

HMIS Exit Form Outreach

Client ID: _____
Project Name: _____
Staff Name: _____

Identification -All fields required unless otherwise noted	
First Name: _____	Middle Name: _____
Last Name: _____	Suffix: _____
Project Exit Date: ____/____/____	
Social Security Number (SSN): ____-____-____	
Birth Date (DOB): ____/____/____	
Destinations	
Homeless Situations	
<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter <input type="checkbox"/> Safe Haven	
Institutional Situations	
<input type="checkbox"/> Foster Care home or foster care group home <input type="checkbox"/> Hospital or other residential 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 or detox center	
Temporary Housing	
<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	
Permanent Housing	
<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy	
<input type="checkbox"/> No Exit Interview <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Health Insurance	
<input type="checkbox"/> Yes (Select source) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Health Insurance Sources (Check all that apply)	
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Net (Medi-Cal)-Adults <input type="checkbox"/> Health Net (Medi-Cal)-Children <input type="checkbox"/> State Kaiser (Medi-Cal)-Adults <input type="checkbox"/> State Kaiser (Medi-Cal)-Children <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children <input type="checkbox"/> State Children's Health Insurance (Medi-Cal) <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal) <input type="checkbox"/> Indian Health Services Program (IHS) <input type="checkbox"/> Other: _____	

Barriers-All programs except SSVF (Check all that apply)		
	Barrier Present	Condition is indefinite
<input type="checkbox"/> Alcohol Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
Financial Assessment		
Does client have any source of income? (If Yes, check all that apply)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Income Source	Monthly Amount	
<input type="checkbox"/> Earned Income (employment wages/cash)	\$	
<input type="checkbox"/> Unemployment Insurance	\$	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	
<input type="checkbox"/> Private Disability Insurance	\$	
<input type="checkbox"/> Workers Compensation	\$	
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	
<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$	
<input type="checkbox"/> Pension of Retirement Income from a job	\$	
<input type="checkbox"/> TANF (CalWorks)	\$	
<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Retirement (Social Security)	\$	
<input type="checkbox"/> Child Support	\$	
<input type="checkbox"/> Alimony	\$	
<input type="checkbox"/> Other Income	\$	
Does client have any Non-Cash Benefits? (If Yes, check all that apply)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Non-Cash Benefits	Monthly Amount	
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$	
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$	
<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$	
<input type="checkbox"/> CalWorks Transportation (TANF)	\$	
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$	
<input type="checkbox"/> Other Sources	\$	

Contact
Date of Contact: ___/___/___
Current Living Situation: <i>Record the client's living situation information below</i>
1. Living Situation
Literally Homeless
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Car/Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel voucher or Host Home Shelter <input type="checkbox"/> Safe Haven
<i>*If selection made, continue to Contact Service</i>
Institutional Situation
<input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Hospital or other residential 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 or detox center
<i>*If selection made, continue to question 2</i>
Temporary Housing
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<i>*If selection made, continue to question 2</i>
Permanent Housing
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy
<i>*If selection made, continue to question 2</i>
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
2. Is client going to have to leave their current living situation within 14 days?
<input type="checkbox"/> Yes (<i>Continue to questions 3-6</i>) <input type="checkbox"/> No (<i>Continue to Contact Service</i>) <input type="checkbox"/> Client doesn't now <input type="checkbox"/> Client prefers not to answer
3. Has a subsequent residence been identified?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
4. Does the individual or family have resources or support networks to obtain other permanent housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
6. Has the client moved 2 or more times in the last 60 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Record Contact
Contact Service (<i>Please list the service provided</i>): _____