

Project Exit Date: _____ / _____ / _____

Intake Staff Name: _____

Project Name: _____

HMIS Client ID (Must have ID#): _____

Client Name (First, Middle, Last)	Date of Birth _____/_____/_____
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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"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel/motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other, non-psychiatric, medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility/detox Residential project or halfway house with no homeless criteria (ie. sober living with no lease/tenancy rights) <input type="checkbox"/> Hotel or motel paid for without an emergency voucher <input type="checkbox"/> Transitional housing for homeless persons (inc. youth) <input type="checkbox"/> Host home (non-crisis) <input type="checkbox"/> Staying or living with friends, temporary tenure	<input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Exit from Coordinated Entry (By-Name List)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Income Received from Any Source?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	<i>Answer Yes or No for ALL sources of income below, and if Yes, provide monthly dollar amount client is receiving.</i>			
Source of Income	Receiving?	Amount	Source of Income	Receiving?	Amount
Earned Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Pension/Retirement from a former job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.
VA Service – Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Alimony/Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Other: _____		\$.
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.	Total Monthly Income		\$.

Non-Cash Benefits Received?		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused		Covered by Health Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
<i>Answer Yes or No to all sources below:</i>				<i>Answer Yes or No to all sources below:</i>			
Source of Non-Cash Benefit		Yes	No	Source of Health Insurance		Yes	No
Supplemental Nutritional Assistance Program (SNAP) (CalFresh or "Food Stamps")		<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID (Medi-Cal)		<input type="checkbox"/>	<input type="checkbox"/>
Special Supplementation Nutritional Program for (WIC)		<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE		<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services		<input type="checkbox"/>	<input type="checkbox"/>	State Children Health Insurance Program		<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services		<input type="checkbox"/>	<input type="checkbox"/>	VA Medical Services		<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-Funded Services		<input type="checkbox"/>	<input type="checkbox"/>	Employer Provided Health Insurance		<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		<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		<input type="checkbox"/>	<input type="checkbox"/>
				Indian Health Services Program		<input type="checkbox"/>	<input type="checkbox"/>
				Other: _____		<input type="checkbox"/>	<input type="checkbox"/>

Any Disabling Condition*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused				For each condition identified, provide an answer (X) below whether that condition is expected to be of long-continued/indefinite duration and substantially impedes ability to live independently.			
	Yes	No	Client Doesn't Know	Client Refused	Yes	No	Client Doesn't Know	Client Refused
<i>Provide answer (X) for each condition below:</i>								
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Problem	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol & Drug Abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Answer YES to 'Any Disabling Condition' if answer above is YES to any condition, or if client has HIV/AIDS or a Developmental Disability or is a veteran with a qualifying injury/illness incurred during active service.			
Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

<i>Type of Residence</i>	
<p>Homeless Situation Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport, or anywhere outside) (1) Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home Shelter (2) Safe Haven (3)</p> <p>Institutional Situations Foster care home or foster care group home (4) Hospital or other, non-psychiatric, medical facility (5) Jail, prison, or juvenile detention facility (6) Long term care facility or nursing home (7) Psychiatric hospital or other psychiatric facility (8) Substance abuse treatment facility/detox (9)</p> <p>Temporary and Permanent Housing Situation Residential project or halfway house with no homeless criteria (ie. sober living with no lease/tenancy rights) (10) Hotel or motel paid for without an emergency voucher (11)</p>	<p>Transitional housing for homeless persons (inc. youth) (12) Host home (non-crisis) (13) Staying in family member’s room, apartment or house (14) Staying in friend’s room, apartment or house (15) Rental by client, with VASH housing subsidy (16) Permanent housing (other than RRH) for formerly homeless persons (17) Rental by client, with RRH or equivalent subsidy (18) Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) (19) Rental by client in a public housing unit (20) Rental by client, no ongoing housing subsidy (21) Rental by client, with other ongoing housing subsidy (22) Owned by client, no ongoing housing subsidy (23) Owned by client, with ongoing housing subsidy (24) Client Doesn’t Know (25) Client Refused (26)</p>

Street Outreach / Night by Night Shelter Stays / PATH Street Outreach Only		<i>Adults and Head of Household only</i>
CONTACT DATE	<i>[First Contact Date should be same as Project Entry date]</i>	_____/_____/_____
<p>CURRENT LIVING SITUATION: Refer to ‘Type of Residence’ list above and write the applicable number here. <i>[PATH projects are limited to #1, #2, #3, “Other” or “Worker Unable to Determine”]</i></p>		Type of Residence (#): _____ or <input type="checkbox"/> Other <i>(use sparingly)</i> <input type="checkbox"/> Worker Unable to Determine
<p>If ‘Current Living Situation’ response is NOT a Homeless (#1-3) Situation, answer question A: A. Is client going to have to leave their current living situation within 14 days?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<p>If Yes to question A, answer questions B-E: B. Has a subsequent residence been identified?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<p>C. Does individual or family have resources or support networks to obtain other permanent housing?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<p>D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<p>E. Has the client moved 2 or more times in the last 60 days?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
LOCATION DETAILS		
Date of Engagement	_____/_____/_____	<i>Engagement is when an interactive client relationship results in client assessment or beginning of case plan. For street outreach, data quality is not measured until a date of engagement is recorded.</i>