**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): |  |  |  |
|  |  |  |  |
| **Closing Referral on Prioritization ListReferral 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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. |