

HMIS # _____
 CM Name: _____
 Project Entry Date: ____/____/____

Santa Barbara County HMIS Standard Exit

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

A separate Standard Intake form should be completed for each member of the

Household Information

Is the client: ☐ Single Adult ☐ Adult in Household

If Adult Household is checked:

Are you the Head of Household (HOH)? ☐ Yes ☐ No | If No, Name of HOH: _____

How many adults are in the household? _____ | How many children are in the household? _____

If you are in a household, what is your relationship to the HoH?

- ☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner
☐ Other: relation to head of household ☐ Other: non-relation member

Client Profile

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: ____ - ____ - ____

U.S. Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Reason for Leaving & Destination

Reason for Leaving:

- ☐ Completed program
- ☐ Criminal activity / violence
- ☐ Death
- ☐ Disagreement with rules/persons
- ☐ Left for housing opp. before completing program
- ☐ Needs could not be met
- ☐ Non-compliance with program
- ☐ Non-payment of rent
- ☐ Other
- ☐ Reached maximum time allowed
- ☐ Unknown/Disappeared

Destination:

Homeless Situation:

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) (HUD)
- ☐ Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter (HUD)
- ☐ Safe Haven (HUD)

Institutional Situation

- ☐ Foster care home or foster care group home (HUD) | ☐ Hospital or other residential non-psychiatric medical facility (HUD)
- ☐ Jail, prison or juvenile detention facility (HUD) | ☐ Long-term care facility or nursing home (HUD)
- ☐ Psychiatric hospital or other psychiatric facility (HUD) | ☐ Substance abuse treatment facility or detox center (HUD)

Temporary & Permanent Housing Situation

- ☐ Residential project or halfway house with no homeless criteria (HUD) | ☐ Hotel or motel paid for without emergency shelter voucher (HUD)
- ☐ Transitional housing for homeless persons (including homeless youth) (HUD) | ☐ Host Home (non-crisis) (HUD)
- ☐ Staying or living with friends, temporary tenure (HUD) | ☐ Staying or living with family, temporary tenure (HUD)
- ☐ Staying or living with family, permanent tenure (HUD) | ☐ Staying or living with friends, permanent tenure (HUD)
- ☐ Moved from one HOPWA funded project to HOPWA PH (HUD) | ☐ Moved from one HOPWA funded project to HOPWA TH (HUD)
- ☐ Rental by client, with GPD TIP housing subsidy (HUD) | ☐ Rental by client, with VASH housing subsidy (HUD)
- ☐ Permanent housing (other than RRH) for formerly homeless persons (HUD) | ☐ Rental by client, with RRH or equivalent subsidy (HUD)
- ☐ Rental by client, with HCV voucher (tenant or project based) (HUD) | ☐ Rental by client in a public housing unit (HUD)
- ☐ Rental by client, no ongoing housing subsidy (HUD) | ☐ Rental by client, with other ongoing housing subsidy (HUD)
- ☐ Owned by client, with ongoing housing subsidy (HUD) | ☐ Owned by client, no ongoing housing subsidy (HUD)

OTHER

- ☐ No exit interview completed (HUD)
- ☐ Other HUD)
- ☐ Deceased (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Housing Move-in Date: ____/____/____

Monthly Income - Cash Benefits

Income from any source?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client refused || Total Monthly Income: \$_____

Types of Income (Check if any)	Income Source Amount	Date start receiving:
<input type="checkbox"/> Alimony or Other Spousal Income (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Child Support (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Earned Income (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> General Assistance (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Other (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Pension or retirement from another job (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Private disability insurance (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Retirement income from Social Security (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> SSDI (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> SSI (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> TANF (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Unemployment Insurance (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> VA Non-service connect disability pension (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> VA Service connected disability compensation (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Worker's Compensation (HUD)	\$_____	_____/_____/_____

Non-Cash Benefits

Non-cash benefit from any source? ☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client refused

Types of Non-Cash Benefits (Check if any)	Income Source Amount	Date start receiving:
<input type="checkbox"/> Supplemental nutrition assistance program (Food Stamps) (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Special supplement nutrition program for WIC (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> TANF-Child care services (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> TANF Transportation services (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Other TANF funded services (HUD)	\$_____	_____/_____/_____
<input type="checkbox"/> Other Source (HUD)	\$_____	_____/_____/_____

If Other, please specify:

Health Insurance

Covered by Health Insurance? ☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client refused

Types of Health Insurance (Check if any)	Start Date receiving:
<input type="checkbox"/> Employer provided Health Insurance	____/____/____
<input type="checkbox"/> Health Insurance Obtained through COBRA	____/____/____
<input type="checkbox"/> Indian health services program	____/____/____
<input type="checkbox"/> Medicare	____/____/____
<input type="checkbox"/> Medicaid	____/____/____
<input type="checkbox"/> Private pay health plan	____/____/____
<input type="checkbox"/> State children's health insurance program	____/____/____
<input type="checkbox"/> State health insurance for adults	____/____/____
<input type="checkbox"/> VA Medical Services	____/____/____
<input type="checkbox"/> Other Source	____/____/____

If Other, please specify:

Disability

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

Disability Type / Disability Determination:

Alcohol Abuse (HUD): _____

☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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

Both Alcohol and Drug Abuse (HUD): _____

☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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

Chronic Health Condition (HUD): _____

☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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 (HUD): _____

☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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

Disability (Continued)**Drug Abuse (HUD):**☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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 (HUD):**☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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**Mental Health Problem (HUD):**☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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 ☐ Data not collected**Physical (HUD):**☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Disability Start Date: ____/____/____

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

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