

Contra Costa Standard 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

<p>Reason for Leaving</p> <p><input type="checkbox"/> Left for a housing opportunity</p> <p><input type="checkbox"/> Completed prevention program and retained housing</p> <p><input type="checkbox"/> Non-payment of rent</p> <p><input type="checkbox"/> Non-compliance with program</p> <p><input type="checkbox"/> Criminal activity/violence</p> <p><input type="checkbox"/> Reached maximum time allowed</p> <p><input type="checkbox"/> Needs could not be met</p> <p><input type="checkbox"/> Disagreement with rules/persons</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Unknown/disappeared</p> <p><input type="checkbox"/> Transferred to another program within agency due to reason not listed above</p> <p><input type="checkbox"/> Other _____</p> <p>Discharged to What City?</p> <p>_____</p> <p>If Permanently housed, Move-in Date:</p> <p>____/____/____</p> <p>If Moved In, Specify City Where Housed:</p> <p>_____</p>	<p>Destination:</p> <p><input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)</p> <p><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter.</p> <p style="padding-left: 20px;">Specify shelter: _____</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p style="padding-left: 20px;">Specify program: _____</p> <p><input type="checkbox"/> Safe Haven</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility</p> <p><input type="checkbox"/> Host home (non-crisis)</p> <p><input type="checkbox"/> Staying or living with family, permanent tenure</p> <p><input type="checkbox"/> Staying or living with family, temporary tenure</p> <p><input type="checkbox"/> Staying or living with friends, permanent tenure</p> <p><input type="checkbox"/> Staying or living with friends, temporary tenure</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p>	<p><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</p> <p><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, without ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with ongoing housing subsidy</p> <p style="padding-left: 20px;"><input type="checkbox"/> With GPD TIP housing subsidy</p> <p style="padding-left: 20px;"><input type="checkbox"/> With VASH housing subsidy</p> <p style="padding-left: 20px;"><input type="checkbox"/> With RRH or equivalent subsidy</p> <p style="padding-left: 20px;"><input type="checkbox"/> With Housing Choice Voucher (HCV) (tenant or project based)</p> <p style="padding-left: 20px;"><input type="checkbox"/> In a public housing unit</p> <p style="padding-left: 20px;"><input type="checkbox"/> Housing Stability Voucher (HSV)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family Unification Program Voucher (FUP)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Permanent Supportive Housing</p> <p style="padding-left: 20px;">Specify: _____</p> <p><input type="checkbox"/> Other permanent housing for formerly homeless persons:</p> <p style="padding-left: 20px;">Specify: _____</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Other destination: _____</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> No exit interview completed</p>
<p>New Permanent Housing Street Address:</p> <p>_____ City _____ State _____ Zip _____</p>		

Employment

<p>Is client employed or unemployed?</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Unemployed</p>	<p>If employed, type of employment?</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Seasonal</p> <p>Hours per week? _____</p> <p>Where? _____</p>	<p>If unemployed, why?</p> <p><input type="checkbox"/> Looking for work</p> <p><input type="checkbox"/> Unable to work</p> <p><input type="checkbox"/> Not looking for work</p>
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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?		Currently Covered?
Medicaid/Medi-Cal	Yes / No	HOPWA: If no, reason? _____	Health insurance obtained through COBRA
MEDICARE	Yes / No	_____	Private Pay Health Insurance
State Children's Health Insurance Program (SCHIP)	Yes / No	_____	State Health Insurance for Adults
Veteran's Health Administration (VHA)	Yes / No	_____	Indian Health Services Program
Employer-provided Health Insurance	Yes / No	_____	Other _____

*HOPWA Reasons: 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 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
- Unable to locate client

Connection with SOAR? Yes / No

For SSVF Programs Only

Last Grade Completed

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12/High school diploma
- GED
- Vocational certification
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree
- School program does not have grade levels
- Client doesn't know
- Client prefers not to answer

Connection with SOAR? Yes / No

For HOPWA Programs Only

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 prefers not to answer

Receiving Ryan White-funded Medical/Dental 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 prefers not to answer

T-cell (CD4) count available? Yes / No / Undetectable / Refused

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

How was the data obtained?

- Medical Report
- Client Report
- Other

Viral load available? Yes / No / Undetectable / Refused

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

How was the data obtained?

- Medical Report
- Client Report
- Other

Prescribed Anti-Retroviral?

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