

Exit Summary

Project Exit Date: _____/_____/_____

Intake Staff Name: _____

Project Name: _____

HMIS Client ID (Must have ID#): _____

Basic Client Profile (Universal Data Elements)

Name (First, Middle, Last)	_____	
Reason for Leaving	<input type="checkbox"/> Completed Program <input type="checkbox"/> Disagreement with rules/person <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other: _____	<input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Left for housing opportunity before completing program <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Reached maximum time allowed
		<input type="checkbox"/> Death <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Unknown/Disappeared
Destination At Exit	<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel/motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital or other, non-psychiatric, medical facility <input type="checkbox"/> Hotel or motel paid without emergency voucher <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport, or anywhere outside) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy	<input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GDP TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Substance abuse treatment facility/detox <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Other: _____ <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Detailed Client Information (Program-Level Data Elements)

Physical Disability <i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	Developmental Disability <i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Chronic Health Condition <i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	HIV/AIDS <i>If Yes, expected to substantially impairs ability to live independently.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Mental Health Problem <i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	Substance Abuse Problem <i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently.</i>	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol & Drug Abuse <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused

Street Outreach/Night by Night Shelter Stays/PATH Street Outreach Only

Contact Date	_____ / _____ / _____	Staying on Streets, ES, SH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Unable to determine
Date of Engagement	_____ / _____ / _____		

3. Detailed Client Information (Program-Level Data Elements)								
Income Received from Any Source		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Non-Cash Benefits Received		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<i>If yes, indicate all sources and dollar amounts for applicable sources</i>				<i>If yes, indicate all sources that apply</i>				
Source of Income	Receiving?	Amount	Source of Non-Cash Benefit	Yes	No			
Earned Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Supplemental Nutritional Assistance Program (SNAP) (CalFresh or "Food Stamps")	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Special Supplementation Nutritional Program for (WIC)	<input type="checkbox"/>	<input type="checkbox"/>			
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>			
VA Service – Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Other TANF-Funded Services	<input type="checkbox"/>	<input type="checkbox"/>			
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.						
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.						
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.						
General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.						
			Covered by Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
			<i>If yes, indicate all sources that apply</i>					
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Source of Insurance	Yes	No			
			MEDICAID (Medi-Cal)	<input type="checkbox"/>	<input type="checkbox"/>			
Pension/Retirement from a former job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>			
			State Children Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	VA Medical Services	<input type="checkbox"/>	<input type="checkbox"/>			
			Employer Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony/Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Health Insurance obtained through COBRA	<input type="checkbox"/>	<input type="checkbox"/>			
			Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>			
			Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>			
Total Monthly Income		\$.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

PATH Projects Only			
PATH Status			
Client became enrolled in PATH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If NO, reason not enrolled</i>	<input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)
<i>Date of Determination</i>		_____/_____/_____	
Connection with SOAR		<input type="checkbox"/> Yes	<input type="checkbox"/> No