Santa Cruz County HMIS – HOPWA 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 HOPWA-funded project. Separate HOPWA exits should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate HOPWA exits must be completed for children as well, but please be sure to use the HOPWA Child 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) _____

<u>Other:</u> (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

Housing Assessment At Exit

What is the client's housing status?	❏ Able to maintain the housing they had at project entry	❏ Client became homeless – moving to a shelter or other place unfit for human habitation
	❏ Moved to new housing unit	❏ Jail/prison
	❏ Moved in with family/friends on a temporary basis	❏ Deceased
	❏ Moved in with family/friends on a permanent basis	❏ Client doesn't know
	❏ Moved to a transitional or temporary housing facility or program	❏ Client prefers not to answer
If the client was ***"Able to Maintain Housing at Project Entry,"*** please answer the following question about subsidy information:	❏ Without a subsidy ❏ With the subsidy they had at project entry ❏ With an ongoing subsidy acquired since project entry ❏ Only with financial assistance other than a subsidy	

Client Name _____

Head of Household Name (if not Self) _____

If the client *"Moved to a New Housing Unit,"* please answer the following question about subsidy information:	❏ With ongoing subsidy ❏ Without an ongoing subsidy

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	❏ Client doesn't know
	❏ No	❏ 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	❏ Client doesn't know
	❏ No	❏ Client prefers not to answer
2) **Does the client have a Developmental Disability?**	❏ Yes	❏ Client doesn't know
	❏ No	❏ Client prefers not to answer
3) **Does the client have a Chronic Health Condition?**	❏ Yes	❏ Client doesn't know
	❏ No	❏ 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	❏ Client doesn't know
	❏ No	❏ Client prefers not to answer
4) **Does the client have HIV – AIDS?** *If **Yes**, please be sure to answer the required HIV/AIDS questions below.*	❏ Yes	❏ Client doesn't know
	❏ No	❏ Client prefers not to answer
5) **Does the client have a Mental Health Disorder?**	❏ Yes	❏ Client doesn't know
	❏ No	❏ 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	❏ Client doesn't know
	❏ No	❏ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

6) Does the client have any Substance Use Disorder?	❑ No	❑ Client doesn't know
	❑ Alcohol use disorder	❑ Client prefers not to answer
	❑ Drug use disorder	
	❑ Both Alcohol & Drug Abuse Use Disorders	
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

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 Enrollment 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**: $_____

Client Name _____

Head of Household Name (if not Self) _____

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 Enrollment 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: _____

Health Insurance

Covered by health insurance? *Is the client currently covered by health insurance?*	❏ Yes ❏ No ❏ Client doesn't know ❏ Client prefers not to answer

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.
	❏ Medicaid (Medi-Cal)
	   ❏ Applied; Decision Pending
	   ❏ Applied; Client Not Eligible
	   ❏ Client Did Not Apply
	   ❏ Insurance Type N/A for this Client
	   ❏ Client doesn't know
	   ❏ Client prefers not to answer

	❏ Medicare
	   ❏ Applied; Decision Pending
	   ❏ Applied; Client Not Eligible
	   ❏ Client Did Not Apply
	   ❏ Insurance Type N/A for this Client
	   ❏ Client doesn't know
	   ❏ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

❏ State Children's Health Insurance (CHIP) Program

    ❏ Applied; Decision Pending

    ❏ Applied; Client Not Eligible

    ❏ Client Did Not Apply

    ❏ Insurance Type N/A for this Client

    ❏ Client doesn't know

    ❏ Client prefers not to answer

❏ Veteran's Health Administration (VHA)

