



Los Angeles Collaborative
HMIS Exit Form

Version 11.1

HMIS Exit Form

Client Name / HMIS ID: _____

Program Exit – All clients, all fields required unless otherwise noted

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Client Name: _____

Date of Birth: ____/____/____

Program Name: _____

Program Start Date: ____/____/____

1. Program Exit Date	____/____/____
2. Destination	
<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"/> 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"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non - crisis) <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house) <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 VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing 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, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Deceased <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other (Specify: _____) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #2 was answered as "Emergency Shelter" (*), then the following question is required for CES Crisis Housing only:	
2a. Is the client exiting to bridge housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

Housing Assessment at Exit – Homelessness Prevention projects only, only required for Head of Household

4. Housing Assessment at Exit	<input type="checkbox"/> Able to maintain the housing they had at project entry* <input type="checkbox"/> Moved to new housing unit** <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent 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 <input type="checkbox"/> Data not collected
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If question #4 was answered as "Able to maintain the housing they had at project entry" (*), then the following question is **required**:

4a. Subsidy Information	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy
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If question #4 was answered as "Moved to new housing unit" (**), then the following question is **required**:

4b. Subsidy Information	<input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without an on-going subsidy
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Note: Any address collected at status/annual should be entered on the entry screen for Permanent Housing Programs and on the exit form for non-Permanent Housing programs when a client exits to a PH Exit Destination. Move-in date should always be recorded on the entry form.

New participant Move in Information? No Yes**

If the question above, "New Participant Move in Information?" is answered "Yes" (**), the following question is **required**:

IMPORTANT: Move-In Date/Address must be updated in HMIS from the Program Entry Screen.

6a. Housing Move-In Date _____ / _____ / _____

6b. Permanent Home Address _____

6c. Apartment/Unit# _____

6d. City _____

6e. State _____

6f. Zip _____

6g. Monthly rent for this household (inclusive of any rental subsidies) \$ _____

Is this a shared housing destination? No Yes**

If the question above, "Is this a shared housing destination?" is answered "Yes" (**), the following question is **required**:

Does the participant share the room they sleep in? No Yes

Disabling Conditions and Barriers - All fields required unless otherwise noted

21. Do you have a physical disability? No Client doesn't know
 Yes** Client refused
 Data not collected

If question #21 was answered as "Yes" (**), then the following questions are **required**:

21a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently? No Client doesn't know
 Yes Client refused
 Data not collected

22. Have you ever been told you have a learning disability or developmental disability? No Client doesn't know
 Yes Client refused
 Data not collected

23. Do you have a chronic health condition? No Client doesn't know
 Yes** Client refused
 Data not collected
*A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: **heart disease** (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); **severe asthma**; **diabetes**; **arthritis-related conditions** (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); **adult onset cognitive impairments** (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); **severe headache/migraine**; **cancer**; **chronic bronchitis**; **liver condition**; **stroke**; or **emphysema**.*

If question #23 was answered as "Yes" (**), then the following questions are **required**:

23a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently? No Client doesn't know
 Yes Client refused
 Data not collected

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24. Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
25. Do you feel you currently have a mental health problem?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

If question #25 was answered as "Yes" (**), then the following questions are **required**:

25a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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26. Do you <i>currently</i> have a drug or alcohol use disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol* <input type="checkbox"/> Drug* <input type="checkbox"/> Both*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are **required**:

26a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Disability Summary

Physical disability <i>(Please summarize condition to the right)</i>	
Developmental disability <i>(Please summarize condition to the right)</i>	
Chronic health condition <i>(Please summarize condition to the right)</i>	
HIV/AIDS <i>(Please summarize condition to the right)</i>	
Mental health condition <i>(Please summarize condition to the right)</i>	
Substance abuse <i>(Please summarize condition to the right)</i>	
Number of disabilities <i>(Please summarize condition to the right)</i>	

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27. Have you been a victim of domestic violence or a victim of intimate partner violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #27 was answered as "Yes" (**), then the following question is **required**:

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
27b. Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Employment- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

