HMIS Exit Form PATH

Client ID: _____
Project Name: _____
Staff Name: _____

Identification-*All fields required unless otherwise noted*

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

Last Name: _____   **Suffix:** _____

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

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 *(i.e. CHSS, Mission, Respite, REST House)* ☐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 *(i.e. sober living)* ☐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 (i.e. Room & Board)* ☐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   ☐Other: _____

☐Deceased   ☐Client doesn't know   ☐Client prefers not to answer

Note: Refer to your HMIS binder for Discharge Disposition for Cerner

Wellness Assessment

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: _____

Disabling Condition-*If Developmental, HIV or 'Yes' to 'Expected to be…' for any of the above barriers then this must be answered 'Yes'*
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Connection with SOAR *(Is the client connected with BHRS, SSI/SSDI staff, PATH O/R staff or other SOAR staff)*
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Alcohol Use Disorder
☐Yes *(Answer Questions Below)* ☐No ☐Client doesn't know ☐Client prefers not to answer
1. Expected to be for long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
2. Documentation of disability and severity on file? *(Staff Answer)*
☐Yes ☐No
3. How confirmed? PATH ONLY *(Staff Answer)*
☐Unconfirmed; presumptive or self-report ☐Confirmed through assessment and clinical evaluation ☐Confirmed by prior evaluation or clinical records *(i.e. Cerner)*
Chronic Health Condition
☐Yes *(Answer Questions Below)* ☐No ☐Client doesn't know ☐Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Development Disability
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Drug Use Disorder
☐Yes *(Answer Questions Below)* ☐No ☐Client doesn't know ☐Client prefers not to answer
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
2. Documentation of disability and severity on file? *(Staff Answer)*
☐Yes ☐No
3. How confirmed? PATH ONLY *(Staff Answer)*
☐Unconfirmed; presumptive or self-report ☐Confirmed through assessment and clinical evaluation ☐Confirmed by prior evaluation or clinical records *(i.e. Cerner)*
HIV/AIDS
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Mental Health Disorder
☐Yes *(Answer Questions Below)* ☐No ☐Client doesn't know ☐Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
2. Documentation of disability and severity on file? *(Staff Answer)*
☐Yes ☐No
3. How confirmed? PATH ONLY *(Staff Answer)*
☐Unconfirmed; presumptive or self-report ☐Confirmed though assessment and clinical evaluation ☐Confirmed by prior evaluation or clinical records (i.e. Cerner)
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY *(Staff Answer)*
☐No ☐Unconfirmed; presumptive or self-report ☐Confirmed by prior evaluation or clinical records (i.e. Cerner) ☐Confirmed through assessment and clinical evaluation
Physical Disability
☐Yes *(Answer Questions Below)* ☐No ☐Client doesn't know ☐Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer

Financial Assessment	
Income Sources	
☐Yes *(Check all that apply)* ☐No ☐Client doesn't know ☐Client prefers not to answer	
☐Earned Income (employment wages/cash)	
☐Unemployment Insurance	
☐Supplemental Security Income (SSI)	
☐Social Security Disability Income (SSDI)	
☐Private Disability Insurance	
☐Worker's Compensation	
☐VA Service-Connect Disability Compensation	
☐VA Non-Service-Connected Disability Pension	
☐Pension or Retirement income from a job	
☐TANF (CalWorks)	
☐General Assistance	
☐Retirement (Social Security) (SSA)	
☐Child Support	
☐Alimony	
☐Other Income	
Non-Cash Benefits	
☐Yes *(Check all that apply)* ☐No ☐Client doesn't know ☐Client prefers not to answer	
☐Special Supplemental Nutrition Program for Women, Infants, and Children	
☐Food Stamps (CalFresh) SNAP	
☐CalWorks Child Care/TANF Child Care Services	
☐CalWorks Transportation (TANF)	
☐Other CalWorks-Funded Services (TANF)	
☐Other	

Date of Contact _____/_____/_____

Current Living Situation: Outreach Contact
Record the client's current living situation information below
Living Situation
☐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 *(i.e. CHSS, Mission, Respite, Rest House)* ☐Safe Haven　　☐Other *(i.e. TH&PH)*   ☐Worker unable to determine
Record Contact
 Contact Service *(Please list the service provided):* _____