

**Exit Summary**

**Project Exit Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Requesting Agency:** \_\_\_\_\_

**Requesting Agency Staff Name:** \_\_\_\_\_

**Requesting Agency Staff Contact Information: (Phone)** \_\_\_\_\_

**(Email)** \_\_\_\_\_

<b>HMIS CLIENT ID</b> (Must have ID #)	_____
<b>Name</b>	<p style="color: red;">Only provide first name and <u>first letter</u> of last name so HMIS Client ID can be verified</p> <p>FULL FIRST NAME: _____ <b>FIRST LETTER OF LAST NAME:</b> _____</p>
<b>Reason for Leaving</b>	<p><input type="checkbox"/> Completed Program (permanently housed in CoC project)</p> <p><input type="checkbox"/> Left for housing opportunity before completing program (housed in non-CoC project)</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Unknown/Disappeared</p> <p><input type="checkbox"/> Other: _____ (Other might include "Sacramento County Resident" or "Not Placer or Nevada County Resident")</p>
<b>Destination At Exit</b>	<p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Long term care facility or nursing home</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH housing subsidy</p> <p><input type="checkbox"/> Rental by client, with GDP TIP subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or living with family, permanent tenure</p> <p><input type="checkbox"/> Staying or living with friends, permanent tenure</p> <p><input type="checkbox"/> Other: _____</p>

**Submit the completed forms to Connecting Point by:**

Fax: 530-274-5606

OR

Email: [jessicat@connectingpoint.org](mailto:jessicat@connectingpoint.org)