

Santa Barbara County HMIS RHY Exit – SO

HMIS # _____

CM Name: _____

Project Entry Date: ____/____/____

Project Exit Date

Project Exit Date (mm/dd/yyyy): ____/____/____

Client Name: _____

Destination

Institutional Setting

☐ 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 Situation

☐ Transitional housing for homeless persons (incl youth)☐ Residential project or halfway house, no homeless criteria☐ Hotel or motel paid for without emergency shelter voucher☐ Host Home (non-crisis)☐ Staying or living with family, temporary tenure☐ Staying or living with friends, temporary tenure☐ Moved from one HOPWA funded project to HOPWA TH☐ Staying/living in a friend's room, apartment, house☐ Staying/living in a family member's room apartment, house

Permanent Housing Situation

☐ Staying or living with family, permanent tenure☐ Staying or living with friends, permanent tenure☐ Moved from one HOPWA funded project to HOPWA PH☐ Rental by client, no ongoing housing subsidy☐ **Rental by client, with ongoing housing subsidy***☐ Owned by client, with ongoing housing subsidy☐ Owned by client, no ongoing housing subsidy

*If rental by client, with on-going housing subsidy, specify subsidy:

☐ GDP TIP housing subsidy☐ VASH housing subsidy☐ RRH or equivalent subsidy☐ HCV voucher (tenant or project based, not dedicated)☐ Public housing unit☐ Other permanent housing dedicated for formerly homeless persons☐ Rental by client, with other ongoing housing subsidy☐ Emergency Housing Voucher☐ Family Unification Program Voucher (FUP)☐ Foster Youth to Independent Initiative (FYI)☐ Permanent Supportive Housing

Other

☐ No exit interview completed☐ Other☐ Deceased☐ Client doesn't know☐ Client prefers not to answer☐ Data not collected

Monthly Income – Cash Benefits

Income from any source? If Yes, total monthly income: \$_____

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Income source (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Alimony or other spousal income	\$ _____	_____/_____/_____
<input type="checkbox"/> Child Support	\$ _____	_____/_____/_____
<input type="checkbox"/> Earned Income	\$ _____	_____/_____/_____
<input type="checkbox"/> General Assistance	\$ _____	_____/_____/_____
<input type="checkbox"/> Other	\$ _____	_____/_____/_____
<input type="checkbox"/> Pension or retirement from another job	\$ _____	_____/_____/_____
<input type="checkbox"/> Private disability insurance	\$ _____	_____/_____/_____
<input type="checkbox"/> Retirement income from Social Security	\$ _____	_____/_____/_____
<input type="checkbox"/> SSDI	\$ _____	_____/_____/_____
<input type="checkbox"/> SSI	\$ _____	_____/_____/_____
<input type="checkbox"/> TANF	\$ _____	_____/_____/_____
<input type="checkbox"/> Unemployment Insurance	\$ _____	_____/_____/_____
<input type="checkbox"/> VA Non-Service connect disability pension	\$ _____	_____/_____/_____
<input type="checkbox"/> VA Service connected disability compensation	\$ _____	_____/_____/_____
<input type="checkbox"/> Worker's Compensation	\$ _____	_____/_____/_____

Non-Cash Benefits

Non-cash benefits from any source?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Type of Benefit (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Supplemental nutrition assistance program	\$	____/____/____
<input type="checkbox"/> Special supplement nutrition program for WIC	\$	____/____/____
<input type="checkbox"/> TANF – Child care services	\$	____/____/____
<input type="checkbox"/> TANF – Transportation services	\$	____/____/____
<input type="checkbox"/> Other TANF funded services	\$	____/____/____
<input type="checkbox"/> Other Source	\$	____/____/____

If “Other Source”, specify: _____

Health Insurance

Covered by Health Insurance?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Type of Health Insurance	Date Started 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 Source”, specify: _____

Disability

Does the client have a disabling condition?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Disability Type/Determination	Condition Long Term?	Disability Start Date
Alcohol Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Both Alcohol & Drug Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Developmental <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Substance Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Mental Health Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Physical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____

Pregnancy Status

Pregnancy Status:

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

General Health Status:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

Dental Health Status:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

Mental Health Status:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

Pregnancy Status:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer	

If Yes, due date: ____/____/____

Commercial Sexual Exploitation/Sex Trafficking

Ever received anything in exchange for sex (e.g., money, food, drugs, shelter)?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for ever received anything for sex, how many times?

☐ 1-3 ☐ 4-7 ☐ 8-11 ☐ 12 or more ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for ever received anything for sex, ever made/persuaded/forced to have sex in exchange for something?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for ever received anything for sex, ever made/persuaded/forced to have sex in exchange for something in the past 3 months?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Labor Exploitation/Trafficking

Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Ever promised work where work or payment was different that you expected?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for either threats of violence or workplace promises-ever felt forced, coerced, pressured, or tricked into continuing the job?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for either threats of violence or workplace promises-in the past 3 months?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected