Services *(or use local name)*	☐	☐	$
Other source:	☐	☐	$

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

Coordinated Entry Assessment - For Office HMIS Users Only

Date Of Assessment		/		/			

Assessment Location

Orange CoC	☐ CEF		
	☐ Housing Helpline		
	☐ HomeLink		
	☐ IFC Commons		
	☐ Jail		
	☐ Medical Provider		
	☐ Outreach		
	☐ Shelter		
BoS CoC	☐ Region 1	☐	Region 8
	☐ Region 2	☐	Region 9
	☐ Region 3	☐	Region 10
	☐ Region 4	☐	Region 11
	☐ Region 5	☐	Region 12
	☐ Region 6	☐	Region 13
	☐ Region 7		

Assessment Type	☐ Phone
	☐ In Person

	☐ Virtual

Assessment Level	☐ Crisis Needs Assessment
	☐ Housing Needs Assessment

Prioritization Status	☐ Placed on Prioritization List
	☐ Not Placed on Prioritization List

Coordinated Entry Event – For Office HMIS Users Only

Start Date / Date Of Event			/		/			

Event		

Access Events	☐ Referral to Prevention Assistance project	
	☐ Problem Solving/Diversion/Rapid Resolution intervention or service	⟶ **Go to A**
	☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	
	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment	⟶ **Go to B**
Referral Events	☐ Referral to post-placement/follow-up case management	
	☐ Referral to Street Outreach project or services	
	☐ Referral to Housing Navigation project or services	
	☐ Referral to Non-continuum services: Ineligible for continuum services	
	☐ Referral to Non-continuum services: No availability in continuum services	
	☐ Referral to Emergency Shelter bed opening	
	☐ Referral to Transitional Housing bed/unit opening	
	☐ Referral to Joint TH-RRH project/unit/resource opening	
	☐ Referral to RRH project resource opening	⟶ **Go to C**
	☐ Referral to PSH project resource opening	
	☐ Referral to Other PH project/unit/resource opening	
	☐ Referral to emergency assistance/flex fund/furniture assistance	
	☐ Referral to a Housing Stability Voucher	

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:				
A.	Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	☐ Yes		☐ No

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:				
B.	Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	☐ Yes		☐ No

If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:							
C.	Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)						
D.	Referral Result (if known)	☐ Client accepted		☐ Client rejected		☐ Provider rejected	
E.	Date of Result (if known)			/		/		