

HMIS # _____

Client Name _____

Staff Name _____

Date Form Completed _____

Santa Cruz County HMIS – Standard Child Exit

The service provider should complete this form while interviewing a child household member. Separate client exits should be completed for each client who is **under** the age of 18 *unless they are the Head of Household*. **Separate client exits must be completed for adults as well, but please be sure to use the Standard HMIS Adult 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

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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>

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4) Does the client have HIV – AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
5) Does the client have a Mental Health Disorder? <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>	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </div>
6) Does the client have a Substance Use Disorder? <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>	<div> <input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug use disorders </div> <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>

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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 the client's type(s) of health insurance(s) coverage:

If the client is currently covered by multiple health insurances, select all that apply.

- ☐ 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: _____

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