

# HMIS Universal Exit Form

For all projects except: SSVF, RHY, PATH, 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)
____/____/____	____-____-____	____/____/____

**Exiting Project** (list all project names the client is exiting from below)

Coordinated Entry     Project Name: \_\_\_\_\_     Project Name: \_\_\_\_\_

**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	
<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	\$		
Employment Assessment (VA GPD Only)			
Is the client employed?	<input type="checkbox"/> Yes (Answer Below) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic	<input type="checkbox"/> No (Answer Below) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Not looking for work	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Housing Assessment at Exit (HP ONLY)			
<input type="checkbox"/> Able to maintain the housing they had at project entry <b>(Answer options below)</b> <input type="checkbox"/> Without subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With the on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance <input type="checkbox"/> Moved to new housing unit <b>(Answer options below)</b> <input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without an on-going subsidy	<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		
Housing Assessment Disposition (Coordinated Entry Only)			
<input type="checkbox"/> Referred to emergency shelter/safe haven <input type="checkbox"/> Referred to transitional housing <input type="checkbox"/> Referred to rapid re-housing <input type="checkbox"/> Referred to permanent supportive housing <input type="checkbox"/> Referred to homelessness prevention	<input type="checkbox"/> Referred to street outreach <input type="checkbox"/> Referred to other continuum project type <input type="checkbox"/> Referred to a homelessness diversion program <input type="checkbox"/> Unable to refer/accept within continuum; ineligible for continuum projects		

<b>Health Assessment (Permanent Supportive Housing Only)</b>	
General 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
<b>Well-Being Assessment (Permanent Supportive Housing Only)</b>	
Client perceives their life has value and worth	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neither Agree Nor Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Client perceives they have support from others who will listen to problems:	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neither Agree Nor Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Client perceives they have a tendency to bounce back after hard times	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neither Agree Nor Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid	<input type="checkbox"/> Not At All <input type="checkbox"/> Once A Month <input type="checkbox"/> Several Times A Month <input type="checkbox"/> Several Times A Week <input type="checkbox"/> At Least Everyday <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused