HMIS # _____

Client Name _____

Staff Name _____

Date Form Completed _____

Santa Cruz County HMIS – PATH Adult Exit

The service provider should complete this form while interviewing an adult client or the Head of Household prior to their exit from the PATH project. Separate PATH exits should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate client exits must be completed for children as well, but please be sure to use the Standard HMIS Child Client Exit form.** If the service provider is unable to complete an interview prior to the client's exit, the provider should complete the form with as much information as they have available about the client's exit status.

Project Exit Date

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

Destination

Which of the following most closely matches where the client will be staying right after leaving this project?

Homeless Situations

❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)

❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter

❑ Safe Haven

Institutional Situations

❑ Foster care home or foster care group home

❑ Hospital or other residential non—psychiatric medical facility

❑ Jail, prison, or juvenile detention facility

❑ Long-term care facility or nursing home

❑ Psychiatric hospital or other psychiatric facility

❑ Substance abuse treatment facility or detox center

Temporary Housing Situations

❑ Transitional housing for homeless persons (including homeless youth)

❑ Residential project or halfway house with no homeless criteria

❑ Hotel or motel paid for without emergency shelter voucher

❑ Host Home (non-crisis)

❑ Staying or living with family, temporary tenure (e.g., room, apartment, or house)

❑ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

Permanent Housing Situations

❑ Staying or living with family, permanent tenure

❑ Staying or living with friends, permanent tenure

❑ Rental by client, no ongoing housing subsidy

❑ **Rental by client, with ongoing housing subsidy *[collect additional info below]***

❑ Owned by client, with ongoing housing subsidy

❑ Owned by client, no ongoing housing subsidy

Client Name _____

Head of Household Name (if not Self) _____

Other: (Other than Deceased, there are very limited situations applicable to these options. Please verify there is not a more appropriate option prior to using them.)	
❑ No exit interview completed	❑ Other (specify): _____
❑ Deceased	❑ Client doesn't know
	❑ Client prefers not to answer
Rental Subsidy Type: *If **"Rental by client, with ongoing housing subsidy"** is selected, please select the type of housing subsidy in use.*	❑ GPD TIP housing subsidy ❑ VASH housing subsidy ❑ RRH or equivalent subsidy ❑ HCV voucher (tenant or project based) (not dedicated) ❑ Public housing unit ❑ Rental by client, with other ongoing housing subsidy ❑ Emergency Housing Voucher (EHV) ❑ Family Unification Program Voucher (FUP) ❑ Foster Youth to Independence Initiative (FYI) ❑ Permanent Supportive Housing ❑ Other permanent housing dedicated for formerly homeless persons

Connection with SOAR [Head of Household and Adults]

***The answer to this question will likely always be "No**," as there are currently no SOAR programs in Santa Cruz County.*

❑ Yes	❑ Client doesn't know
❑ No	❑ Client prefers not to answer

PATH Status [Head of Household and Adults]

Complete if not already completed. Date of Status Determination should only be completed one time throughout the client's program enrollment, at the time that the PATH enrollment status for the client has been determined. There should only be one Date of Status Determination per Project Stay. ***If the client exits the PATH project without becoming enrolled, the following questions still need to be completed, indicating that the client was not enrolled and the reason the client was not enrolled.***

1) Date of Status Determination *The date the client is **determined eligible** for the PATH Outreach program.*	/ /
2) Client became enrolled in PATH?	❑ No ❑ Yes
*If **No**, the reason the client did not enroll:*	❑ Client was found ineligible for PATH ❑ Client was not enrolled for other reason(s) ❑ Unable to locate client

Client Name _____

Head of Household Name (if not Self) _____

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.

1) Does the client have a Physical Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
2) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
3) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
4) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
5) Does the client have a Mental Health Disorder?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

6) Does the client have a Substance Use Disorder?	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug use disorders	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

Monthly Income – Cash Benefits [Head of Household and Adults]

Income from Any Source? *Is the client currently receiving any income from any source?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
If yes, specify the type(s) and amount(s) of income the client currently receives. *Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.* *DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Exit form.*	❑ Earned Income $_____ ❑ Unemployment Insurance $_____ ❑ Supplemental Security Income SSI (***SSI - received by persons who are disabled and do not have a significant work history)*** $_____ ❑ Social Security Disability Insurance SSDI (***SSDI - received by persons who are disabled and have a significant work history)*** $_____ ❑ VA Service-Connected Disability Pension$_____ ❑ VA Non-service connect disability pension $_____ ❑ Private Disability Insurance $_____ ❑ Worker's Compensation $_____ ❑ Temporary Assistance for Needy Families (TANF/CalWORKs)$_____ ❑ General Assistance (GA) $_____ ❑ Retirement income from Social Security $_____ ❑ Pension or Retirement Income from a Former Job $_____ ❑ Child Support $_____ ❑ Alimony and Other Spousal Support $_____ ❑ Other Cash Income $_____ If Other Specify: _____
Total Cash Income for Individual	**TOTAL**: $_____

Non-Cash Benefits [Head of Household and Adults]

Receiving Non-Cash Benefits? *Is the client currently receiving one of the non-cash benefits listed below?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
If Yes, indicate all the non-cash benefits the client is receiving: *Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.* *DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Exit form.*	❑ Supplemental Nutrition Assistance Program (SNAP/CalFresh) ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ❑ TANF/CALWORKS Childcare Services ❑ TANF/CALWORKS Transportation Services ❑ Other TANF/CALWORKS-Funded Services ❑ Other Non-Cash Benefit If Other Specify: _____

Client Name _____

Head of Household Name (if not Self) _____

Health Insurance

Covered by health insurance? *Is the client currently covered by health insurance?* **If Yes, select they client's type(s) of health insurance(s) coverage:** *If the client is currently covered by multiple health insurances please select all that apply*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Medicaid (Medi-Cal) ❑ Medicare ❑ State Children's Health Insurance (CHIP) Program ❑ Veteran's Health Administration (VHA) ❑ Employer-Provided Health Insurance ❑ Health Insurance Obtained Through COBRA ❑ Private Pay Health Insurance ❑ State Health Insurance for Adults ❑ Indian Health Services Program ❑ Other Health Insurance If Other Specify: _____

General Health Status [Head of Household and Adults]

What is the client's general health status?	❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor	❑ Client doesn't know ❑ Client prefers not to answer

Employment Status [Head of Household and Adults]

Currently Employed? *Is the client currently employed?*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, specify the type of employment	❑ Full-time ❑ Part-time ❑ Seasonal/Sporadic (including day labor)	
If No, is the client looking for employment?	❑ Looking for work ❑ Unable to work ❑ Not looking for work	

Client Name _____

Head of Household Name (if not Self) _____

Education Status [Head of Household and Adults]

Specify the <u>last grade</u> of school completed by the client	❑ Less than Grade 5 ❑ Grades 5-6 ❑ Grades 7-8 ❑ Grades 9-11 ❑ Grade 12/ High school diploma ❑ School program does not have grade levels	❑ GED ❑ Some college ❑ Associate's degree ❑ Bachelor's degree ❑ Graduate degree ❑ Vocational certification ❑ Client doesn't know ❑ Client prefers not to answer
Is the client <u>currently</u> enrolled in school or a training program?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, specify the type of school or training program	❑ Kindergarten – 8th grade ❑ High School ❑ Community College ❑ Vocational Program	❑ Training Program ❑ University ❑ Other

Client Name _____

Head of Household Name (if not Self) _____