

HMIS Exit Form Child-All Programs

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): ____/____/____

Name of Head of Household: _____

Destinations

Homeless Situations

☐ 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

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

☐ 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)

☐ Moved from one HOPWA funded project to HOPWA TH

Permanent Housing

☐ 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

☐ Other: _____

☐ Deceased

☐ Client doesn't know

☐ Client prefers not to answer

Health Insurance		
<input type="checkbox"/> Yes (<i>Select source</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Health Insurance Sources (<i>Check all that apply</i>)		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Net (Medi-Cal)-Children <input type="checkbox"/> State Kaiser (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) </div> <div style="width: 50%;"> <input type="checkbox"/> Medicare <input type="checkbox"/> Health Net (Medi-Cal)-Adults <input type="checkbox"/> State Kaiser (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: _____ </div> </div>		
Barriers-All programs except SSVF (<i>Check all that apply</i>)		
	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