

HMIS Exit Form – General

Client Name / ID: _____

First Name: _____

Middle Name (Optional): _____

Last Name: _____

Suffix (Optional): _____

Project Name: _____

Case Manager: _____

HOUSEHOLD (HH) MEMBERS TAB

Exit Window — Summary Tab

EXIT DATE

____ / ____ / ____

is Follow Up needed

□ DEMOGRAPHICS

Household Type

- Households without children
- Households with at least one adult and one child
- Household with only children

Household Size

Number of clients in Household:

Relationship to Head of Household

- Self
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member
- Other: Non-relation Member

Basic Information

First Name

Middle Name

Last Name

Suffix

Sr Jr

DOB

____ / ____ / ____

SSN

____ - ____ - ____

Gender

- Female
- Male
- Trans Female (MTF or Male to Female)
- Trans Male (FTM or Female to Male)
- Client Doesn't Know
- Client Refused
- Data not Collected

Disabling Condition

(Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use Disorder.)

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data not Collected

Veteran Status

(Have you ever served in the U.S. Military?)

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data not Collected

Additional Information

Education Level (What is the highest level of education you've completed?)

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12 / High school Diploma
- GED
- School program does not have grade levels
- Some College

- Associates degree
- Bachelor's degree
- Graduate degree
- Vocational Certification
- Client doesn't know
- Client Refused
- Data not collected

Ethnicity

- Non-Hispanic
- Hispanic
- Client Doesn't Know
- Client Refused
- Data not Collected

Medical Insurance

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data not Collected

Employment Status

- Employed Full Time
- Migrant Seasonal Farm Worker
- Unemployed (Short-Term, 6 months or less)
- Unemployed (Long-Term, more than 6 months)
- Unemployed (Not in Labor Force)
- Retired

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| Race (Choose as Many as Applied) | | | | | |
|--|--|--|--|---|---|
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Data not Collected | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused | | | |
| Data Quality Codes | | | | | |
| Name: | <input type="checkbox"/> Full name reported | <input type="checkbox"/> Partial, street name, or code name reported | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Address: | <input type="checkbox"/> Full address reported | <input type="checkbox"/> Incomplete or estimated address reported | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| SSN: | <input type="checkbox"/> Full SSN reported | <input type="checkbox"/> Approximate or partial SSN reported | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Data of Birth: | <input type="checkbox"/> Full DOB reported | <input type="checkbox"/> Approximate or partial DOB reported | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |

| INCOME | | | | | | | |
|--|--|---|--------------------------|--------------------------|---|--------------------------|------------------|
| <input type="checkbox"/> Declare no income | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | | | <input type="checkbox"/> Data not collected | | |
| Income Source (Check all that apply) | Frequency | | | | | | Stated Income |
| | Weekly | Every Other Week | Twice a Month | Monthly | Quarterly | Yearly | |
| <input type="checkbox"/> No financial resources | | | | | | | |
| <input type="checkbox"/> Earned Income (<i>employment wages / cash</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (<i>CalWORKs</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> General Assistance (<i>GA</i>) (<i>General Relief (GR)</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Retirement Income from Social Security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Pension or retirement income from a former job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Alimony or other spousal support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Other Source (Specify: _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

| NON-CASH | | |
|--|---|--|
| NON-CASH BENEFITS (Check all that apply): | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not Collected |
| <input type="checkbox"/> SNAP Amount: _____ | <input type="checkbox"/> CalWorks Child Care | <input type="checkbox"/> WIC |
| <input type="checkbox"/> CalWorks Transportation | <input type="checkbox"/> Other CalWorks-Funded Services | <input type="checkbox"/> Other Amount: _____ |

| HEALTH INSURANCE (Check all that apply): | | |
|--|---|---|
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not Collected |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> MEDICARE _____ | <input type="checkbox"/> VA Medical Services |
| <input type="checkbox"/> Medicaid _____ | <input type="checkbox"/> Employer Provided Health Insurance | <input type="checkbox"/> COBRA Health Ins. |
| <input type="checkbox"/> State Children's Health Insurance | <input type="checkbox"/> State Adult Health Insurance | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Private Health Insurance | | |
| <input type="checkbox"/> Other _____ | | |

*Please select State Adult Health Insurance if the client receives MediCal

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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 housing (other than RRH) for formerly homeless persons
- 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 RRH or equivalent 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, Enter Destination : _____
- No exit interview completed
- Client Doesn't Know
- Client Refused
- Data not Collected

| Address | County | Unit Type | Unit Number |
|---------|--------|-----------|-------------|
| _____ | _____ | _____ | _____ |

I certify that the information above is correct to the best of my knowledge.

Client Signature

Site

Date

Agency Staff Signature

Site

Date

HMIS Exit Form – General

Client Name / ID: _____

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Staff Name (verifying completion of Data Entry): _____