

HMIS Exit Form – VASH 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"/> 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 doesn't know	<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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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? (Required if 'Yes' for 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
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? (Required if 'Yes' for 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
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? (Required if 'Yes' for 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
Have you been diagnosed with AIDS or have you tested positive for HIV?	<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 "HIV / AIDS" Expected to substantially impair ability to live independently? (Required if 'Yes' for HIV / AIDS)	<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? (Required if 'Yes' for 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
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? (Required if 'Yes' for Substance Abuse 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

SSVF/VASH

Question	Check One Answer	Comments
HUD-VASH Voucher Tracking Information date (Required for Veterans, Head of Household, in Permanent Supportive Housing Projects)	____/____/____	

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<p>Voucher change</p> <p>(Required for Veterans, Head of Household, in Permanent Supportive Housing Projects)</p>	<input type="checkbox"/> Referral package forwarded to PHA <input type="checkbox"/> Voucher denied by PHA <input type="checkbox"/> Voucher issued by PHA <input type="checkbox"/> Voucher revoked or expired <input type="checkbox"/> Voucher in use – veteran moved into housing <input type="checkbox"/> Voucher was ported locally <input type="checkbox"/> Voucher was administratively absorbed by new PHA <input type="checkbox"/> Voucher was converted to Housing Choice Voucher <input type="checkbox"/> Veteran exited – voucher was returned <input type="checkbox"/> Veteran exited – family maintained the voucher <input type="checkbox"/> Veteran exited – prior to ever receiving a voucher <input type="checkbox"/> Other	
<p>If 'Other' for 'Voucher change', Specify (Required if 'Voucher change' is 'Other')</p>	<p>_____</p>	
<p>Case Management Exit Reason (Required for Veterans, Head of Household, in Permanent Supportive Housing Projects)</p>	<input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs CM <input type="checkbox"/> Transferred to another HUD-VASH program site <input type="checkbox"/> Found/chose other housing <input type="checkbox"/> Did not comply with HUD-VASH CM <input type="checkbox"/> Eviction and/or other housing related issues <input type="checkbox"/> Unhappy with HUD-VASH housing <input type="checkbox"/> No longer financially eligible for HUD-VASH voucher <input type="checkbox"/> No longer interested in participating in this program <input type="checkbox"/> Veteran cannot be located <input type="checkbox"/> Veteran too ill to participate at this time <input type="checkbox"/> Veteran is incarcerated <input type="checkbox"/> Veteran is deceased <input type="checkbox"/> Other	
<p>If 'Other' for 'Case Management Exit Reason', Specify (Required if 'Case Management Exit Reason' is 'Other')</p>	<p>_____</p>	

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

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- 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
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): _____