

| |
|---------------------------|
| HMIS # _____ |
| Client Name _____ |
| Staff Name _____ |
| Date Form Completed _____ |

Santa Cruz County HMIS - PATH Exit

The service provider should complete this form while interviewing a client prior to their exit from the project. Complete a separate Standard Exit form for each household member. If the service provider is unable to complete an interview prior to the client's exit, the provider should complete the form with as much information as they have available about the client's exit status.

Project Exit Date

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 | | | |

Destination

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

| |
|--|
| <p><u>Homeless Situations</u></p> <p><input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)</p> <p><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter</p> <p><input type="checkbox"/> Safe Haven</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</p> <p><u>Non-Homeless Temporary Situations</u></p> <p><input type="checkbox"/> Hotel or motel Paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)</p> <p><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house)</p> <p><u>Institutional Situations</u></p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> |
|--|

Client Name _____

Head of Household Name (if not Self) _____

Continuum Permanent Housing

- Rental by client, with RRH or equivalent subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Moved from one HOPWA funded project to HOPWA PH

Rent/Own With Subsidy

- Rental by client with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy

Rent/Own Without Subsidy

- Rental by client, no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Other Permanent

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

Other (Other than Deceased, there are very limited situations applicable to these options. Please verify there is not a more appropriate option prior to using them.)

- Deceased
- No exit interview completed
- Other (specify): _____
- Client doesn't know
- Client refused

Connection With SOAR (Head of Household and Adults)

| | |
|--|--|
| 1) Is the client currently connected to SOAR? | <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused |
|--|--|

PATH Status

| | | | | | | | | | | | |
|--|---|---|--|---|--|---|--|---|--|--|--|
| 1) Date of Status Determination | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | / | | | | / | | | |
| | | / | | | | / | | | | | |
| 2) Client became enrolled in PATH? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| <i>If No, the reason the client did not enroll</i> | <input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s) <input type="checkbox"/> Unable to locate client | | | | | | | | | | |

Client Name _____

Head of Household Name (if not Self) _____

Temporary or Permanent Address

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|-----|--|---|------|--|---|--|--|--|--|-------|--|--|-----|--|--|------|--|--|--|
| <p><u>If the client is moving/moved into temporary or permanent housing, please note the address of the residence.</u></p> <p>IMPORTANT REMINDER: when client moves into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, ensure the “Housing Move-In Date” on enrollment screen is completed.</p> | <p>Street Address</p> | <p>City</p> | | | | | | | | | | | | | | | | | | | | |
| | <p>State</p> | <p>Zip Code</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Move-in Date (when needed to complete the Housing Move-In Date on the enrollment screen)</p> | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="4">Year</td> </tr> </table> | | | | / | | | / | | | | | Month | | | Day | | | Year | | | |
| | | / | | | / | | | | | | | | | | | | | | | | | |
| Month | | | Day | | | Year | | | | | | | | | | | | | | | | |

Disabling Conditions

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.

| | | |
|---|--|---|
| <p>1) Does the client have a Physical Disability?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client’s ability to live independently?</i></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Client Doesn’t Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> |
| | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Client Doesn’t Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> |
| <p>2) Does the client have a Developmental Disability?</p> <p><i>If Yes, is it expected to substantially impair the client’s ability to live independently?</i></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Client Doesn’t Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> |
| | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Client Doesn’t Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> |

