

Client ID: _____

Project Name: _____

Staff Name: _____

HMIS Exit Form RHY Outreach

For all persons exiting HMIS project type: **RHY Outreach**

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
<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"/> RRH 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"/> Medicare |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Net (Medi-Cal)-Adults |
| <input type="checkbox"/> Health Net (Medi-Cal)-Children | <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults |
| <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children | <input type="checkbox"/> State Children's Health Insurance (Medi-Cal) |
| <input type="checkbox"/> Veteran's Health Administration (VHA) | <input type="checkbox"/> Employer Provided Health Insurance |
| <input type="checkbox"/> Health Insurance obtained through COBRA | <input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal) |
| <input type="checkbox"/> Indian Health Services Program (IHS) | <input type="checkbox"/> Other: _____ |

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	\$	

Contact			
Date of Contact: ____/____/____			
Current Living Situation			
<i>Record the client's living situation information below</i>			
1. Living Situation			
Literally Homeless	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 <i>*If selection made, continue to Contact Service</i>	<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 <i>*If selection made, continue to question 2</i>	<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 in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <i>*If selection made, continue to question 2</i>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, 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 <i>*If selection made, continue to question 2</i>
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
2. Is client going to have to leave their current living situation within 14 days?			
<input type="checkbox"/> Yes (<i>Continue to questions 3-6</i>) <input type="checkbox"/> No (<i>Continue to Contact Service</i>) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
3. Has a subsequent residence been identified?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
4. Does the individual or family have resources or support networks to obtain other permanent housing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
6. Has the client moved 2 or more times in the last 60 days?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
Record Contact			
Contact Service (Please list the service provided): _____			