Contra Costa HMIS Exit Form

Client Name: _____ **SSN:** _____ **Date of Birth:** ____/___/_____

Agency or Program Name: _____ **Date Effective:** ____/___/____

Case Manager Name: _____ **Email:** _____ **Phone: (   )**

Exit Destination and Reason for Leaving

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 within agency due to reason not listed above
- ❑ Other_____

Discharged to What City?

_____

If Permanently housed, Move-in Date:

_____/_____/_____

If Moved In, Specify City Where Housed:

_____

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, or RHY-funded Host Home shelter.
  Specify shelter: _____
- ❑ Transitional housing for homeless persons (including homeless youth)
  Specify program: _____
- ❑ Permanent housing (other than RRH) for formerly homeless persons:
  - ❑ Destination Home
  - ❑ Tenant-Based Rental Assistance (TBRA)
  - ❑ CCIH – ACCESS
  - ❑ Tabora Gardens
  - ❑ Garden Park Apartments
  - ❑ Permanent Step
  - ❑ Project Thrive
  - ❑ Permanent Connections
  - ❑ Other:_____
- ❑ 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
- ❑ Host home (non-crisis)

New Permanent Housing Street Address

_____ State_____ Zip _____

- ❑ 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
- ❑ 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, without ongoing housing subsidy
- ❑ Rental by client, with ongoing housing subsidy
  - ❑ With GPD TIP housing subsidy
  - ❑ With VASH housing subsidy
  - ❑ With RRH or equivalent subsidy
  - ❑ With Housing Choice Voucher (HCV) (tenant or project based)
  - ❑ In a public housing unit
  - ❑ With other ongoing housing subsidy
  - ❑ Housing Stability Voucher
  - ❑ Family Unification Program Voucher (FUP)
  - ❑ Permanent Supportive Housing
- ❑ Other _____
- ❑ Safe Haven
- ❑ Deceased
- ❑ Client doesn't know
- ❑ Client prefers not to answer
- ❑ No exit interview completed

Employment

Is client employed or unemployed?

- ❑ Employed
- ❑ Unemployed

If employed, type of employment?

- ❑ Full Time
- ❑ Part Time
- ❑ Seasonal

Hours per 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 (i.e., employment income)	Yes / No	$_____VA service-connected disability compensation	Yes / No
$_____Pension from a former job (incl. military retirement pay)	Yes / No	$_____VA non service-connected disability pension	Yes / No
$_____Private disability insurance	Yes / No	$_____Alimony or other spousal support	Yes / No
$_____Child support	Yes / No	$_____SSI	Yes / No
$_____Unemployment insurance	Yes / No	$_____SSDI	Yes / No
$_____Worker's compensation	Yes / No	$_____General Assistance	Yes / No
$_____Retirement income from Social Security	Yes / No	$_____TANF	Yes / No
		$_____ Other income source: _____	Yes / No

Non Cash Benefits

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

Health Insurance

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

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

General Health Status [PSH and RHY Only] ❑ Poor ❑ Fair ❑ Good ❑ Very Good ❑ Excellent ❑ Client doesn't know ❑ Client prefers not to answer

For Prevention Programs Only

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
- ❑ Jail/Prison
- ❑ Deceased

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

For PATH Programs Only

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 Only

1. Receiving AIDS Drug Assistance Program (ADAP)

❑ Yes   ❑ No   ❑ Client doesn't know   ❑ Client prefers not to answer

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 prefers not to answer

2. Receiving Ryan White-funded Medical or Dental Assistance?

❑ Yes   ❑ No   ❑ Client doesn't know   ❑ Client prefers not to answer

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 prefers not to answer

3. T-cell (CD4) count available?

❑ Yes   ❑ No   ❑ Client doesn't know   ❑ Client prefers not to answer

If yes, T-Cell counts? (0-1500): _____

How was the data obtained?
- ❑ Medical Report
- ❑ Client Report
- ❑ Other

4. Viral load available?

❑ Available   ❑ Not Available   ❑ Undetectable   ❑ Client prefers not to answer

If available, viral load? (0-99999) _____

How was the data obtained?
- ❑ Medical Report
- ❑ Client Report
- ❑ Other

5. Prescribed Anti-Retroviral?

❑ Yes   ❑ No   ❑ Client doesn't know   ❑ Client prefers not to answer