Client Name _____

Head of Household Name (if not Self) _____

| | | | | | | | | | | | | | | | |
|--|--|------------------------------|--|---|---|--|--|---|--|------------------------------|--|-----------------------------|---|--|---|
| <p>3) Does the client have a Chronic Health Condition?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p> | <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Data Not Collected</td> </tr> </table> <hr/> <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Data Not Collected</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Data Not Collected | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | | | | | | | | | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | | | | | | | | | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |
| <p>4) Does the client have HIV – AIDS?</p> <p><i>If Yes, is it expected to substantially impair the client's ability to live independently?</i></p> | <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> </table> <hr/> <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Data Not Collected</td> </tr> </table> | <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 | | <input type="checkbox"/> Data Not Collected | | | | |
| <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 | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |
| <p>5) Does the client have a Mental Health Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p> | <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Data Not Collected</td> </tr> </table> <hr/> <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Data Not Collected</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Data Not Collected | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | | | | | | | | | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | | | | | | | | | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |
| <p>6) Does the client have a Substance Use Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p> | <table border="0"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> Alcohol use disorder</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td><input type="checkbox"/> Drug use disorder</td> <td><input type="checkbox"/> Data Not Collected</td> </tr> <tr> <td><input type="checkbox"/> Both Alcohol & Drug use disorder</td> <td></td> </tr> </table> <hr/> <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Data Not Collected</td> </tr> </table> | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Alcohol use disorder | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Drug use disorder | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Both Alcohol & Drug use disorder | | <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alcohol use disorder | <input type="checkbox"/> Client Refused | | | | | | | | | | | | | | |
| <input type="checkbox"/> Drug use disorder | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |
| <input type="checkbox"/> Both Alcohol & Drug use disorder | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | | | | | | | | | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Data Not Collected | | | | | | | | | | | | | | |

Client Name _____

Head of Household Name (if not Self) _____

Monthly Income – Cash Benefits

| | |
|---|---|
| <p>Current income from any source? <i>Is the client currently receiving any income from any source?</i></p> <p>Specify the type(s) and amount(s) of income the client currently receives.</p> <p><i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i></p> <p><i>DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Exit form.</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Earned Income \$ _____</p> <p><input type="checkbox"/> Unemployment Insurance \$ _____</p> <p><input type="checkbox"/> Supplemental Security Income SSI \$ _____</p> <p><input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____</p> <p><input type="checkbox"/> VA Service-Connected Disability Pension \$ _____</p> <p><input type="checkbox"/> VA Non-service connect disability pension \$ _____</p> <p><input type="checkbox"/> Private Disability Insurance \$ _____</p> <p><input type="checkbox"/> Worker's Compensation \$ _____</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____</p> <p><input type="checkbox"/> General Assistance (GA) \$ _____</p> <p><input type="checkbox"/> Retirement income from Social Security \$ _____</p> <p><input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____</p> <p><input type="checkbox"/> Child Support \$ _____</p> <p><input type="checkbox"/> Alimony and Other Spousal Support \$ _____</p> <p><input type="checkbox"/> Other Cash Income \$ _____</p> <p>If Other Specify: _____</p> <p>TOTAL: \$ _____</p> |
|---|---|

Client Name _____

Head of Household Name (if not Self) _____

Non-Cash Benefits

| | |
|--|--|
| <p>Currently receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving:</p> <p><i>Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Exit form.</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF/CALWORKS Childcare Services <input type="checkbox"/> TANF/CALWORKS Transportation Services <input type="checkbox"/> Other TANF/CALWORKS-Funded Services <input type="checkbox"/> Other Non-Cash Benefit If Other Specify: _____ |

Health Insurance

| | |
|---|--|
| <p>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, type(s) of insurance(s)</p> <p><i>If the client is currently covered by multiple health insurances please select all that apply</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Medicaid (same as Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance If Other Specify: _____ |

Client Name _____

Head of Household Name (if not Self) _____

Employment Status

| | |
|--|--|
| Currently Employed? <i>Is the client currently employed?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused |
| If Yes, specify the type of employment | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Sporadic (including day labor) |
| If No, is the client looking for employment? | <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work |

Education Status

| | | |
|---|--|--|
| Specify the last grade of school completed by the client | <input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/ High school diploma <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| Is the client <u>currently</u> enrolled in school or a training program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| If Yes, specify the type of school or training program | <input type="checkbox"/> Kindergarten – 8 th grade <input type="checkbox"/> High School <input type="checkbox"/> Community College <input type="checkbox"/> Vocational Program | <input type="checkbox"/> Training Program <input type="checkbox"/> University <input type="checkbox"/> Other |

General Health Status (Head of Household Only)

| | | |
|---|--|---|
| 1) Clients' general health status. | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
|---|--|---|

Client Name _____

Head of Household Name (if not Self) _____