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35. Are you currently employed?	<input type="checkbox"/> No* <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #35 was answered as "No" (*), then the following question is **required**:

35a. Are you.... (read options to the right)	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work
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If question #35 was answered as "Yes" (**), then the following question is **required**:

35b. What type of employment do you have?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal / sporadic (including day labor)
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Cash Income for Individual - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

36. Do you receive any cash income?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
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If question #36 was answered as "Yes", then the following question is **required**:

Income Source and Monthly Income: <i>What sources of income do you have, and how much do you get on a monthly basis?</i>			
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> Temporary Assistance for Needy Families (CalWorks)	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> General Assistance (GA) / General Relief (GR)	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Retirement Income from Social Security	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> Pension or retirement income from a former job	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Alimony and other spousal support	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other Source (Specify: _____)	\$
<input type="checkbox"/> Worker's Compensation	\$		
Total Monthly Cash Income for Individual		\$	
36a. Income Documentation <i>Do you have documents that verify income?</i>	<input type="checkbox"/> GR Form	<input type="checkbox"/> CalWORKs Form	<input type="checkbox"/> Pension Letter/Stub
	<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Unemployment Insurance Forms	<input type="checkbox"/> Unemployment Forms
	<input type="checkbox"/> Utility Allowance	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> Self Declaration
	<input type="checkbox"/> Child Support Forms	<input type="checkbox"/> SSDI Form	<input type="checkbox"/> Employer Printout/Letter
	<input type="checkbox"/> Social Security Forms	<input type="checkbox"/> Workmans Comp	<input type="checkbox"/> VA Documentation
	<input type="checkbox"/> SSI Forms	<input type="checkbox"/> Self Employment Docs	<input type="checkbox"/> Other (Specify: _____)

Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

37. Do you receive any non-cash benefits?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused
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If question #37 was answered as "Yes" (**), then the following question is **required**:

Non-Cash Benefits <i>What non-cash benefits do you receive? (Check all that apply)</i>	<input type="checkbox"/> Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP)
	<input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
	<input type="checkbox"/> CalWorks child care services
	<input type="checkbox"/> CalWorks transportation services
	<input type="checkbox"/> Other CalWorks-funded services
	<input type="checkbox"/> Other source (Specify: _____)

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Health Insurance - All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?		<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused	
If question #38 was answered as "No" (*), then the following questions are required :				
Reason		<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected	
		<input type="checkbox"/> Insurance type N/A for this client		
If question #38 was answered as "Yes" (**), then the following questions are required :				
Health Insurance (Check all that apply):		<input type="checkbox"/> Medi-Cal (MEDICAID)	<input type="checkbox"/> Private pay health insurance	
		<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Health Insurance for Adults	
		<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)	<input type="checkbox"/> Indian Health Services Program	
		<input type="checkbox"/> VA medical services	<input type="checkbox"/> Other health insurance	
		<input type="checkbox"/> Employer-provided health insurance	(Specify: _____)	
		<input type="checkbox"/> COBRA		
38a. Health Insurance Provider		<input type="checkbox"/> Health Net	<input type="checkbox"/> VA	
		<input type="checkbox"/> Molina	<input type="checkbox"/> L.A. Care	
		<input type="checkbox"/> My Health LA (DHS)	<input type="checkbox"/> Care 1 st Health Plan	
		<input type="checkbox"/> Anthem Blue Cross	<input type="checkbox"/> SCAN Health Plan	
		<input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> Other	
			<input type="checkbox"/> Unknown	

HUD-VASH – For veterans and Head of Households; Exit Information

Case management exit reason:	<input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs CM	<input type="checkbox"/> No longer interested in participating in this program
	<input type="checkbox"/> Transferred to another HUD-VASH program site	<input type="checkbox"/> Veteran cannot be located
	<input type="checkbox"/> Found/chose other housing	<input type="checkbox"/> Veteran too ill to participate at this time
	<input type="checkbox"/> Did not comply with HUD-VASH CM	<input type="checkbox"/> Veteran is incarcerated
	<input type="checkbox"/> Eviction and/or other housing related issues	<input type="checkbox"/> Veteran is deceased
	<input type="checkbox"/> Unhappy with HUD-VASH housing	<input type="checkbox"/> Other (specify: _____)
	<input type="checkbox"/> No longer financially eligible for HUD-VASH voucher	_____

