

HMIS Exit Form

Client Name / ID: _____

Name/Identification:

Legal First Name: _____

Middle Name: _____

Legal Last Name: _____

Suffix: _____

Date of Birth: _____

SSN: _____

Exit Destination

Destination (Check only one)

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher*ⁱ
- Transitional housing for homeless persons (including homeless youth)*
- Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- 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)
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation
- Safe Haven
- Rental by client, VASH Subsidy
- Rental by client, other (non-VASH) ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Deceased
- Other
- Don't Know
- Refused

Reason for Leaving (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> Left for a housing opportunity before completing program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Unknown/disappeared |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reached maximum time allowed by program | |

Destination Address

Street Address: _____

Unit #: _____

City: _____

State: _____

Zip: _____

Country: _____

Email: _____

Phone: _____

Alt Phone: _____

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Income – Cash Sources At Exit:

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
<input type="checkbox"/> No financial resources		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Earned Income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability (SSDI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veteran's Disability Payment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Disability Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Assistance (GA or GR)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement Income from Social Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veteran's Pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension from a former job		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony or other spousal support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TANF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't Know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refused		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income – Non-Cash Benefits At Exit:

Non-Cash Source (Check all that apply):			
<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused	
<input type="checkbox"/> Food Stamps or Benefits Card	<input type="checkbox"/> WIC	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> CalWorks Child Care
<input type="checkbox"/> CalWorks Transportation	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Other CalWorks-Funded Services	<input type="checkbox"/> State Children's Health Insurance
<input type="checkbox"/> Temporary Rental Assistance	<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Section 8 or Rental Assistance	
<input type="checkbox"/> Other (Please Specify):			

Income – Notes:

Income Notes (Optional – Please specify which income source each note applies to):

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Program Exit: _____

Program Name: _____

Case Manager: _____

Program Exit Date: ____/____/____

Exit Questions – Housing Status (All clients, required questions are shaded):

Question	Check One Answer	Comments
Housing Status at exit:	<input type="checkbox"/> Literally Homeless <input type="checkbox"/> Imminently losing their housing <input type="checkbox"/> Unstably housed and at-risk of losing their housing <input type="checkbox"/> Stably Housed <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Exit Questions – Disability (All clients, required questions are shaded):

Question	Check One Answer	Comments
Do you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Do you have a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Do you feel you have a mental health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Mental health problem: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

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If yes, received services or treatment while in the program? (Required if mental health question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Do you have a drug or alcohol problem?	<input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Both drug and alcohol <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Substance Abuse: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, received services or treatment while in the program? (Required if substance abuse question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Exit Questions – General Health (All clients, required questions are shaded):

Question	Check One Answer	Comments
Compare to other people your age, would you say your health is excellent, very good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Exit Questions – Employment (Adults aged 18 and older only, required questions are shaded):

Question	Check One Answer	Comments
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Employment Tenure: (Required if employment question is Yes)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If currently working, number of hours worked in the past week? (Required if employment question is Yes)	_____ Hours	

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<p>If the client is not currently employed, is the client looking for work? If employed, is the client looking for additional employment or increased hours at their current job?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
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Exit Questions – Education (Adults aged 18 and older, required questions are shaded):

Question	Check One Answer	Comments
<p>Currently in school or working on any degree or certificate</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<p>Received vocational training or apprenticeship certificates</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<p>Highest level of school completed</p>	<input type="checkbox"/> No Schooling completed <input type="checkbox"/> Nursery School to 4th grade <input type="checkbox"/> 5th grade or 6th grade <input type="checkbox"/> 7th grade or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade (no diploma) <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-secondary school <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Entry Questions – Children's Education (All children between the ages of 5 and 17, required questions are shaded):

Question	Check One Answer	Comments
<p>Is this child currently enrolled in school?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> N/A	
<p>If yes, what is the name of this child's school(s)?</p>	<p>_____</p>	
<p>If yes, what type of school is it?</p>	<input type="checkbox"/> Public school <input type="checkbox"/> Parochial or other private school <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<p>If not enrolled, identify the problems in enrolling this child.</p>	<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool Programs Continued on next page →	

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<p>← Continued from previous page</p> <p>If not enrolled, identify the problems in enrolling this child.</p>	<input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<p>If not enrolled, what is the date of this child's last school enrollment?</p>	<p>____/____/____</p>	
<p>Was/is this child connected to McKinney-Vento homeless Assistance Act school liaison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Client Signature Site

Date

Agency Staff Signature Site

Date

For response categories marked with an asterisk (), these destinations are currently not permissible destinations for HOPWA-funded projects that provide short-term payments to prevent homelessness.

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Initials of Staff completion	Comments
<p>Was the hard copy exit form completely filled out correctly?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): _____