

# Contra Costa HMIS Exit Form

<b>Client Name:</b> _____	<b>SSN:</b> _____	<b>Date of Birth:</b> ____ / ____ / ____
<b>Agency or Program Name:</b> _____		<b>Exit Date:</b> ____ / ____ / ____

<b>Case Manager Name:</b> _____	<b>Case Manager Email:</b> _____	<b>Case Manager Phone:</b> ( ____ ) ____ - ____
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Exit Data		
<b>Reason for leaving</b> <input type="checkbox"/> Left for a housing opportunity <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Death <input type="checkbox"/> Unknown/disappeared <input type="checkbox"/> Transferred to another program within agency due to reason not listed above <input type="checkbox"/> Other _____  <b>Discharged to What City?</b> _____  <b>If Permanently housed, Move-in Date:</b> ____ / ____ / ____  <b>If Move-In date, Specify City Where Housed:</b> _____	<b>Destination:</b> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter. Specify shelter: _____ <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) Specify program: _____ <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons: <input type="checkbox"/> Destination Home <input type="checkbox"/> Garden Park Apartments <input type="checkbox"/> Shelter plus Care (all S+C programs) <input type="checkbox"/> Permanent Step <input type="checkbox"/> CCIH – ACCESS <input type="checkbox"/> Project Thrive <input type="checkbox"/> Tabora Gardens <input type="checkbox"/> Permanent Connections <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Host home (non-crisis) New Permanent Housing Street Address _____  State _____ Zip _____	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, VASH Subsidy <input type="checkbox"/> Rental by client, GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing subsidy <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Other _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Data not collected

Employment			
<b>Is client employed or unemployed?</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<b>If <u>employed</u>, type of employment?</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	<b>Hours per week?</b> _____  <b>Where?</b> _____	<b>If <u>unemployed</u>, why?</b> <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work

Monthly Income																			
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\*HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable)

Disabilities (please answer Yes or No to each of the following)							
Physical	Yes / No	Long Term and Impairs Independence?	Yes / No	Mental health problem	Yes / No	Long Term and Impairs Independence?	Yes / No
Developmental	Yes / No			Alcohol abuse	Yes / No	Long Term and Impairs Independence?	Yes / No
Chronic health condition	Yes / No	Long Term and Impairs Independence?	Yes / No	Drug abuse	Yes / No	Long Term and Impairs Independence?	Yes / No
HIV/AIDS	Yes / No			Both Alcohol and Drug Abuse	Yes / No	Long Term and Impairs Independence?	Yes / No

**For HOPWA Programs**

**Receiving Public HIV/AIDS Medical Assistance? Y / N**

**If no, reason?**

- |   |   |
|---|---|
| <input type="checkbox"/> Applied; decision pending    | <input type="checkbox"/> Insurance type N/A for this client |
| <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client doesn't know                |
| <input type="checkbox"/> Client did not apply         | <input type="checkbox"/> Client refused                     |

**Receiving AIDS Drug Assistance Program (ADAP)? Yes / No**

**If no, reason?**

- |   |   |
|---|---|
| <input type="checkbox"/> Applied; decision pending    | <input type="checkbox"/> Insurance type N/A for this client |
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**For Prevention Programs**

**For PATH Programs**

**Housing Assessment at Exit:**

- 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 /program
- Client became homeless- moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died

**If answered "able to maintain the housing they had at entry" above, subsidy type:**

- Without subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired after project entry
- Only with financial assistance other than a subsidy

**If answered "moved to new housing unit" above, subsidy type:**

- With an ongoing subsidy
- Without an ongoing subsidy

**Date of PATH Status Determination: \_\_\_/\_\_\_/\_\_\_**

**Client became enrolled in PATH? Yes / No**

**If no, reason not enrolled?**

- Ineligible for PATH
- Other reasons
- Connection with SOAR? Yes / No

**For HOPWA Programs**

**Receiving Public HIV/AIDS Medical Assistance? Yes / No**  
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