

HMIS # _____

Client Name _____

Staff Name _____

Date Form Completed _____

Santa Cruz County HMIS – HOPWA Child Exit

The service provider should complete this form while interviewing a child household member *as long as they are not the Head of Household* prior to their exit from the HOPWA-funded project. Please use the HOPWA Adult Exit if the child is identified as the Head of Household. ***A separate HOPWA Child Exit Form must be completed for each child member of the household (non-Head of Household). A separate Exit Form must be completed for adult household members as well, but please be sure to use the HOPWA Adult 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 _____

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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

Housing Assessment At Exit

What is the client's housing status?

☐ Able to maintain the housing they had at project entry

☐ Moved to new housing unit

☐ Moved in with family/friends on a temporary basis

☐ Moved in with family/friends on a permanent basis

☐ Moved to a transitional or temporary housing facility or program

☐ Client became homeless – moving to a shelter or other place unfit for human habitation

☐ Jail/prison

☐ Deceased

☐ Client doesn't know

☐ 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

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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.

<p>1) Does the client have a Physical Disability?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>2) Does the client have a Developmental Disability?</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>3) Does the client have a Chronic Health Condition?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>4) Does the client have HIV – AIDS?</p> <p><i>If Yes, please be sure to answer the required HIV/AIDS questions below.</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>

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<p>5) Does the client have a Mental Health Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>6) Does the client have any Substance Use Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Client prefers not to answer </div> <div> <input type="checkbox"/> Drug use disorder </div> <div> <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>

Health Insurance

<p>Covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, select the client's type(s) of health insurance(s) coverage: <i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </div> <div> <input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </div>
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Client Name _____

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- ☐ 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

- ☐ 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

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	<input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Other Health Insurance If Other Specify: _____ _____

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Medical Assistance [All Household Members with HIV/AIDS]

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

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

<p>T-Cell (CD4) Count Available?</p> <p>If Yes to “T-Cell (CD4) Count Available,” then please collect the T-cell Count number: <i>Integer between 0-1500</i></p> <p>If a number is entered in the T-Cell (CD4) count, then how was the information obtained?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <div style="background-color: #cccccc; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>
<p>Viral Load Information Available?</p> <p>If “Viral Load Information Available,” then please collect the Viral Load Count: <i>Integer between 0-999999</i></p> <p>If a number is entered in the Viral Load count, then how was the information obtained?</p>	<p><input type="checkbox"/> Not Available <input type="checkbox"/> Available <input type="checkbox"/> Undetectable <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <div style="background-color: #cccccc; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>

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

<p>Has the participant been prescribed anti-retroviral drugs?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
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