

HMIS #  
CM Name   
Project Exit Date / /

**Santa Cruz County HMIS - 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.

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

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| **Destination** | |
| **Homeless Situations**  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)  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 and Permanent 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 friends, temporary tenure (e.g., room, apartment or house)  Staying or living with family, temporary tenure (e.g., room, apartment or house)  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 to HOPWA TH  Rental by client with GPD TIP housing subsidy  Rental by client, with VASH housing 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, no ongoing housing subsidy  Rental by client, with other ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Owned by client, no ongoing housing subsidy  **Other**  No exit interview completed  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deceased  Client Doesn’t Know  Client Refused |

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| **Disabling Conditions and Barriers** | | |
| **Physical Disability**  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 |
| **Developmental Disability** |  Yes  No  Client Doesn’t Know  Client Refused | |
| **Chronic Health Condition**  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 |
| **HIV - AIDS** |  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 |
| **Substance Abuse Problem**  No   Alcohol Abuse  Drug Abuse  Both Alcohol & Drug Abuse  Client Doesn’t Know  Client Refused | Condition Long Term?  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 |

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| **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**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 |  |

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

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| **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 |

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

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