

# HMIS Exit Form SSVF RRH & HP

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

### 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
- 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
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- 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
- 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

## Health Insurance

- Yes (Enter the Source)     No     Client Doesn't Know     Client Refused

### Health Insurance Sources

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Pay Health Insurance</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> MEDICAID</li> <li><input type="checkbox"/> State Children's Health Insurance (SCHIP)</li> <li><input type="checkbox"/> VA Medical Services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Employer Provided Health Insurance</li> <li><input type="checkbox"/> Health Insurance obtained through COBRA</li> <li><input type="checkbox"/> State Health Insurance Adults (Medi-cal)</li> <li><input type="checkbox"/> Indian Health Services Program</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|---|---|

### Connection to SOAR:

- Yes     No     Client Doesn't Know     Client Refused

