HMIS Exit Form 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
☐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	☐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	☐Transitional Housing for homeless persons (including homeless youth) ☐Residential project or halfway house with now 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	☐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 prefers 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	☐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: _____

Barriers-All programs except SSVF *(Check all that apply)*		
	Barrier Present	**Condition is indefinite**
☐Alcohol Disorder	☐Yes ☐No ☐Doesn't know ☐ Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Chronic Health Condition	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Developmental Disability	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	
☐Drug Use Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐HIV/AIDS	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	
☐Mental Health Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Physical Disability	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer

Financial Assessment

Does client have any source of Income? *(If Yes, check all that apply)*

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

Income Source	Monthly Amount
☐Earned Income (employment wages/cash)	$
☐Unemployment Insurance	$
☐Supplemental Security Income (SSI)	$
☐Social Security Disability Insurance (SSDI)	$
☐Private Disability Insurance	$
☐Workers Compensation	$
☐VA Service-Connected Disability Compensation	$
☐VA Non-Service Connected Disability Pension	$
☐Pension of Retirement Income from a job	$
☐TANF (CalWorks)	$
☐General Assistance	$
☐Retirement (Social Security)	$
☐Child Support	$
☐Alimony	$
☐Other Income	$

Does client have any Non-Cash Benefits? *(If Yes, check all that apply)*

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

Non-Cash Benefits	Monthly Amount
☐Special Supplemental Nutrition Program for Woman, Infants, and Children	$
☐Food Stamps (CalFresh) SNAP	$
☐CalWorks Child Care/TANF Child Care Services	$
☐CalWorks Transportation (TANF)	$
☐Other CalWorks-Funded Services (TANF)	$
☐Other Sources	$

Contact

Date of Contact: _____/_____/_____

Current Living Situation

Record the client's living situation information below

1. Living Situation

Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing

☐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
 	
If selection made, continue to Contact Service
	☐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
	
	If selection made, continue to question 2
		☐Transitional Housing for homeless persons (including homeless youth)
		☐Residential project or halfway house with now homeless criteria
		☐Hotel or motel paid for without emergency shelter voucher
		☐Host Home (non-crisis)
		☐Staying or living in a family member's room, apartment or house
		☐Staying or living in a friend's room, apartment, or house
		
		If selection made, continue to question 2
			☐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
			
			If selection made, continue to question 2

☐Other:
☐Client doesn't know
☐Client prefers not to answer

2. Is client going to have to leave their current living situation within 14 days?

☐Yes *(Continue to questions 3-6)*　　☐No *(Continue to Contact Service)*　　☐Client doesn't know　　☐Client prefers not to answer

3. Has a subsequent residence been identified?

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

4. Does the individual or family have resources or support networks to obtain other permanent housing?

☐Yes　　☐No　　☐Client doesn't know　　☐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?

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

6. Has the client moved 2 or more times in the last 60 days?

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

Record Contact

Contact Service *(Please list the service provided):* _____