



Exit Summary Form

PARTICIPANT NAME: _____ HMIS ID: _____

AGENCY: _____ STAFF: _____ DATE: _____

HOUSING STATUS AT PROGRAM EXIT: (Check box that applies)

☐ Transitional Housing

Name of Transitional Housing Program: _____

Move-In Date: _____

Street Address: _____

Unit/Apt #: _____

City: _____

State: _____

Zip Code: _____

☐ Permanent Housing

Move-In Date: _____

Street Address: _____

Unit/Apt #: _____

City: _____

State: _____

Zip Code: _____

☐ Exited to a Rapid Rehousing (RR) Program

Name of RR Program Provider

(Agency)

☐ Exited to Housing Search and Placement Services (HSPS) Program (i.e. HUD VASH, HOPWA, DHS)

Name of HSPS Housing Program

Name of HSPS Program Provider

(Agency)

☐ Other: _____

REASON FOR PROGRAM EXIT

☐ Completed Program Goals

☐ Linked to Another Program

☐ Self-Resolved Housing Crisis

☐ Duly enrolled in another program

☐ Refused contact for 90 Days or more

☐ Hospitalized or Incarcerated for 90 Days or more

☐ Relocated to Another CoC

☐ No longer eligible for services

☐ Other _____



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EXIT QUESTIONS

I. What progress and achievements were made towards goals defined in the Housing Stability Plan?

II. What supports or services are needed for the participant to retain permanent housing?

III. Does the participant have access to the needed supports or services?

Participant Name

Participant Signature

Date

Staff Name

Staff Signature

Date

Supervisor Name

Supervisor Signature

Date