HMIS Exit Form – CoC/ESG Funded Projects

Client Name / ID: _____

Name/Identification:

Legal First Name: _____   Middle Name: _____

Legal Last Name: _____   Suffix: _____

Date of Birth: _____   SSN: _____

Destination and Reason for Leaving *(All fields required unless otherwise noted)*

Destination (Check only one)

☐ Deceased
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Hotel or motel paid for without emergency shelter voucher
☐ Jail, prison or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Moved from one HOPWA funded project to HOPWA PH
☐ Moved from one HOPWA funded project to HOPWA TH
☐ Owned by client, no ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Permanent supportive housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
☐ Psychiatric hospital or other psychiatric facility
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with VASH housing subsidy
☐ Rental by client, with GPD TIP housing subsidy
☐ Rental by client, other ongoing housing subsidy
☐ Residential project or halfway house with no homeless criteria
☐ Safe Haven
☐ Staying or living with family, permanent tenure
☐ Staying or living with family, temporary tenure (e.g., room, apartment or house)
☐ Staying or living with friends, permanent tenure
☐ Staying or living with friends, temporary tenure (e.g., room apartment or house)
☐ Substance abuse treatment facility or detox center
☐ Transitional housing for homeless persons (including homeless youth)
☐ Other, specify:_____
☐ No exit interview completed
☐ Client Doesn't Know
☐ Client Refused
☐ Data not Collected

Reason for Leaving (Check only one)

☐ Left for a housing opportunity before completing program   ☐ Needs could not be met by program
☐ Completed program   ☐ Disagreement with rules/persons
☐ Non-payment of rent/occupancy charge   ☐ Death
☐ Non-compliance with program   ☐ Unknown/disappeared
☐ Criminal activity/destruction of property/violence   ☐ Other
☐ Reached maximum time allowed by program

HMIS Exit Form – CoC/ESG Funded Projects

Client Name / ID: _____

Destination Address (optional)

Street Address:	Unit #:
City:	County:
State: Zip: _____ - _____	Country:
Email: Phone:	Alt Phone:

Income and Insurance (All fields required unless otherwise noted)

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
☐ No financial resources		☐	☐	☐	☐	☐	☐
☐ Earned Income *(employment wages / cash)*		☐	☐	☐	☐	☐	☐
☐ Unemployment Insurance		☐	☐	☐	☐	☐	☐
☐ Supplemental Security Income (SSI)		☐	☐	☐	☐	☐	☐
☐ Social Security Disability Income (SSDI)		☐	☐	☐	☐	☐	☐
☐ VA Service-Connected Disability Compensation		☐	☐	☐	☐	☐	☐
☐ VA Non-Service-Connected Disability Pension		☐	☐	☐	☐	☐	☐
☐ Private Disability Insurance		☐	☐	☐	☐	☐	☐
☐ Workers Compensation		☐	☐	☐	☐	☐	☐
☐ Temporary Assistance for Needy Families *(CalWORKs)*		☐	☐	☐	☐	☐	☐
☐ General Assistance (GA) *(General Relief (GR))*		☐	☐	☐	☐	☐	☐
☐ Retirement Income from Social Security		☐	☐	☐	☐	☐	☐
☐ Pension or retirement income from a former job		☐	☐	☐	☐	☐	☐
☐ Child Support		☐	☐	☐	☐	☐	☐
☐ Alimony or other spousal support		☐	☐	☐	☐	☐	☐
☐ Other Source (Specify:_____)		☐	☐	☐	☐	☐	☐
☐ Client Doesn't Know							
☐ Client Refused							
☐ Data not Collected							

Income Documentation (Optional):

☐ GR Form	☐ CalWORKS Forms	☐ Pension Letter/Stub
☐ Pay Stub	☐ Unemployment Insurance Forms	☐ Unemployment Forms
☐ Utility Allowance	☐ W-2 Forms	☐ Self Declaration
☐ Child Support Forms	☐ SSDI Form	☐ Employer Printout/Letter
☐ Social Security Forms	☐ Workmans Comp	☐ VA Documentation
☐ SSI Forms	☐ Self Employment Docs	

Comments (Optional):

Non-Cash Benefits (Check all that apply):

☐ None	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Food Stamps (CalFresh)	☐ CalWorks Child Care	☐ Temporary Rental Assistance	
Amount: _____	☐ CalWorks Transportation	☐ Section 8 or Rental Assistance	☐ Medically Needy
☐ WIC	☐ Other CalWorks-Funded Services	☐ Other _____	Amount: _____

Health Insurance (Check all that apply):