Health and Education – RHY, VASH, and all adults aged 18 or older; all fields required unless otherwise noted

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45. General Health	<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
	<input type="checkbox"/> Very good	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Good	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Fair	<input type="checkbox"/> Data not collected

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72. Dental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
73. Mental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
46. What is the highest education level that you have completed? <i>(RHY, SSVF, VASH, or ILP Program)</i>	<input type="checkbox"/> Less than grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college	<input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
74. What is your current school status? <i>(RHY or ILP Program)</i>	<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Dropped out <input type="checkbox"/> Suspended	<input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
74a. What is your current education program type?	<input type="checkbox"/> High school/GED <input type="checkbox"/> Vocational program <input type="checkbox"/> Certificate/license program <input type="checkbox"/> Community college	<input type="checkbox"/> 4-year college/university <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SOAR Connection – SSVF and PATH and projects only, all fields required unless otherwise noted

75. Is the client connected with SOAR?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Exploitation – RHY projects only, all fields required unless otherwise noted

79. Have you ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #79 was answered as "Yes" (**), then the following questions are **required**:

79a. In the last three months?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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79b. How many times?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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79c. Have you ever made/persuaded/forced to have sex in exchange for something?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #79c was answered as "Yes" (**), then the following question is **required**:

79d. In the last three months?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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80. Have you ever been afraid to quit/leave work due to threats of violence to yourself, family, or friends?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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81. Have you ever been promised work where the work or payment was different than you expected?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #80 OR #81 was answered as "Yes" (**), then the following questions are **required**:

80/81a. Did you feel forced, coerced, pressured, or tricked into continuing the job?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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80/81b. In the last three months?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Project Completion Status – RHY projects only except for Street Outreach and Homeless Prevention

82. Project completion status	<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from the project*
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If question #82 was answered as "Youth was expelled..." (*), then the following question is **required**:

82a. Major reason	<input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge	<input type="checkbox"/> Reached maximum time allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared
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Counseling – RHY projects only except for Street Outreach

83. Counseling received by client?	<input type="checkbox"/> No <input type="checkbox"/> Yes**
If question #83 was answered as "Yes" (**), then the following question is required:	
83a. Identify the type(s) of counseling received	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group – Including peer counseling
83b. Identify the number of sessions received by exit	_____
84. Total number of sessions planned in the youth's treatment or service plan	_____
85. A plan is in place to start or continue counseling after exit	<input type="checkbox"/> No <input type="checkbox"/> Yes

Safe and Appropriate Exit – RHY projects only except for Street Outreach and Homelessness Prevention

86. Is the exit destination safe, as determined by the client?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
87. Is the exit destination safe, as determined by the project/caseworker?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know
88. Does the client have a permanent, positive adult connection outside of the project?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know
89. Does the client have permanent, positive peer connections outside of the project?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know
90. Does the client have permanent, positive community connections outside of the project?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know

HOPWA – Medical Assistance; if answered "yes"() to #24, this sections is required**

84. Receiving public HIV/AIDS medical assistance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
84a. Reason	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
85. Receiving AIDS Drug Assistance Program (ADAP)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
85a. Reason	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
86. Has the participant been prescribed anti-retroviral drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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87. Receiving Ryan White-funded Medical or Dental Assistance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #87 was answered as "No" (*), then the following question is **required**:

87a. Reason	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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HOPWA – T-Cell (CD4) and Viral Load

86. T-cell (CD4) count available?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #86 was answered as "Yes" (**), then the following question is **required**:

86a. T-cell count	_____
86b. How was the data obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other

87. Viral load available?	<input type="checkbox"/> Not available <input type="checkbox"/> Available** <input type="checkbox"/> Undetectable	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #87 was answered as "Yes" (**), then the following question is **required**:

87a. Viral load	_____
87b. How was the data obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other