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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. | | | | | | |