

HMIS Exit Form SSVF RRH & HP

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

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

Wellness Assessment

Health Insurance

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

Health Insurance Sources

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

Connection to SOAR: Yes No Don't Know Client Refused

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Financial Assessment (Check all that Apply and Enter amount)			
Income Source (Check all that apply)	Stated Income (Monthly)	Non-Cash Resources (Check all that apply)	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income (<i>employment wages / cash</i>)	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		
Employment Assessment			
Is the client employed? <input type="checkbox"/> Yes (Answer Below) <input type="checkbox"/> No (Answer Below) <input type="checkbox"/> Client Doesn't Know			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Looking for Work <input type="checkbox"/> Client Refused			
<input type="checkbox"/> Part-Time <input type="checkbox"/> Unable to Work			
<input type="checkbox"/> Seasonal/Sporadic <input type="checkbox"/> Not looking for work			
Housing Assessment at Exit (HP ONLY)			
<input type="checkbox"/> Able to maintain the housing they had at project entry (Answer options below) <ul style="list-style-type: none"> <input type="checkbox"/> Without subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With the on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance <input type="checkbox"/> Moved to new housing unit (Answer options below) <ul style="list-style-type: none"> <input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without on-going subsidy 		<input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless-moving to a shelter or other place unfit for human habitation. <input type="checkbox"/> Client went to jail/ prison <input type="checkbox"/> Client died <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	

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Educational Assessment		Post-Secondary Options	
Highest Grade Completed	<input type="checkbox"/> No School Completed	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> Associates Degree
	<input type="checkbox"/> School program does not have a grade level	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Nursery School to 4 th	<input type="checkbox"/> 12 th grade, No Diploma	<input type="checkbox"/> Master's Degree
	<input type="checkbox"/> 5 th or 6 th grade	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Doctorate Degree
	<input type="checkbox"/> 7 th or 8 th grade	<input type="checkbox"/> GED	<input type="checkbox"/> Other Graduate/Professional degree
	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> Post-Secondary (Fill-in level)	<input type="checkbox"/> Vocational certification/ Certificate of advanced training or skilled artisan
	<input type="checkbox"/> Client Doesn't Know		
	<input type="checkbox"/> Client Refused		