

HMIS Exit Form PATH

Client HMIS ID # _____

Client DMH #: _____

Project Exit Date: _____

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Program Exit Date	Social Security Number (SSN)	Date of Birth (DOB)
____/____/____	____-____-____	____/____/____

Destination

Homeless Situations

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter (i.e. CHSS, Mission, Respite)
- Safe Haven

Institutional Situations

- 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

Temporary Housing Situations

- Residential project or halfway house with no homeless criteria (i.e. sober living)
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth) (including REST House)
- Host Home (non-crisis)
- Staying or living with family, temporary tenure (e.g. room, apartment, house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, house)

Permanent Housing Situations

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH subsidy
- Permanent housing (Other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy (i.e. Room & Board)
- Rental by client, with other ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy

Other

- No exit interview
- Other: _____
- Deceased
- Client doesn't know
- Client refused

Note: Refer to your HMIS binder for Discharge Disposition for Cerner.

Wellness Assessment		
Health Insurance	<input type="checkbox"/> Yes (Enter Sources Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<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 Funded Insurance Adults (Medi-Cal)	<input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other: (Specify) _____
Connection with SOAR (SSI/SSDI Outreach, Access, & Recovery) Program (Is this client connected with BHRS SSI/SSDI staff, PATH O/R staff or other SOAR staff?)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Alcohol Use Disorder	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
Chronic Health Condition	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Drug Use Disorder	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Mental Health Disorder	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
Physical Disability	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Disabling Condition – If Developmental, HIV or “Yes” to “Expected to be...” for any of the above barriers then this must be answered “Yes.”		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		

Financial Assessment

Income Source <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	Stated Income (Monthly)	Non-Cash Resources <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	Stated Amounts (Monthly)
<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) (SSA)	\$		
<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.

- 1. Living Situation:**
- Place not meant for habitation
 - Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
 - Safe Haven
 - Other (**i.e. REST House, TH, PH**)
 - Worker unable to determine

Record Contact

Contact Service:
 (Please list the service provided) _____