

**Exit Summary**

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

**Intake Staff Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**HMIS Client ID (Must have ID#):** \_\_\_\_\_

**Basic Client Profile (Universal Data Elements)**

<b>Name</b> (First, Middle, Last)	_____		
<b>Reason for Leaving</b>	<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
<b>Destination At Exit</b>	<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)**

<b>Physical Disability</b>  <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	<b>Developmental Disability</b>  <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
<b>Chronic Health Condition</b>  <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	<b>HIV/AIDS</b>  <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
<b>Mental Health Problem</b>  <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	<b>Substance Abuse Problem</b>  <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

<b>Housing Assessment at Exit</b>	<input type="checkbox"/> Able to maintain the housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Client went to jail/prison <input type="checkbox"/> Client died <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<i>If Able to maintain the housing they had at project entry</i> <b>Subsidy Information</b>	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy
		<i>If Moved to new housing unit</i> <b>Subsidy Information</b>	<input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without and on-going subsidy

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