

HMIS Exit Form SSVF RRH & HP

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

- ☐ 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

- ☐ Yes (Select source) ☐ No ☐ Client doesn't know ☐ Client prefer 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 ☐ State Kaiser (Medi-Cal)-Adults
☐ State Kaiser (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: _____

Connection to SOAR

- ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

Financial Assessment		
Does client have any source of Income? <i>(If Yes, check all that apply)</i>		
<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? <i>(If Yes, check all that apply)</i>		
<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	\$	
Employment Assessment		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
If Yes, Type of Employment		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic <i>(including any day labor)</i>		
If No, Why not employed?		
<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work		
Educational Assessment		
Last Grade Completed		
<input type="checkbox"/> No School Completed <input type="checkbox"/> 5 th Grade or 6 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> High school diploma <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> School Program does not have grade levels <input type="checkbox"/> 7 th Grade or 8 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> GED <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Nursery School to 4 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 12 th Grade, No Diploma <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational Certification