☐ No Health Insurance	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ MEDICAID	☐ MEDICARE	☐ State Children's Health Ins.	☐ VA Medical Services
☐ Employer Provided Health Ins.	☐ COBRA Health Ins.	☐ Private Health Ins.	☐ MediCal

HMIS Exit Form – CoC/ESG Funded Projects

Client Name / ID: _____

Program Exit: Program

Name:_____   _____

Case Manager: _____   Program Exit Date: ____/____/____

WELLNESS – *All clients, required questions are shaded*

Question	Check One Answer	Comments
Do you have a physical disability?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Physical Disability: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently **(Required if previous question is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Physical Disability: Documentation of the disability and severity on file **(Required if physical disability is Yes)**	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? **(Required if physical disability is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Do you have a developmental disability?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Developmental Disability: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently **(Required if previous question is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Developmental Disability: Documentation of the disability and severity on file **(Required if developmental disability is Yes)**	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? **(Required if developmental disability is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
HIV/AIDS: Expected to substantially impair ability to live independently **(Required if previous question is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
HIV/AIDS: Documentation of the disability and severity on file **(Required if HIV/AIDS is Yes)**	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? **(Required if HIV/AIDS is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Do you feel you have a mental health problem?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Mental Health: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently **(Required if previous question is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Mental Health: Documentation of the disability and severity on file **(Required if mental health is Yes)**	☐ Yes ☐ No	

Revised 6/16/15

Client Name / ID: _____

Question	Check One Answer	Comments
If yes, are you currently receiving services or treatment for this condition? **(Required if mental health is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Do you have a drug or alcohol problem?	☐ Drug ☐ Client Doesn't Know ☐ Alcohol ☐ Client Refused ☐ Both ☐ Data not Collected ☐ No	
Substance Abuse: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently **(Required if previous question is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Substance Abuse: Documentation of the disability and severity on file **(Required if substance abuse is Yes)**	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? **(Required if substance abuse is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Chronic Health Condition	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Chronic Health Condition: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently **(Required if previous question is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Chronic Health Condition: Documentation of the disability and severity on file **(Required if chronic health condition is Yes)**	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? **(Required if chronic health condition is Yes)**	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	

EMPLOYMENT: *For adults 18 and older or Head of Household < 18 years old, required questions shaded*

Question	Check One Answer	Comments
Are you currently employed?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused	
If Yes for 'Employed', Type of Employment: **(Required if currently employed is 'Yes')**	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)	
If No for 'Employed', Why Not Employed **(Required if currently employed is 'No')**	☐ Looking for work ☐ Not looking for work ☐ Unable to work	

Housing Assessment Disposition: *Head of Household only, HUD CoC and ESG projects only*

Housing assessment disposition **(Required for CoC and ESG projects)**	☐ Referred to emergency shelter/safe haven ☐ Referred to transitional housing ☐ Referred to rapid re-housing ☐ Referred to permanent supportive housing ☐ Referred to homelessness prevention ☐ Referred to street outreach ☐ Referred to other continuum project type ☐ Referred to a homelessness diversion program	

Revised 6/16/15

Client Name / ID: _____

	☐ Unable to refer/accept within continuum; ineligible for continuum projects ☐ Unable to refer/accept within continuum; continuum services unavailable ☐ Referred to other community project (non-continuum) ☐ Applicant declined referral/acceptance ☐ Applicant terminated assessment prior to completion ☐ Other, specify_____	5

Housing Assessment at Exit: *All Clients, CoC and ESG funded Homelessness Prevention projects only*

Housing assessment at exit **(Required for CoC, and ESG Homelessness Prevention projects)**	☐ Able to maintain the housing they had at project entry ☐ Moved to new housing unit ☐ Moved in with family/friends on a temporary basis ☐ Moved in with family/friends on a permanent basis ☐ Moved to a transitional or temporary housing facility or program ☐ Client became homeless – moving to a shelter or other place unfit for human habitation ☐ Client went to jail/prison ☐ Client died ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
If Able to maintain the housing they had at project entry for "Housing Assessment at Exit", subsidy information **(Required if previous question is Able to maintain the housing they had at project entry)**	☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an on-going subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy	
If Moved to new housing unit for "Housing Assessment at Exit", subsidy information **(Required if housing assessment at exit question is Moved to new housing unit)**	☐ With on-going subsidy ☐ Without an on-going subsidy	

_____   _____
Client Signature   Site   Date

_____   _____
Agency Staff Signature   Site   Date

<u>DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):</u>

Date entered into HMIS: _____/_____/_____

Question	Answer	Initials of Staff completion	Comments
Was the hard copy exit form completely filled out correctly?	☐ Yes ☐ No		

Staff Name (verifying completion of Data Entry): _____

Revised 6/16/15