**Night by Night Shelter Exit Form**

***To help ensure data quality and accurate reporting***:

1. Use 'client chooses not to answer' or 'data not collected' instead of leaving it blank.

2. Clients should self-report answers to all questions.

3. Clients may refuse to share information and still receive services.

4. Complete this form for ALL household members.

**Client Name**:

|  |  |
| --- | --- |
| Exit Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | HMIS Client ID#: |

**Reason for Leaving:**

|  |  |
| --- | --- |
| \_\_\_\_ Completed Program  \_\_\_\_ Client Not Eligible  \_\_\_\_ Criminal Activity/Violence  \_\_\_\_ Death  \_\_\_\_ Disagreement with Rules/Persons  \_\_\_\_ Eviction | \_\_\_\_ Left for Housing Opportunity  \_\_\_\_ Needs Could Not be Met  \_\_\_\_ Non-compliance with Program  \_\_\_\_Non-payment of Rent  \_\_\_\_ Reached Maximum Time Allowed  \_\_\_\_ Other |

If Other, Please Specify:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Destination:**

**Homeless:**

\_\_\_\_ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

\_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

\_\_\_\_ Safe Haven (A form of supportive housing that serves hard-to-reach persons experiencing homelessness with severe mental illness and/or substance use disorders who are on the street and have been unable or unwilling to participate in supportive services.

**Institutional Situations:**

\_\_\_\_ Foster care home or foster care group home

\_\_\_\_ Hospital or other residential non-psychiatric medical facility

\_\_\_\_ Jail, prison, or juvenile detention facility

\_\_\_\_ Long-term care facility or nursing home

\_\_\_\_ Substance abuse treatment facility or detox center

**Temporary Housing Situations:**

\_\_\_\_ Transitional housing for homeless persons (including homeless youth)

\_\_\_\_ Residential project or halfway house with no homeless criteria

\_\_\_\_ Hotel or motel paid for without emergency shelter voucher

\_\_\_\_ Host Home (non-crisis)

\_\_\_\_ Staying or living with family, temporary tenure (e.g., room, apartment, or house)

\_\_\_\_ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

\_\_\_\_ Staying or living in a friend’s room, apartment, or house

\_\_\_\_ Staying or living in a family member’s room, apartment, or house

**Permanent Housing Situations:**

\_\_\_\_ Staying or living with family, permanent tenure

\_\_\_\_ Staying or living with friends, permanent tenure

\_\_\_\_ Rental by client, no ongoing housing subsidy

\_\_\_\_ Rental by client, with ongoing housing subsidy

\_\_\_\_ Owned by client, with ongoing housing subsidy

\_\_\_\_ Owned by client, no ongoing housing subsidy

**Other:**

|  |  |
| --- | --- |
| \_\_\_\_ Deceased  \_\_\_\_ Client doesn’t know | \_\_\_\_ Client prefers not to answer  \_\_\_\_ Data not collected |

**If Other, Any further information:**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*