

# Contra Costa HMIS Exit Form

Client Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_

Exit Date: \_\_\_\_\_  
 Program \_\_\_\_\_

## Exit Data

**Reason for leaving:**

- Left for a housing opportunity
- Non-payment of rent
- Non-compliance with program
- Criminal activity/violence
- Reached maximum time allowed
- Needs could not be met
- Disagreement with rules/persons
- Death
- Unknown/disappeared
- Transferred to another program
- Other \_\_\_\_\_

**Discharged to What City?**

\_\_\_\_\_

**Destination:**

- Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher  
Specify shelter: \_\_\_\_\_
- Transitional housing for homeless persons (including homeless youth)  
Specify program: \_\_\_\_\_
- Permanent housing for formerly homeless persons (other than RRH)
  - Destination Home
  - Shelter plus Care
  - CCIH – ACCES
  - Other: \_\_\_\_\_
  - SIPS (PCH-AAA)
  - Project Step
  - CCIH – ACCES
  - Lakeside SHP
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Psychiatric hospital or other psychiatric facility
- Hospital or other residential non-psychiatric medical facility
- Long-term care facility or nursing home
- Substance abuse treatment facility or detox center
- Jail, prison or juvenile detention facility
- Residential project or halfway house with no homeless criteria
- 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
- Rental by client, no housing subsidy
- Rental by client, VASH Subsidy
- Rental by client, GPD TIP housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with other ongoing subsidy
- Staying or living with family, permanent tenure
- Staying or living with family, temporary tenure
- Staying or living with friends, permanent tenure
- Staying or living with friends, temporary tenure
- Other \_\_\_\_\_
- Safe Haven
- Deceased
- Client doesn't know
- Client refused
- No exit interview completed

**For RRH/Permanent Housing programs only :**  
 Housing Move-in Date? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you Employed (Y/N)?** \_\_\_\_\_

- If employed, type of employment?     Full time                       Part time                       Seasonal
- How many hours do you work each week? \_\_\_\_\_ Where? \_\_\_\_\_
- If unemployed, why?                       Looking for work                       Unable to work                       Not looking for work

### Monthly Income

Received in Past 30 Days?		Received in Past 30 Days?	
\$ _____ Earned income (ie. employment income)	Yes / No	\$ _____ Alimony or other spousal support	Yes / No
\$ _____ Retirement income from Social Security	Yes / No	\$ _____ SSI	Yes / No
\$ _____ Pension from a former job (including military retirement pay)	Yes / No	\$ _____ SSDI	Yes / No
\$ _____ Private disability insurance	Yes / No	\$ _____ General Assistance	Yes / No
\$ _____ Child support	Yes / No	\$ _____ TANF	Yes / No
\$ _____ Unemployment insurance	Yes / No	\$ _____ Other Income Source: _____	
\$ _____ Worker's compensation	Yes / No	<input type="checkbox"/> No Financial Resources	
\$ _____ VA service-connected disability compensation	Yes / No		
\$ _____ VA non service-connected disability pension	Yes / No		

**Total Monthly Income: \$ \_\_\_\_\_ (please indicate if \$0)**

**Non Cash Benefits**

Received in Past 30 Days?	
- Supplemental Nutrition Assistance Program (Food stamps)	Yes / No
- TANF Child Care Services	Yes / No
- TANF Transportation Services	Yes / No
- Other TANF-funded services	Yes / No
- WIC	Yes / No
- Temporary rental assistance	Yes / No
- Other _____	Yes / No

**Health Insurance**

	Currently covered?	*HOPWA: If no, reason?
- Medicaid/Medi-Cal	Yes / No	_____
- MEDICARE	Yes / No	_____
- State Children's Health Insurance Program (SCHIP)	Yes / No	_____
- Veteran's Administration (VA) Medical Services	Yes / No	_____
- Employer-provided Health Insurance	Yes / No	_____
- Health insurance obtained through COBRA	Yes / No	_____
- Private Pay Health Insurance	Yes / No	_____
- State Health Insurance for Adults	Yes / No	_____
- Indian Health Services Program	Yes / No	_____

\*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).

**Please answer YES/NO to each of the following questions :**

**Please indicate Yes or No for each of the following disability types:**

	Yes/No	Long term		Yes/No	Long term
Physical			Mental health problem		
Developmental			Alcohol abuse		
Chronic health condition			Drug abuse		
HIV/AIDS			Other		

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema

**25. Do you have a Disabling Condition? This means: Do you have a condition of expected long duration that substantially limits your ability to live on your own?**

- Yes                       No                       Client doesn't know                       Client refused

**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**

**If no, reason?**

- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client doesn't know
- Client refused

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

**If no, reason?**

- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client doesn't know
- Client refused