

# HMIS Exit Form Child All Programs

Client ID: \_\_\_\_\_

Staff Completing  
HMIS Form: \_\_\_\_\_

**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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher</li> <li><input type="checkbox"/> Transitional housing for homeless persons including homeless youth</li> <li><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> <li><input type="checkbox"/> Rental by client, with no on-going housing subsidy</li> <li><input type="checkbox"/> Owned by client, no on-going housing subsidy</li> <li><input type="checkbox"/> Staying or living with family, temporary tenure (e.g apartment, room, or house.)</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Staying or living with friends, temporary tenure (eg apartment, room, or house.)</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison, or juvenile detention facility</li> <li><input type="checkbox"/> Place not meant for habitation (e.g. a vehicle , an abandoned building, bus/train/subway station/airport or anywhere outside)</li> <li><input type="checkbox"/> Safe haven</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Rental by client, VASH subsidy</li> <li><input type="checkbox"/> Rental by client, other (Non-VASH) ongoing housing subsidy</li> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> <li><input type="checkbox"/> Foster Care Home Or Foster Care Group Home</li> <li><input type="checkbox"/> Staying or living with family, permanent tenure</li> <li><input type="checkbox"/> Staying or living with friends, permanent tenure</li> <li><input type="checkbox"/> Deceased</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Client Doesn't know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</li> <li><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria.</li> <li><input type="checkbox"/> No Exit Interview Completed</li> </ul> |
|---|---|

### Wellness Assessment

#### Health Insurance

- Yes (Enter the Source)       No       Client Doesn't Know       Client Refused

#### Health Insurance Sources

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Pay Health Insurance</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> MEDICAID</li> <li><input type="checkbox"/> State Children's Health Insurance(SCHIP)</li> <li><input type="checkbox"/> VA Medical Services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Employer Provided Health Insurance</li> <li><input type="checkbox"/> Health Insurance obtained through COBRA</li> <li><input type="checkbox"/> State Health Insurance Adults (Medi-cal)</li> <li><input type="checkbox"/> Indian Health Services Program</li> <li>Other: _____</li> </ul> |
|--|---|

### Barriers:

	Barrier Present	Condition is Indefinite
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Development Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused