Nashville-Davidson County HMIS

Coordinated Entry – EXIT

This form was prepared by the Metro Homeless Impact Division and is optional and not required for HMIS monitoring.

Assessment Date: _____

Client Name: First _____ Middle _____ Last _____

Social Security Number _____ -_____ - _____

Date of Birth _____ / _____ / _____

Section 1: Complete for All Household Members (Adults and Minors)

DISABILITY INFORMATION

Does the client have a Disabling Condition?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply

☐ Alcohol abuse	☐ HIV/AIDS	☐ Substance Use Disorder
☐ Chronic health condition	☐ Mental Health Disorder	
☐ Developmental	☐ Physical	

HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply

☐ _____ Medicaid	☐ _____ COBRA
☐ _____ Medicare	☐ _____ Private Pay Health Insurance
☐ _____ State Children's Health Insurance	☐ _____ State Health Insurance for Adults
☐ _____ VA Medical Services	☐ _____ Indian Health Services Program
☐ _____ Employer-Provided Health Insurance	☐ _____ Other: _____

Section 2: Complete for Head of Household and All Adults

INCOME INFORMATION

Record each adult's income on their own intake form. If a minor child has income, include it on the HoH's intake.

Does the client have Income from any source?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Total Monthly Income: $_____

If yes, check all that apply and include amount per month:

$_____ Alimony or other spousal support	$_____ SSI
$_____ Child support	$_____ SSDI
$_____ Earned income	$_____ TANF
$_____ General Assistance	$_____ Unemployment Insurance
$ _____ Other: _____	$_____ VA non-service connected disability pension
$_____ Pension or retirement income	$_____ VA service connected disability compensation
$_____ Private disability insurance	$_____ Worker's Compensation
$_____ Retirement income from social security	

NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply and include amount per month:

$_____ SNAP	$_____ TANF Child Care Services	$_____ Other TANF-Funded Services
$_____ WIC	$_____ TANF Transportation Services	$_____ Other: _____

CURRENT LIVING SITUATION

What is the client's Current Living Situation?

HOMELESS SITUATION
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)
☐ Emergency shelter, including hotel/motel paid for with an emergency shelter voucher
☐ Safe Haven (this is a type of emergency shelter bed - not Safe Haven Family Shelter)

INSTITUTIONAL SITUATION
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Substance abuse treatment or detox center
☐ Foster care home or foster care group home
☐ Psychiatric Hospital or other psychiatric facility
☐ Hospital or other residential non-psychiatric medical facility

TRANSITIONAL OR PERMANENT HOUSING SITUATION
☐ Rental by client with VASH subsidy
☐ Rental by client with GPD TIP subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client with other ongoing housing subsidy
☐ Owned by client with ongoing housing subsidy
☐ Permanent housing for formerly homeless person
☐ Staying or living in a friend's room, apartment, or house
☐ Hotel or motel paid for without emergency shelter voucher
☐ Residential project or halfway house with no homeless criteria

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Is the client going to have to leave their current living situation within 14 days?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, answer the following questions:

Has a subsequent residence been identified?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Does individual or family have resources or support networks to obtain other permanent housing?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, has the client moved 2 or more times in the last 60 days?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Location details/Are of Town: _____

Section 3: Complete for Head of Household and All Adults

Agency Collecting Information: _____

EXIT DETAILS

If client was Inactive, what is their last known location? _____

If client was housed, is the individual/family connected to supportive services?

☐ Yes	☐ No

If yes, please indicate the agency providing support: _____