

Santa Barbara County

HMIS SSVF Exit: RRH

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Intake should be completed for each member of the household.

HMIS # _____

CM Name: _____

Project Entry Date: ____/____/____

Household Information

Is the client: Single Adult Adult in Household ****If Single Adult is checked go to Client Profile****

If Adult in Household is checked: Are you the Head of Household (HoH)? Yes No

If No, Name of HoH: _____

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Self (head of household) | <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Head of household's spouse or partner |
| <input type="checkbox"/> Other: relation to head of household | <input type="checkbox"/> Other: non-relation member | |

Client Profile

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

Social Security Number: ____/____/____ **May collect last 4 numbers instead of all 9 numbers**

Date of Birth: ____/____/____

Destination

Institutional Setting

<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, Prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center

Temporary Housing Situation

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

Permanent Housing Situation

<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> Rental by client, with ongoing housing subsidy*
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Owned by client, no ongoing housing subsidy

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

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

Other

<input type="checkbox"/> No exit interview completed	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Other	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Deceased	<input type="checkbox"/> 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	State 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 Source", specify: _____

SSVF – Specific Information

Connection with SOAR: Yes No Client doesn't know Client prefers not to answer Data not collected

Last Grade Completed

<input type="checkbox"/> Less than grade 5	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> School does not have grades	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Some college	<input type="checkbox"/> Vocational certification	

Employment Status

Information date: ____/____/____ (date information was collected)

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

If Yes, Type of Employment	If No, Why Not Employed
<input type="checkbox"/> Full-time	<input type="checkbox"/> Looking for work
<input type="checkbox"/> Part-time	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Seasonal/sporadic (including day labor)	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected

Permanent Supportive Housing Programs Only

Well-Being

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 prefers not to answer	<input type="checkbox"/> Data not collected

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 prefers not to answer	<input type="checkbox"/> Data not collected

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 prefers not to answer	<input type="checkbox"/> Data not collected

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

<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 prefers not to answer	<input type="checkbox"/> Data not collected

General Health

<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 prefers not to answer	<input type="checkbox"/> Data not collected

Moving on Assistance Provided: Date: ____/____/____

<input type="checkbox"/> Subsidized housing application assistance	<input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses)
<input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support)	<input type="checkbox"/> Housing referral/placement
<input type="checkbox"/> Other (please specify):	