    ❏ Applied; Decision Pending

    ❏ Applied; Client Not Eligible

    ❏ Client Did Not Apply

    ❏ Insurance Type N/A for this Client

    ❏ Client doesn't know

    ❏ Client prefers not to answer

❏ Employer-Provided Health Insurance

    ❏ Applied; Decision Pending

    ❏ Applied; Client Not Eligible

    ❏ Client Did Not Apply

    ❏ Insurance Type N/A for this Client

    ❏ Client doesn't know

    ❏ Client prefers not to answer

❏ Health Insurance Obtained Through COBRA

    ❏ Applied; Decision Pending

    ❏ Applied; Client Not Eligible

    ❏ Client Did Not Apply

    ❏ Insurance Type N/A for this Client

    ❏ Client doesn't know

    ❏ Client prefers not to answer

❏ Private Pay Health Insurance

    ❏ Applied; Decision Pending

    ❏ Applied; Client Not Eligible

    ❏ Client Did Not Apply

    ❏ Insurance Type N/A for this Client

    ❏ Client doesn't know

    ❏ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

❏ State Health Insurance for Adults

   ❏ Applied; Decision Pending

   ❏ Applied; Client Not Eligible

   ❏ Client Did Not Apply

   ❏ Insurance Type N/A for this Client

   ❏ Client doesn't know

   ❏ Client prefers not to answer

❏ Indian Health Services Program

   ❏ Applied; Decision Pending

   ❏ Applied; Client Not Eligible

   ❏ Client Did Not Apply

   ❏ Insurance Type N/A for this Client

   ❏ Client doesn't know

   ❏ Client prefers not to answer

❏ Other Health Insurance
   If Other Specify: _____

Medical Assistance [All Household Members with HIV/AIDS]

Is the client receiving AIDS Drug Assistance Program (ADAP)?	❏ No ❏ Yes ❏ Client doesn't know ❏ Client prefers not to answer
If No for "Receiving AIDS Drug Assistance Program (ADAP)," please select the appropriate reason:	❏ Applied; decision pending ❏ Applied; client not eligible ❏ Client did not apply ❏ Insurance type N/A for this client ❏ Client doesn't know ❏ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

Is the client receiving AIDS Drug Assistance Program (ADAP)?	❏ No ❏ Yes ❏ Client doesn't know ❏ Client prefers not to answer
If No for "Receiving AIDS Drug Assistance Program (ADAP)," please select the appropriate reason:	❏ Applied; decision pending ❏ Applied; client not eligible ❏ Client did not apply ❏ Insurance type N/A for this client ❏ Client doesn't know ❏ Client prefers not to answer

T-cell (CD4) and Viral Load [All Household Members with HIV/AIDS]

T-Cell (CD4) Count Available?	❏ No ❏ Yes ❏ Client doesn't know ❏ Client prefers not to answer
If Yes to "T-Cell (CD4) Count Available," then please collect the T-cell Count number: *Integer between 0-1500*	
If a number is entered in the T-Cell (CD4) count, then how was the information obtained?	❏ Medical Report ❏ Client Report ❏ Other
Viral Load Information Available?	❏ Not Available ❏ Available ❏ Undetectable ❏ Client doesn't know ❏ Client prefers not to answer
If "Viral Load Information Available," then please collect the Viral Load Count: *Integer between 0-999999*	
If a number is entered in the Viral Load count, then how was the information obtained?	❏ Medical Report ❏ Client Report ❏ Other

Client Name _____

Head of Household Name (if not Self) _____

Prescribed Anti-Retroviral [All Household Members with HIV/AIDS]

Has the participant been prescribed anti-retroviral drugs?	❏ No ❏ Yes ❏ Client doesn't know ❏ Client prefers not to answer

General Health Status [Head of Household and Adults]

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

Employment Status [Head of Household and Adults]

Currently Employed? *Is the client currently employed?*	❏ Yes ❏ Client doesn't know ❏ No ❏ 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	❏ High School ❏ Community College ❏ Vocational Program	❏ Training Program ❏ University ❏ Other

Reminder: Housing Move-in Date [Head of Household]

(*Required for Permanent Housing Projects*)

IMPORTANT REMINDER: If the client moved into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing programs, **ensure the "Housing Move-In Date" on enrollment screen is completed with the date the client/household moved into the permanent unit.**

Client Name _____

Head of Household Name (if not Self) _____