**ServicePoint Iowa Coordinated Exit—For Adults ServicePoint ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXIT DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Reason for Leaving:**  \_\_\_ Advanced to new program \_\_\_Aged out of program  \_\_\_ Completed program \_\_\_ Criminal activity/violence  \_\_\_ Death \_\_\_ Disagreement with rules/ persons  \_\_\_ Left for housing opportunity before completing program  \_\_\_ Needs could not be met by project \_\_\_ Non-compliance with project  \_\_\_ Non-payment of rent/ occupancy charge \_\_\_ Reached maximum time allowed by project  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Unknown/ disappeared  \_\_\_Voluntary break in shelter stay  \_\_\_ Voluntary checkout | | | | | | | | | | | | | | | |
| **Destination:**  \_\_\_\_\_Deceased  \_\_\_\_\_Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)  \_\_\_\_\_Foster care home or foster care group home (HUD)  \_\_\_\_\_Hospital or other residential non-psychiatric medical facility (HUD)  \_\_\_\_\_Hotel or motel paid for without emergency shelter voucher (HUD)  \_\_\_\_\_Jail, prison or juvenile detention facility (HUD)  \_\_\_\_\_Long-term care facility or nursing home (HUD)  \_\_\_\_\_Moved from one HOPWA funded project to HOPWA PH (HUD)  \_\_\_\_\_Moved from one HOPWA funded project to HOPWA TH (HUD)  \_\_\_\_\_Owned by client, no ongoing housing subsidy (HUD)  \_\_\_\_\_Owned by client, with ongoing housing subsidy (HUD)  \_\_\_\_\_Permanent housing (other than RRH) for formerly homeless persons (HUD)  \_\_\_\_\_Place not meant for habitation (HUD)  \_\_\_\_\_Psychiatric hospital or other psychiatric facility (HUD)  \_\_\_\_\_Rental by client, no ongoing housing subsidy (HUD) \_\_\_\_\_Rental by client, with RRH or equivalent subsidy (HUD)  \_\_\_\_\_Rental by client, with VASH subsidy (HUD)  \_\_\_\_\_Rental by client, with GPD TIP subsidy (HUD)  \_\_\_\_\_Rental by client, with other ongoing housing subsidy (HUD)  \_\_\_\_\_Residential project or halfway house with no homeless criteria (HUD)  \_\_\_\_\_Safe Haven (HUD)  \_\_\_\_\_Staying or living with family, permanent tenure (HUD)  \_\_\_\_\_Staying or living with family, temporary tenure (e.g., room, apartment or house) (HUD)  \_\_\_\_\_Staying or living with friends, permanent tenure (HUD)  \_\_\_\_\_Staying or living with friends, temporary tenure (e.g., room apartment or house) (HUD)  \_\_\_\_\_Substance abuse treatment facility or detox center (HUD)  \_\_\_\_\_Transitional housing for homeless persons (including homeless youth) (HUD)  \_\_\_\_\_Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_No exit interview completed (HUD)  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client refused | | | | | | | | | | | | | | | |
| **Does client have a disability of long duration** (check 1 and complete following grid):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused | | | | | | | | | | | | | | | |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know R=Refused** | | | | | | | | | | | | | | | | |
| **Disability Type** | Has disability | | | **IF YES:** | | Long-term | | | Impairs ability to live independently | | | | | | | |
| **Alcohol abuse** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **Drug Abuse** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **Both alcohol/drug abuse** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **Chronic health condition** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **Developmental disability** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **HIV/AIDS** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **Mental health problem** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
| **Physical disability** | Y N DK R | | | Y N | | | Y N DK R | | | | | | | |
|  |  | |  | | |  | | |  | | | | | | | |
| **Covered by health insurance** (check 1 and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused | | | | | | | | | | | | | | | | |
| Insurance Type | | Yes | | | No | | Insurance Type | | | | | | | Yes | No | |
| MEDICAID | |  | | |  | | Employer-provided insurance | | | | | | |  |  | |
| MEDICARE | |  | | |  | | Health insurance through COBRA | | | | | | |  |  | |
| State children’s health insurance | |  | | |  | | Private pay health insurance | | | | | | |  |  | |
| Veteran’s Admin. medical services | |  | | |  | | State health insurance for adults | | | | | | |  |  | |
| Indian Health Services Program | |  | | |  | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |  | |
|  | |  | | |  | |  | | | | | | |  |  | |
| **Last Grade Completed:** \_\_\_\_\_ GED  \_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College  \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree  \_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree  \_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification  \_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know  \_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client refused | | | | | | | | | | | | | | | | |
