

# HMIS Exit Form – RHY 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"/> Black or African American	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
Data Quality Codes							
Name: Quality Code	<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: Quality Code	<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: Quality Code	<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: Quality Code	<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"/> 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	

RHY		
Question	Check One Answer	Comments
Are you currently employed?	<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 "Employed", Type of Employment <b>(Required if "Employed" is Yes)</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor)	
If No for "Employed", Why Not Employed <b>(Required if "Employment Status" is No)</b>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	

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Client Name / ID: \_\_\_\_\_

General Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Good <input type="checkbox"/> Client refused <input type="checkbox"/> Fair <input type="checkbox"/> Data not Collected	
Dental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Good <input type="checkbox"/> Client refused <input type="checkbox"/> Fair <input type="checkbox"/> Data not Collected	
Mental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Good <input type="checkbox"/> Client refused <input type="checkbox"/> Fair <input type="checkbox"/> Data not Collected	
Project Completion Status	<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project	
If 'Youth was expelled or otherwise involuntarily discharged from project' for 'Project Completion Status' Select the major reason  <b>(Required if 'Project Completion Status' is 'Youth was expelled or otherwise involuntarily discharged from project')</b>	<input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared	
Counseling received by client	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes for 'Counseling received', Identify the type(s) of counseling received  <b>(Required if 'Counseling received' is Yes)</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group – including peer counseling	
If Yes for 'Counseling received', Identify the number of sessions received by exit  <b>(Required if 'Counseling received' is Yes)</b>	Number : _____	
If Yes for 'Counseling received', Total number of session planned in youth's treatment or service plan  <b>(Required if 'Counseling received' is Yes)</b>	Number : _____	
If Yes for 'Counseling received', A plan is in place to start or continue counseling after exit  <b>(Required if 'Counseling received' is Yes)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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Client Name / ID: \_\_\_\_\_

Exit destination safe – as determined by the client	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Exit destination safe – as determined by the project/caseworker	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know		
Client has permanent positive adult connections outside of project	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know		
Client has permanent positive peer connections outside of project	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know		
Client has permanent positive community connections outside of project	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know		
School Status	<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Obtained GED <input type="checkbox"/> Dropped Out	<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not Collected	
Ever received anything in exchange for having sexual relations with another person, (e.g. money, food, drugs or shelter)?	<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 'Ever received anything in exchange for sex', In the last three months? <b>(Required if 'Ever received anything in exchange for sex' is Yes)</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	
If yes for 'Ever received anything in exchange for sex', How many times? <b>(Required if 'Ever received anything in exchange for sex' is Yes)</b>	<input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 – 7 <input type="checkbox"/> 8 – 11 <input type="checkbox"/> 12 or more	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
If yes for 'Ever received anything in exchange for sex', Ever made/ persuade/forced to have sex with anyone else in exchange for something? <b>(Required if 'Ever received anything in exchange for sex' is Yes)</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	
If Yes for 'Ever made/ persuade/ forced to have sex in exchange for something', In the last three months? <b>(Required if 'Ever made/persuaded/forced to have sex in exchange for something?' is Yes)</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	

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Client Name / ID: \_\_\_\_\_

Ever afraid to quit/ leave work due to threats of violence to yourself, family, friends?	<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	
Ever promised work where work or payment was different than you expected?	<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 either 'Workplace violence threats' OR 'Workplace promise difference', Felt forced, coerced, pressured or tricked into continuing this job? <b>(Required if 'Workplace violence threats' OR 'Workplace promise difference' is Yes)</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	
If Yes for either 'Workplace violence threats' OR 'Workplace promise difference', In the last three months? <b>(Required if 'Workplace violence threats' OR 'Workplace promise difference' is Yes)</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)
<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <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"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Other, Enter Destination : _____ <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

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Client Name / ID: \_\_\_\_\_

Address	County	Unit Type	Unit Number
_____	_____	_____	_____

## **HOUSEHOLD HISTORY PAGE—Follow up tab**

Question	Check One Answer	Comments
Aftercare was provided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused	
If yes, Identify the primary way it was provided  (Required if 'Aftercare was provided' is Yes)	<input type="checkbox"/> Via email/social media <input type="checkbox"/> Via telephone <input type="checkbox"/> In person: one-on-one <input type="checkbox"/> In person: group	

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
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): \_\_\_\_\_