HMIS Exit Form
Outreach

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)**
_____/_____/_____	_____-_____-_____	_____/_____/_____

Destinations

□ Emergency shelter, including hotel or motel paid for with emergency shelter voucher	□ Rental by client, VASH subsidy
□ Transitional housing for homeless persons including homeless youth	□ Rental by client, other (Non-VASH) ongoing housing subsidy
□ Permanent housing (other than RRH) for formerly homeless persons	□ Hotel or motel paid for without emergency shelter voucher
□ Substance abuse treatment facility or detox center	□ Owned by client, with ongoing housing subsidy
□ Rental by client, with no on-going housing subsidy	□ Foster Care Home Or Foster Care Group Home
□ Owned by client, no on-going housing subsidy	□ Staying or living with family, permanent tenure
□ Staying or living with family, temporary tenure (e.g apartment, room, or house.)	□ Staying or living with friends, permanent tenure
□ Psychiatric hospital or other psychiatric facility	□ Deceased
□ Staying or living with friends, temporary tenure (eg apartment, room, or house.)	□ Other: _____
□ Hospital or other residential non-psychiatric medical facility	□ Client Doesn't know
□ Jail, prison, or juvenile detention facility	□ Client Refused
□ Place not meant for habitation (e.g. a vehicle , an abandoned building, bus/train/subway station/airport or anywhere outside)	□ Long-term care facility or nursing home
□ Safe haven	□ Moved from one HOPWA funded project to HOPWA PH
	□ Moved from one HOPWA funded project to HOPWA TH
	□ Rental by client, with RRH or equivalent subsidy
	□ Rental by client, with GPD TIP housing subsidy
	□ Residential project or halfway house with no homeless criteria.
	□ No Exit Interview Completed

Wellness Assessment

Health Insurance

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

Health Insurance Sources

□ Private Pay Health Insurance	□ Employer Provided Health Insurance
□ Medicare	□ Health Insurance obtained through COBRA
□ MEDICAID	□ State Health Insurance Adults (Medi-cal)
□ State Children's Health Insurance(SCHIP)	□ Indian Health Services Program
□ VA Medical Services	Other:_____

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Barriers:		
	Barrier Present	**Condition is Indefinite**
Alcohol Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Chronic Health Condition	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Development Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Drug Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
HIV/AIDS	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Mental health	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Physical Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused

Financial Assessment (Check all that Apply and Enter amount)

Income Source (Check all that apply) □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Income (Monthly)**	**Non-Cash Resources** (Check all that apply) □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Amounts (Monthly)**
□ Earned Income *(employment wages / cash)*	$	□ Special Supplemental nutritional Program Women and Children	$
□ Unemployment Insurance	$	□ Food Stamps (CalFresh) SNAP	$
□ Supplemental Security Income (SSI)	$	□ CalWorks Child Care/TANF Child Care Services	$
□ Social Security Disability Income (SSDI)	$	□ CalWorks Transportation (TANF)	$
□ Private Disability Insurance	$	□ Other CalWorks-Funded Services (TANF)	$
□ Workers Compensation	$	□ Other	$
□ VA Service-Connected Disability Compensation	$		
□ VA Non-Service-Connected Disability Pension	$		
□ Pension or Retirement income from a job	$		
□ TANF	$		
□ General Assistance	$		
□ Retirement (Social Security)	$		
□ Child Support	$		
□ Alimony or other Spousal Support	$		
□ Other Income	$		

Contact	
Date of Contact (E.G. 05/24/2010)	_____/_____/_____
As of today, is the client staying on the Streets, Emergency Shelter, or Safe Haven?	□ Yes □ No □ Worker unable to determine