

# HMIS Exit Form – PATH Funded Projects

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"/> Client Doesn't Know	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client Refused				
Data Quality Codes					
<b>Name:</b>	<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
<b>Address:</b>	<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
<b>SSN:</b>	<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
<b>Data of Birth:</b>	<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		
<b>NON-CASH BENEFITS</b> (Check all that apply):		
<input type="checkbox"/> None	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> CalWorks Child Care	<input type="checkbox"/> WIC
<input type="checkbox"/> SNAP Amount: _____	<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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Client Name / ID: \_\_\_\_\_

## Exit Questions

### GENERAL

Question	Check One Answer	Comments
Do you have a physical disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Physical Disability: Expected to substantially impair ability to live independently? <b>(Required if 'Yes' for Physical Disability)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you have a developmental disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
If Yes for "Developmental Disability" Expected to substantially impair ability to live independently? <b>(Required if 'Yes' for Developmental Disability)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you have a chronic health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Chronic Health Condition: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? <b>(Required if 'Yes' for Chronic Health Condition)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you feel you have a mental health problem?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
If Yes for "Mental Health Problem" Expected to be of long-continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if 'Yes' for Mental Health Problem)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you have a drug or alcohol problem?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Substance Abuse: Expected to be of long-continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if 'Yes' for Substance Abuse Problem)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

### PATH

Question	Check One Answer	Comments
Connection with SOAR?  <b>(Required for Head of Households and Adults only)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

### 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

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- 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

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

Date entered into HMIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Question	Answer	Initials of Staff completion	Comments
<b>Was the hard copy exit form completely filled out correctly?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): \_\_\_\_\_