

# HMIS Exit Form Outreach

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

Project Name: \_\_\_\_\_

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**

<p><b>Homeless Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation</li> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter</li> <li><input type="checkbox"/> Safe Haven</li> </ul> <p><b>Institutional Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</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"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul> <p><b>Temporary Housing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> <li><input type="checkbox"/> Host Home (non-crisis)</li> <li><input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, house)</li> <li><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, house)</li> </ul>	<p><b>Permanent Situations</b></p> <ul style="list-style-type: none"> <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"/> 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 GPD TIP subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH subsidy</li> <li><input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</li> <li><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</li> <li><input type="checkbox"/> Rental by client in a public housing unit</li> <li><input type="checkbox"/> Rental by client, with no ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No exit interview</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Deceased</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>
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**Health Insurance**

<input type="checkbox"/> Yes (Enter the Source)	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<b>Health Insurance Sources</b>	<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		<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 <input type="checkbox"/> Other _____

**Barriers:**

	Barrier Present	Condition is Indefinite
Alcohol Use Disorder	<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
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Drug Use Disorder	<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	
Mental Health Disorder	<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

Financial Assessment			
Income Source	Stated Income (Monthly)	Non-Cash Resources	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 Nutrition Program for Women, Infants 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	\$		
<input type="checkbox"/> Other Income	\$		

**Date of Contact** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Current Living Situation: Outreach Contact**

**Record the client's current living situation information below.**

<b>1. Living Situation:</b>	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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<b>2. Is client going to have to leave their current living situation within 14 days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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<b>3. Has a subsequent residence been identified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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<b>4. Does individual or family have resources or support networks to obtain other permanent housing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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<b>5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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<b>6. Has the client moved 2 or more times in the last 60 days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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**Record Contact**

**Contact Service:** \_\_\_\_\_  
(Please list the service provided)