

HMIS # _____

Client Name _____

Staff Name _____

Date Form Completed _____

Santa Cruz County HMIS – Standard 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 project. Separate client 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.

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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

☐ Deceased

☐ Other (specify): _____

☐ 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 – Homelessness Prevention Programs ONLY

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

If the client "Moved to a New Housing Unit," please answer the following question about subsidy information:

☐ With ongoing subsidy

☐ Without an ongoing subsidy

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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>	<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>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>

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<p>6) Does the client have a 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 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>
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Monthly Income – Cash Benefits [Head of Household and Adults]

<p>Current income from any source? <i>Is the client currently receiving any income from any source?</i></p> <p>Specify the type(s) and amount(s) of income the client currently receives.</p> <p><i>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.</i></p> <p><i>DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Exit form.</i></p> <p>Total Cash Income for Individual</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"/> Earned Income \$ _____ </div> <div> <input type="checkbox"/> Unemployment Insurance \$ _____ </div> <div> <input type="checkbox"/> Supplemental Security Income SSI (<i>SSI - received by persons who are disabled and do not have a significant work history</i>) \$ _____ </div> <div> <input type="checkbox"/> Social Security Disability Insurance SSDI (<i>SSDI - received by persons who are disabled and have a significant work history</i>) \$ _____ </div> <div> <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ </div> <div> <input type="checkbox"/> VA Non-service connect disability pension \$ _____ </div> <div> <input type="checkbox"/> Private Disability Insurance \$ _____ </div> <div> <input type="checkbox"/> Worker's Compensation \$ _____ </div> <div> <input type="checkbox"/> Temporary Assistance for Needy Families (TANF/CalWORKs) \$ _____ </div> <div> <input type="checkbox"/> General Assistance (GA) \$ _____ </div> <div> <input type="checkbox"/> Retirement income from Social Security \$ _____ </div> <div> <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ </div> <div> <input type="checkbox"/> Child Support \$ _____ </div> <div> <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ </div> <div> <input type="checkbox"/> Other Cash Income \$ _____ </div> <div> If Other Specify: _____ </div> <div> TOTAL: \$ _____ </div>
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Client Name _____

Head of Household Name (if not Self) _____

Non-Cash Benefits [Head of Household and Adults]

<p>Receiving Non-Cash Benefits? <i>Is the client currently receiving one of the listed non-cash benefits?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving:</p> <p><i>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.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Exit form.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh)</p> <p><input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p> <p><input type="checkbox"/> TANF/CALWORKS Childcare Services</p> <p><input type="checkbox"/> TANF/CALWORKS Transportation Services</p> <p><input type="checkbox"/> Other TANF/CALWORKS-Funded Services</p> <p><input type="checkbox"/> Other Non-Cash Benefit</p> <p>If Other Specify: _____</p>
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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:</p> <p><i>If the client is currently covered by multiple health insurances, select all that apply.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Medicaid (Medi-Cal)</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> State Children's Health Insurance (CHIP) Program</p> <p><input type="checkbox"/> Veteran's Health Administration (VHA)</p> <p><input type="checkbox"/> Employer-Provided Health Insurance</p> <p><input type="checkbox"/> Health Insurance Obtained Through COBRA</p> <p><input type="checkbox"/> Private Pay Health Insurance</p> <p><input type="checkbox"/> State Health Insurance for Adults</p> <p><input type="checkbox"/> Indian Health Services Program</p> <p><input type="checkbox"/> Other Health Insurance</p> <p>If Other Specify: _____</p>
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Client Name _____

Head of Household Name (if not Self) _____

General Health Status [Head of Household and Adults]

What is the client's general health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Employment Status [Head of Household and Adults]

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

Education Status [Head of Household and Adults]

Specify the last grade of school completed by the client	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/ High school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Client Name _____

Head of Household Name (if not Self) _____

Is the client <u>currently</u> enrolled in school or a training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
If Yes, specify the type of school or training program	<input type="checkbox"/> High School	<input type="checkbox"/> Training Program
	<input type="checkbox"/> Community College	<input type="checkbox"/> University
	<input type="checkbox"/> Vocational Program	<input type="checkbox"/> 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) _____