HMIS Exit Form Child-All Programs

Identification-*All fields required unless otherwise noted*

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Project Exit Date _____/_____/_____	Social Security Number (SSN) _____-_____-_____	Birth Date (DOB) _____/_____/_____

Name of Head of Household: _____

Destinations			

Homeless Situations	Institutional Situations	Temporary Housing	Permanent Housing
☐Place not meant for habitation: 　☐**Car/ Truck/Van** 　☐ **RV** 　☐**Other** ☐Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter ☐Safe Haven	☐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	☐Transitional Housing for homeless persons (including homeless youth) ☐Residential project or halfway house with now 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) ☐Moved from one HOPWA funded project to HOPWA TH	☐Staying or living with family, permanent tenure ☐Staying or living with friends, permanent tenure ☐Moved from one HOPWA funded project to HOPWA PH ☐Rental by client, with no ongoing housing subsidy ☐Rental by client, with other ongoing housing subsidy 　**Subsidy Type:** 　☐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 　☐Family Unification Program Voucher (FUP) 　☐Foster Youth to Independence Initiative (FYI) 　☐Permanent Supportive Housing 　☐ Other permanent housing dedicated for formerly homeless persons ☐Owned by client, with ongoing housing subsidy ☐Owned by client, no ongoing subsidy
☐No Exit Interview ☐Client doesn't know	☐Other: _____ ☐Client prefers not to answer	☐Deceased	

Health Insurance

☐Yes *(Select source)*   ☐No   ☐Client doesn't know   ☐Client prefers not to answer

Health Insurance Sources *(Check all that apply)*

☐Private Pay Health Insurance   ☐Medicare
☐MEDICAID   ☐Health Net (Medi-Cal)-Adults
☐Health Net (Medi-Cal)-Children   ☐Health Plan of San Joaquin (Medi-Cal)-Adults
☐Health Plan of San Joaquin (Medi-Cal)-Children ☐State Children's Health Insurance (Medi-Cal)
☐Veteran's Health Administration (VHA)   ☐Employer Provided Health Insurance
☐Health Insurance obtained through COBRA   ☐State Funded Insurance for Adults (Medi-Cal)
☐Indian Health Services Program (IHS)   ☐Other: _____

Barriers-All programs except SSVF *(Check all that apply)*

	Barrier Present	Condition is indefinite
☐Alcohol Disorder	☐Yes ☐No ☐Doesn't know ☐ Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Chronic Health Condition	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Developmental Disability	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	
☐Drug Use Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐HIV/AIDS	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	
☐Mental Health Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Physical Disability	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer