

Santa Barbara County

HMIS Standard – EXIT

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Exit 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?

☐ 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: ____/____/____ May collect last 4 numbers instead of all 9 numbers

U.S Military Veteran?

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

☐ One week or more, but less than one month | ☐ Data not collected

Reason for Leaving & Destination

<input type="checkbox"/> Completed program	<input type="checkbox"/> Death	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Other	
<input type="checkbox"/> Left for housing opportunity before completing program	<input type="checkbox"/> Unknown/Disappeared	
<input type="checkbox"/> Reached maximum time allowed		

Homeless Situation

<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside)
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
<input type="checkbox"/> Safe Haven

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"/> <u>Rental by client, with ongoing housing subsidy*</u>
<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

Housing Move-in Date: ____/____/____

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 Health Administration (VHA)	____/____/____
<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	____/____/____

Moving on Assistance**Date Moving on Assistance Provided:** ____/____/____☐ Subsidized housing application assistance☐ Financial assistance for Moving On☐ Non-financial assistance for Moving On☐ Housing referral/placement☐ Other (please specify: _____)**Signatures**

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