

HMIS #  
CM Name   
Project Exit Date / /

**Santa Cruz County HMIS YHDP - Standard Exit**

This form is designed to be completed by a service provider while interviewing a client.

A separate Standard Exit form should be completed for each member of the household.

|  |  |  |
| --- | --- | --- |
| **Client Profile** | | |
| **First Name** |  | **Middle** |
| **Last Name** |  |  |
| **Alias** (If multiple aliases, separate by commas) |  | |

|  |  |
| --- | --- |
| **Destination** | |
|  Deceased  Emergency shelter, including hotel or motel paid for with emergency shelter voucher  Foster care home or foster care group home  Hospital or other residential non—psychiatric medical facility  Hotel or motel Paid for without emergency shelter voucher  Jail, prison or juvenile detention facility  Long-term care facility or nursing home  Moved from one HOPWA funded project to HOPWA PH  Moved from one HOPWA funded to HOPWA TH  Owned by client, no ongoing housing subsidy  Permanent housing (other than RRH) for formerly homeless persons |  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)  Psychiatric hospital or other psychiatric facility  Rental by client, no ongoing housing subsidy  Rental by client, with RRH or equivalent subsidy  Rental by client, with VASH housing subsidy  Rental by client with GPD TIP housing subsidy  Rental by client, with other ongoing housing subsidy  Residential project or halfway house with no homeless criteria  Safe Haven  Staying or living with family, permanent tenure  Staying or living with family, temporary tenure (e.g., room, apartment or house)  Staying or living with friends, permanent tenure  Staying or living with friends, temporary tenure (e.g., room, apartment or house)  Substance abuse treatment facility or detox center  Transitional housing for homeless persons (including homeless youth)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No exit interview completed  Client Doesn’t Know  Client Refused |

|  |  |
| --- | --- |
| **Complete Housing Move-In Date When Client Moves Into a Permanent Housing Unit** | |
| **Housing Move-In Date** | / / |

|  |  |  |
| --- | --- | --- |
| **Disabling Conditions and Barriers** | | |
| **Does the client have a disabling condition?** |  Yes  No |  Client Doesn’t Know   Client Refused |
| **If Yes, please complete the following for each disability type** | | |
| **Alcohol Abuse**  Yes  No  Client Doesn’t Know  Client Refused | Condition Long Term?  If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **Drug Abuse**  Yes  No  Client Doesn’t Know  Client Refused | Condition Long Term?  If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **Both Alcohol & Drug Abuse**  Yes  No  Client Doesn’t Know  Client Refused | Condition Long Term?  If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **Chronic Health Condition**  Yes  No  Client Doesn’t Know  Client Refused | Condition Long Term?  If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **Developmental Disability**  Yes  No  Client Doesn’t Know  Client Refused | Substantially Impairs Independence?  If Yes, Expected to substantially impair ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |

|  |  |  |
| --- | --- | --- |
| **Disabling Conditions and Barriers** | | |
| **Physical Disability**  Yes  No  Client Doesn’t Know  Client Refused | Condition Long Term?  If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **HIV - AIDS**  Yes  No  Client Doesn’t Know  Client Refused | If Yes, Substantially Impairs Independence?  Expected to substantially impair ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **Mental Health Problem**  Yes  No  Client Doesn’t Know  Client Refused | Condition Long Term?  If Yes, if the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No  Client Doesn’t Know  Client Refused |
| **Domestic Violence Victim/Survivor**  Yes  No  Client Doesn’t Know  Client Refused | Last Occurrence?  If Yes, How long ago did the person have the most recent experience? |  Within the past three months   Three to six months ago (excluding six months exactly)  Six months to one year ago (excluding one year exactly)  One year ago or more  Client Doesn’t Know  Client Refused |
| **Are You Currently Fleeing?** | Are you currently fleeing domestic violence? |  Yes  No  Client Doesn’t Know  Client Refused |

|  |  |
| --- | --- |
| **Monthly Income – Cash Benefits** | |
| **Income from any source?** | Yes No Client doesn’t know Client refused |
|  Earned Income $   Unemployment Insurance  $   Worker’s Compensation  $   Private Disability Insurance  $   VA Service-Connected Disability Pension $   Social Security Disability Insurance SSDI $ |  Supplemental Security Income SSI $   Retirement income from Social Security $   VA Non-service connect disability pension $   Pension or Retirement Income from a Former Job $   Temporary Assistance for Needy Families TANF $   General Assistance (GA) $   Alimony and Other Spousal Support $   Child Support $   Other Cash Income $  If Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Cash Income for Individual** | **TOTAL**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Non-Cash Benefits** | |
| **Receiving Non-Cash Benefits?** | Yes No Client doesn’t know Client refused |
|  Supplemental Nutrition Assistance Program (SNAP)   Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)   TANF Childcare Services |  TANF Transportation Services   Other TANF-Funded Services   Other Non-Cash Benefit  If Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Health Insurance** | |
| **Covered by health insurance?** | Yes No Client doesn’t know Client refused |
|  Medicaid   Medicare   State Children’s Health Insurance Program   Veteran’s Administration (VA) Medical Services   Employer-Provided Health Insurance |  Health Insurance Obtained Through COBRA  Private Pay Health Insurance  State Health Insurance for Adults   Indian Health Services Program   Other Health Insurance  If Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Employment Status** | | |
| **Employed** |  Yes   No |  Client Doesn’t Know   Client Refused |
| **If Yes, Type of Employment** |  Full-time   Part-time   Seasonal/Sporadic (including day labor) | |
| **If No, Why Not Employed** |  Looking for work   Unable to work   Not looking for work |  |

|  |  |  |
| --- | --- | --- |
| **Last Grade Completed** | | |
| **Last Grade Completed** |  Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12/ High school diploma School program does not have grade levels | GED Some college Associate’s degree Bachelor’s degree Graduate degree Vocational certification  Client Doesn’t Know   Client Refused |
| **Mental Health Status** | | |
| **Mental Health Status** | Excellent Very Good  Good  Fair | Poor  Client Doesn’t Know Client Refused |

|  |  |  |
| --- | --- | --- |
| **General Health** | | |
| **General Health** | Excellent Very Good  Good  Fair | Poor  Client Doesn’t Know Client Refused |
| **Project Completion Status** | | |
| **Project Completion Status** | Completed project Youth voluntarily left early  Youth Was expelled or otherwise involuntarily discharged form project. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SAFE AND APPROPRIATE EXIT** | | | |
| **Ext destination safe – as determined by the client** |  Yes   No |  Client Doesn’t Know   Client Refused | |
| **Ext destination safe – as determined by the project/caseworker** |  Yes   No   Worker doesn’t know | | |
| **Client has permanent positive adult connections outside of project** |  Yes   No   Worker doesn’t know | |  |
| **Client has permanent positive peer connections outside of project** |  Yes   No  Worker doesn’t know | |  |
| **Client has permanent positive community connections outside of project** |  Yes   No  Worker doesn’t know | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information** [Optional – can be entered in Location Tab] | | | |
| **Phone Number** |  | | |
| **Email** |  | | |
| **Current Address (if applicable)** |  | | |
| **City** |  | | |
| **State** |  |  | **Zip Code** |

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| Print Name of Client | Signature of Client | Date |
| Print Name of Intake Worker | Signature of Intake Worker | Date |