HMIS Exit Form

Client Name / ID: _____

Name/Identification:

Legal First Name: _____ Middle Name: _____

Legal Last Name: _____ Suffix: _____

Date of Birth: _____ SSN: _____

***Destination and Reason for Leaving** (All fields required unless otherwise noted)*

Destination (Check only one)
□ Deceased
□ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
□ Foster care home or foster care group home
□ Hospital or other residential non-psychiatric medical facility
□ Hotel or motel paid for without emergency shelter voucher
□ Jail, prison or juvenile detention facility
□ Long-term care facility or nursing home
□ 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
□ Permanent supportive housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
□ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
□ Psychiatric hospital or other psychiatric facility
□ Rental by client, no ongoing housing subsidy
□ Rental by client, with VASH housing subsidy
□ Rental by client, with GPD TIP housing subsidy
□ Rental by client, other ongoing housing subsidy
□ Residential project or halfway house with no homeless criteria
□ Safe Haven
□ Staying or living with family, permanent tenure
□ Staying or living with family, temporary tenure (e.g., room, apartment or house)
□ Staying or living with friends, permanent tenure
□ Staying or living with friends, temporary tenure (e.g., room apartment or house)
□ Substance abuse treatment facility or detox center
□ Transitional housing for homeless persons (including homeless youth)
□ Other, specify:_____
□ No exit interview completed
□ Client Doesn't Know
□ Client Refused
□ Data not Collected

Reason for Leaving (Check only one)	
□ Left for a housing opportunity before completing program	□ Needs could not be met by program
□ Completed program	□ Disagreement with rules/persons
□ Non-payment of rent/occupancy charge	□ Death
□ Non-compliance with program	□ Unknown/disappeared
□ Criminal activity/destruction of property/violence	□ Other
□ Reached maximum time allowed by program	

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Destination Address (optional)			
Street Address:			Unit #:
City:		County:	
State:	Zip: _____-_____	Country:	
Email:	Phone:	Alt Phone:	

Income and Insurance (All fields required unless otherwise noted)

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
☐ No financial resources		☐	☐	☐	☐	☐	☐
☐ Earned Income *(employment wages / cash)*		☐	☐	☐	☐	☐	☐
☐ Unemployment Insurance		☐	☐	☐	☐	☐	☐
☐ Supplemental Security Income (SSI)		☐	☐	☐	☐	☐	☐
☐ Social Security Disability Income (SSDI)		☐	☐	☐	☐	☐	☐
☐ VA Service-Connected Disability Compensation		☐	☐	☐	☐	☐	☐
☐ VA Non-Service-Connected Disability Pension		☐	☐	☐	☐	☐	☐
☐ Private Disability Insurance		☐	☐	☐	☐	☐	☐
☐ Workers Compensation		☐	☐	☐	☐	☐	☐
☐ Temporary Assistance for Needy Families *(CalWORKs)*		☐	☐	☐	☐	☐	☐
☐ General Assistance (GA) *(General Relief (GR))*		☐	☐	☐	☐	☐	☐
☐ Retirement Income from Social Security		☐	☐	☐	☐	☐	☐
☐ Pension or retirement income from a former job		☐	☐	☐	☐	☐	☐
☐ Child Support		☐	☐	☐	☐	☐	☐
☐ Alimony or other spousal support		☐	☐	☐	☐	☐	☐
☐ Other Source (Specify:_____)		☐	☐	☐	☐	☐	☐
☐ Client Doesn't Know							
☐ Client Refused							
☐ Data not Collected							

Income Documentation (Optional):			Comments (Optional):
☐ GR Form	☐ CalWORKS Forms	☐ Pension Letter/Stub	
☐ Pay Stub	☐ Unemployment Insurance Forms	☐ Unemployment Forms	
☐ Utility Allowance	☐ W-2 Forms	☐ Self Declaration	
☐ Child Support Forms	☐ SSDI Form	☐ Employer Printout/Letter	
☐ Social Security Forms	☐ Workmans Comp	☐ VA Documentation	
☐ SSI Forms	☐ Self Employment Docs		

Non-Cash Benefits (Check all that apply):			
☐ None	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Food Stamps (CalFresh) Amount: _____	☐ CalWorks Child Care	☐ Temporary Rental Assistance	
	☐ CalWorks Transportation	☐ Section 8 or Rental Assistance	☐ Medically Needy Amount: _____
☐ WIC	☐ Other CalWorks-Funded Services	☐ Other _____	

Health Insurance (Check all that apply):			
☐ No Health Insurance	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ MEDICAID	☐ MEDICARE	☐ State Children's Health Ins.	☐ VA Medical Services
☐ Employer Provided Health Ins.	☐ COBRA Health Ins.	☐ Private Health Ins.	☐ MediCal

HMIS Exit Form

Client Name / ID: _____

Program Exit: Program

Name: _____ _____

Case Manager: _____ Program Exit Date: ____/____/____

***WELLNESS** – All clients, required questions are shaded*

Question	Check One Answer	Comments
Do you have a physical disability?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Physical Disability: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Physical Disability: Documentation of the disability and severity on file (Required if physical disability is Yes)	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? (Required if physical disability is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Do you have a developmental disability?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Developmental Disability: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Developmental Disability: Documentation of the disability and severity on file (Required if developmental disability is Yes)	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? (Required if developmental disability is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
HIV/AIDS: Expected to substantially impair ability to live independently (Required if previous question is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
HIV/AIDS: Documentation of the disability and severity on file (Required if HIV/AIDS is Yes)	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? (Required if HIV/AIDS is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Do you feel you have a mental health problem?	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Mental Health: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Mental Health: Documentation of the disability and severity on file (Required if mental health is Yes)	☐ Yes ☐ No	

HMIS Exit Form

Client Name / ID: _____

If yes, are you currently receiving services or treatment for this condition? (Required if mental health is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Mental Health: If yes for condition, how confirmed? (Required for PATH only if mental health is Yes)	☐ Unconfirmed; presumptive or self-report ☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	
Mental Health: Serious mental illness (SMI), and if SMI, how confirmed? (Required for PATH only if mental health is Yes)	☐ No ☐ Unconfirmed; presumptive or self-report ☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records ☐ Client Doesn't Know ☐ Client Refused	
Do you have a drug or alcohol problem?	☐ Drug ☐ Client Doesn't Know ☐ Alcohol ☐ Client Refused ☐ Both ☐ Data not Collected ☐ No	
Substance Abuse: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Substance Abuse: Documentation of the disability and severity on file (Required if substance abuse is Yes)	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? (Required if substance abuse is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Substance Abuse: If yes for condition, how confirmed? (Required for PATH only if substance abuse is Yes)	☐ Unconfirmed; presumptive or self-report ☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	
Chronic Health Condition	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Chronic Health Condition: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	
Chronic Health Condition: Documentation of the disability and severity on file (Required if chronic health condition is Yes)	☐ Yes ☐ No	
If yes, are you currently receiving services or treatment for this condition? (Required if chronic health condition is Yes)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	

HMIS Exit Form

Client Name / ID: _____

EMPLOYMENT: *For adults18 and older or Head of Household < 18 years old, required questions shaded*

Question	Check One Answer	Comments
Are you currently employed?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused	
What type of employment do you have? (Required if currently employed is 'Yes')	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)	
Why are you not employed? (Required if currently employed is 'No')	☐ Looking for work ☐ Unable to work ☐ Not looking for work	

Housing Assessment Disposition: *Head of Household only, HUD CoC and ESG projects only*

Housing assessment disposition (Required for CoC and ESG projects)	☐ Referred to emergency shelter/safe haven ☐ Referred to transitional housing ☐ Referred to rapid re-housing ☐ Referred to permanent supportive housing ☐ Referred to homelessness prevention ☐ Referred to street outreach ☐ Referred to other continuum project type ☐ Referred to a homelessness diversion program ☐ Unable to refer/accept within continuum; ineligible for continuum projects ☐ Unable to refer/accept within continuum; continuum services unavailable ☐ Referred to other community project (non-continuum) ☐ Applicant declined referral/acceptance ☐ Applicant terminated assessment prior to completion ☐ Other, specify_____	

Housing Assessment at Exit: *All Clients, HOPWA, CoC, and ESG funded Homelessness Prevention projects only*

Housing assessment at exit (Required for HOPWA, CoC, and ESG Homelessness Prevention projects)	☐ 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 or program ☐ Client became homeless – moving to a shelter or other place unfit for human habitation ☐ Client went to jail/prison ☐ Client died ☐ Client doesn't know ☐ Client refused ☐ Data not collected	

HMIS Exit Form

Client Name / ID: _____

If Able to maintain the housing they had at project entry for "Housing Assessment at Exit", subsidy information (Required if previous question is Able to maintain the housing they had at project entry)	☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an on-going subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy	
If Moved to new housing unit for "Housing Assessment at Exit", subsidy information (Required if housing assessment at exit question is Moved to new housing unit)	☐ With on-going subsidy ☐ Without an on-going subsidy	

PATH Questions: *For adults18 and older or Head of Household < 18 years old*

Date of PATH status (Required for PATH)	_____/_____/_____	
Client became enrolled in PATH (Required for PATH)	☐ Yes ☐ No	
If No for 'Client Became Enrolled in PATH', reason not enrolled (Required if previous question is No)	☐ Client was found ineligible for PATH ☐ Client was not enrolled for other reason(s)	
Connection with SOAR (Required for PATH)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused ☐ Data not Collected	

_____ _____

Client Signature Site Date

_____ _____

Agency Staff Signature Site Date

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: _____/_____/_____

Question	Answer	Initials of Staff completion	Comments
Was the hard copy exit form completely filled out correctly?	☐ Yes ☐ No		

Staff Name (verifying completion of Data Entry): _____