

HMIS EXIT Data Collection Form for Solano County HMIS Projects

General Instructions

This is the exit form for ALL projects in Solano County except for SSVF funded programs.

This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household.

If a household presents as two minor youth, one of the youth should be designated as the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note, current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

EXIT DATE AND DESTINATION

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

Indicate here if no exit interview was completed:

REASON FOR LEAVING

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

DESTINATION

Which of the following most closely matches where the client will be staying right after leaving this project?

| | | | |
|-----------------------------------|---|--|--|
| Homeless Situations | <input type="checkbox"/> Place not meant for habitation | Continuum PH | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | | <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons |
| | <input type="checkbox"/> Safe Haven | | <input type="checkbox"/> (not applicable for CoC-funded projects) To HOPWA PH from a HOPWA project |
| | <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <i>(not applicable for CoC-funded projects) To HOPWA TH from a HOPWA project</i> | | |
| Non-Homeless Temporary Situations | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | Rent/Own with Subsidy | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy |
| | <input type="checkbox"/> Residential project or halfway house with no homeless criteria | | <input type="checkbox"/> Rental by client, with VASH housing subsidy |
| | <input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment, or house) | | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| | <input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment, or house) | | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| Institutional Situations | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | Rent/Own no Subsidy | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| | <input type="checkbox"/> Substance abuse treatment facility or detox center | | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | Other Permanent | <input type="checkbox"/> Staying or living with family, permanent tenure |
| | <input type="checkbox"/> Jail, prison, or juvenile detention facility | | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| | <input type="checkbox"/> Foster care home or foster care group home | Other | <input type="checkbox"/> Deceased |
| | <input type="checkbox"/> Long-term care facility or nursing home | | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Client doesn't know | |
| | | <input type="checkbox"/> Client refused | |

DISABILITY STATUS

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

No

Yes

Client doesn't know

Client refused



[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No

Yes

Client doesn't know

Client refused



[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No

Yes

Client doesn't know

Client refused



[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

No

Yes

Client doesn't know

Client refused



[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

DISABILITY STATUS (CONT.)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- No
 Yes

- Client doesn't know
 Client refused



[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- No
 Alcohol abuse
 Drug abuse
 Both alcohol and drug abuse

- Client doesn't know
 Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

DISABLING CONDITION

Does the client currently have a disabling condition?

A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

- No
 Yes
 Client doesn't know
 Client refused

INCOME AND BENEFITS

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

| Source of income | Receiving income from source? | If yes, monthly amount from source (round to nearest dollar) |
|--|-------------------------------|--|
| Earned income (i.e., employment income) | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Unemployment Insurance | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Supplemental Security Income (SSI) | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Social Security Disability Insurance (SSDI) | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| VA Service-Connected Disability Compensation | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| VA Non-Service-Connected Disability Pension | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Private disability insurance | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Worker's Compensation | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Temporary Assistance for Needy Families (TANF) | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| General Assistance (GA) | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Retirement Income from Social Security | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Pension or retirement income from a former job | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Child support | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Alimony or other spousal support | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Other source If yes, specify source: _____ | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | \$. 0 0 |
| Total monthly income from all sources | | \$. 0 0 |

INCOME AND BENEFITS (CONT.)

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

| | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

| Source of income | Receiving Benefits from source? | |
|---|---------------------------------|--------------------------|
| Supplemental Nutrition Assistance Program (SNAP) | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| TANF Child Care services (or use local name) | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| TANF transportation services (or use local name) | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| Other TANF-Funded Services (or use local name) | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| Other source | No | <input type="checkbox"/> |
| If yes, specify source: _____ | Yes | <input type="checkbox"/> |

HEALTH INSURANCE

Is the client currently covered by health insurance?

| | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

| No | Yes | Source |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicare |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer-Provided Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Health insurance obtained through COBRA |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Pay Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | State Health Insurance for Adults (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indian Health Services Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Other If Yes, specify source: _____ |

PRESENT SITUATION

LANDLORD CONTACT INFORMATION

If the client has moved into permanent housing, please provide the new landlord's contact information.

Name _____

Address _____

City _____ State _____ Zip code _____

Phone number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Email address _____

CLIENT LOCATION

Where will the client live after exiting?

| | |
|--------------------------|---------------|
| <input type="checkbox"/> | Benicia |
| <input type="checkbox"/> | Birds Landing |
| <input type="checkbox"/> | Dixon |
| <input type="checkbox"/> | Fairfield |
| <input type="checkbox"/> | Green Valley |
| <input type="checkbox"/> | Rio Vista |
| <input type="checkbox"/> | Suisun City |
| <input type="checkbox"/> | Vacaville |
| <input type="checkbox"/> | Vallejo |

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Other area in Solano County |
| <input type="checkbox"/> | Alameda County |
| <input type="checkbox"/> | Contra Costa County |
| <input type="checkbox"/> | Napa County |
| <input type="checkbox"/> | Sacramento County |
| <input type="checkbox"/> | San Francisco County |
| <input type="checkbox"/> | Yolo County |
| <input type="checkbox"/> | Other area in California (non-Solano) |
| <input type="checkbox"/> | Other area outside of California |

HOUSING MOVE-IN DATE

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client.

Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |