

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 <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 _____ Discharged to What City? _____ If Permanently housed, Move-in Date: ____/____/____ If Moved In, Specify City Where Housed: _____	Destination: <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
---	--	--

Employment

Is client employed or unemployed? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	If employed, type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Hours per week? _____ Where? _____	If unemployed, why? <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> 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 (including 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? _____	Yes / No	_____
MEDICARE	Yes / No	_____	Yes / No	_____
State Children's Health Insurance Program (SCHIP)	Yes / No	_____	Yes / No	_____
Veteran's Administration (VA) Medical Services	Yes / No	_____	Yes / No	_____
Employer-provided Health Insurance	Yes / No	_____	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	_____
		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

Well-Being -Use the scale provided for each set of questions. You may also use Client doesn't know (DK) or Client refused(R)	
Strongly disagree (0), Somewhat disagree (1), Neither agree or disagree (2) Somewhat agree (3), Strongly agree (4),	Client perceives their life has value and worth _____ Client perceives they have support from others who will listen to problems _____ Client perceives they have a tendency to bounce back after hard times problems _____
Not at all (0) , Once a month (1) , Several times a month (2), Several times a week (3), At least every day (4)	Client's frequency of feeling nervous, tense, worried, frustrated, or afraid _____
Poor (0) , Fair (1) , Good (2), Very Good (3), Excellent (4)	Client's General Health Status _____

For Prevention Programs Only	For PATH 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
- 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 Only

Receiving Public HIV/AIDS Medical Assistance? Yes / No

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
<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