

HMIS Universal Exit Form

For all projects except: **SSVF, RHY, PATH, OUTREACH**

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) ____/____/____
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Exiting Project (List all project names the client is exiting from below)

Coordinated Entry Project Name: _____ Project Name: _____

Destinations

Homeless Situations	Institutional Situations	Temporary Housing	Permanent Housing
<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster Care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with now homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRR or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy

No Exit Interview Other: _____ Deceased
 Client doesn't know Client prefers not to answer

Health Insurance

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

Health Insurance Sources (Check all that apply)

<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Net (Medi-Cal)-Children <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Indian Health Services Program (IHS)	<input type="checkbox"/> Medicare <input type="checkbox"/> Health Net (Medi-Cal)-Adults <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults <input type="checkbox"/> State Children's Health Insurance (Medi-Cal) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal) <input type="checkbox"/> Other: _____
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Barriers-All programs except SSVF (Check all that apply)		
	Barrier Present	Condition is indefinite
<input type="checkbox"/> Alcohol Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
Financial Assessment		
Does client have any source of income? (If Yes, check all that apply)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Income Source	Monthly Amount	
<input type="checkbox"/> Earned Income (employment wages/cash)	\$	
<input type="checkbox"/> Unemployment Insurance	\$	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	
<input type="checkbox"/> Private Disability Insurance	\$	
<input type="checkbox"/> Workers Compensation	\$	
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	
<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$	
<input type="checkbox"/> Pension of Retirement Income from a job	\$	
<input type="checkbox"/> TANF (CalWorks)	\$	
<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Retirement (Social Security)	\$	
<input type="checkbox"/> Child Support	\$	
<input type="checkbox"/> Alimony	\$	
<input type="checkbox"/> Other Income	\$	
Does client have any Non-Cash Benefits (If Yes, check all that apply)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Non-Cash Benefits	Monthly Amount	
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$	
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$	
<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$	
<input type="checkbox"/> CalWorks Transportation (TANF)	\$	
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$	
<input type="checkbox"/> Other Sources	\$	

Housing Assessment at Exit (HP ONLY)

- Able to maintain the housing they had at project entry (*Answer options below*)
 - Without subsidy
 - With the subsidy they had at project entry
 - With the on-going subsidy acquired since project entry
 - Only with financial assistance
- Moved to new housing unit (*Answer options below*)
 - With on-going subsidy
 - Without an on-going subsidy
- 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 shelter or other place unfit for human habitation
- Client went to jail/prison
- Deceased
- Client doesn't know
- Client prefers not to answer