| **Employed?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused | | | | | | | | | | | | | | | | |
| **Income from any source?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused | | | | | | | | | | | | | | | | |
| **Total Monthly CASH income**  (write in total $ amount and complete grid below): **TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
| **Receives Income Sources:** | | | | **Yes** | | **Monthly $ Amount** | | | | | **No** | | **Not Collected** | | | |
| Alimony or other spousal support | | | |  | |  | | | | |  | |  | | | |
| Child support | | | |  | |  | | | | |  | |  | | | |
| Earned income | | | |  | |  | | | | |  | |  | | | |
| General assistance | | | |  | |  | | | | |  | |  | | | |
| Pension or retirement income from a job | | | |  | |  | | | | |  | |  | | | |
| Private disability insurance | | | |  | |  | | | | |  | |  | | | |
| Retirement income from social security | | | |  | |  | | | | |  | |  | | | |
| Social Security Disability Insurance (SSDI) | | | |  | |  | | | | |  | |  | | | |
| Supplemental Security Income (SSI) | | | |  | |  | | | | |  | |  | | | |
| TANF (FIP) | | | |  | |  | | | | |  | |  | | | |
| Unemployment Insurance | | | |  | |  | | | | |  | |  | | | |
| VA Non-service connected disability pension | | | |  | |  | | | | |  | |  | | | |
| VA service-connected disability compensation | | | |  | |  | | | | |  | |  | | | |
| Worker’s Compensation | | | |  | |  | | | | |  | |  | | | |
| Other (specify): | | | |  | |  | | | | |  | |  | | | |
| **Non-cash benefits from any source** (check one and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused | | | | | | | | | | | | | | | | |
| **Receives the following Non-cash Benefit Types:** | | | | | | | | **Yes** | | **No** | | **Not Collected** | | | | |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) | | | | | | | |  | |  | |  | | | | |
| Special Supplemental Nutrition for Women, infants, children (WIC) | | | | | | | |  | |  | |  | | | | |
| TANF Child Care services | | | | | | | |  | |  | |  | | | | |
| TANF transportation services | | | | | | | |  | |  | |  | | | | |
| Other TANF-funded services | | | | | | | |  | |  | |  | | | | |
| Other (specify): | | | | | | | |  | |  | |  | | | | |
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| **Closing Referral on Prioritization List Referral End Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Was the client/household accepted by the referred agency?** \_\_\_\_\_Yes \_\_\_\_\_No  **If Yes, Date of Entry:** **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If No, Reason for incomplete referral:**  \_\_\_\_\_Client arrived but did not want service   \_\_\_\_\_Client did not arrive  \_\_\_\_\_Client not eligible due to previous infractions/behaviors   \_\_\_\_\_Client not eligible (per program guidelines)  \_\_\_\_\_Other (Please Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| **Assessment Disposition** \_\_\_\_\_Referred to emergency shelter/Safe haven \_\_\_\_\_Referred to a homelessness diversion program  \_\_\_\_\_Referred to transitional housing \_\_\_\_\_Unable to refer/accept within continuum; ineligible for  \_\_\_\_\_Referred to rapid rehousing continuum projects  \_\_\_\_\_Referred to homelessness prevention \_\_\_\_\_Unable to refer/accept within continuum; continuum services  \_\_\_\_\_Referred to street outreach unavailable  \_\_\_\_\_Referred to other continuum project type \_\_\_\_\_Referred to other community project (non-continuum) \_\_\_\_\_Applicant declined referral/acceptance \_\_\_\_\_Applicant terminated assessment prior to completion \_\_\_\_\_Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| **Removing Client from Prioritization List**  **Removal Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Agency Removing Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Was your Agency able to secure Permanent Housing for the Client/Household?** \_\_\_\_\_Yes \_\_\_\_\_No   **If Yes, Date Permanently Housed:** **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If Yes,** **Project Type of Entry?**  \_\_\_\_\_Emergency Shelter \_\_\_\_\_Homeless Prevention \_\_\_\_\_Transitional Housing  \_\_\_\_\_Rapid Rehousing \_\_\_\_\_Permanent Supportive Housing \_\_\_\_\_Other Permanent Housing  **If No, Reason for removal from Prioritization List:**  \_\_\_\_\_Client/Household cannot be found or contacted.  \_\_\_\_\_Client/Household no longer wishes to participate in Coordinated Entry.  \_\_\_\_\_Client/Household self-resolved and is no longer homeless.  \_\_\_\_\_Client is now deceased.  \_\_\_\_\_Client is now in a hospital or other residential non-psychiatric medical facility.  \_\_\_\_\_Client is now in a substance abuse treatment facility or detox center.  \_\_\_\_\_Client is now in jail/prison/juvenile detention facility.  \_\_\_\_\_Client is now in psychiatric hospital or other psychiatric facility. | | | | | | | | | | | | | | | |