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| Logo  Description automatically generated | **FY24 CARES COLLABORATIVE HMIS****SSVF RAPID REHOUSING** **DISCHARGE** |

*Instructions: Fill out one form per client/household member at project exit. Starred (\*) questions require a response.*

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| \*Project Exit Date | \*First Name | \*Last Name |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| **\***Do you have any type of income? – **If Yes,** indicate and provide the monthly amount for all sources that apply below |
| [ ] No [ ] Yes [ ] Earned Income (i.e., employment pay)…………………………………………………………………………… $ Click or tap here to enter text. [ ] Supplemental Security Income (SSI)…………………………………………………………………………...…. $ Click or tap here to enter text. [ ] VA Service-Connected Disability Compensation………………………………………………………………. $ Click or tap here to enter text. [ ] Private Disability Insurance……………………………………………………………………………………………. $ Click or tap here to enter text. [ ] Temporary Assistance for Needy Families (TANF)…………………………………………………………… $ Click or tap here to enter text.[ ] Retirement Income from Social Security…………………………………………………………………………. $ Click or tap here to enter text.[ ] Child Support………………………………………………………………………………………………………………… $ Click or tap here to enter text. [ ] Unemployment Insurance………………………………………………………………………………………………. $ Click or tap here to enter text.[ ] Social Security Disability Insurance (SSDI)………………………………………………………………………. $ Click or tap here to enter text.[ ] VA Non-Service-Connected Disability Pension…………………………………………………………………. $ Click or tap here to enter text.[ ] Worker’s Compensation………………………………………………………………………………….……………… $ Click or tap here to enter text. [ ] General Assistance…………………………………………………………………………………………………………. $ Click or tap here to enter text. [ ] Pension or Retirement Income from a Former Job…………………………………………………………… $ Click or tap here to enter text. [ ] Alimony or Other Spousal Support…………………………………………………………………………………. $ Click or tap here to enter text.  |
| [ ] *Doesn’t Know* [ ] *Prefers Not to Answer* [ ] *Not Collected* |
| \*Are you receiving any type of non-cash benefits? – **If Yes**, indicate all sources that apply below |
| [ ] No [ ] Yes[ ] SNAP (Food Benefits) [ ] TANF Child Care Services  | [ ] Special supplemental Nutrition Program for Women, Infants and Children (WIC) [ ] TANF Transportation Services [ ] Other TANF-Funded Services |
| [ ] *Doesn’t Know* [ ] *Prefers Not to Answer* [ ] *Not Collected* |
| \*Are you covered by health insurance? – **If Yes**, indicate all sources below |
| [ ] No [ ] Yes[ ] MEDICAID [ ] VA Medical Services [ ] Private Pay Health Insurance | [ ] MEDICARE[ ] Employer-Provided Health Insurance [ ] State Health Insurance for Adults | [ ] State Children’s Health Insurance Program [ ] Health Insurance Through COBRA [ ] Indian Health Services Program |
| [ ] *Doesn’t Know* [ ] *Prefers Not to Answer* [ ] *Not Collected* |
| \*Are you connected with SOAR? |
| Choose an item. |  |
| \*Are you employed? | **If No**, Why are you not employed? | **If Yes**, What is your type of employment? |
| Choose an item. | Choose an item. | Choose an item.  |
| \*Where will you be staying when you leave?***(Select the best match to the person’s response – does not need to be exact!)*** |
| **HOMELESS SITUATIONS**Choose an item. | **INSTITUTIONAL SITUATIONS**Choose an item. |
| **TEMPORARY HOUSING SITUATIONS**Choose an item. | **PERMANENT HOUSING SITUATIONS**Choose an item. |
| **\*IF RENTAL OR OWNED WITH ONGOING SUBSIDY, What type of subsidy are you receiving?**   |
| Choose an item. | **OTHER SITUATIONS**[ ] Deceased[ ] Other*:* Click or tap here to enter text.  | *Poor Data/Unknown Options –* ***USE ONLY IF NECESSARY:*** Choose an item. |
| \*New Residence County | Click or tap here to enter text. |