HMIS # _____

Client Name _____

Staff Name _____

Date Form Completed _____

Santa Cruz County HMIS - SSVF 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?

Homeless Situations

- ❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)
- ❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- ❑ Safe Haven
- ❑ Transitional housing for homeless persons (including homeless youth)
- ❑ Moved from one HOPWA funded project to HOPWA TH

Non-Homeless Temporary Situations

- ❑ Hotel or motel Paid for without emergency shelter voucher
- ❑ Residential project or halfway house with no homeless criteria
- ❑ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- ❑ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

Institutional Situations

- ❑ Psychiatric hospital or other psychiatric facility
- ❑ Substance abuse treatment facility or detox center
- ❑ Hospital or other residential non—psychiatric medical facility
- ❑ Jail, prison, or juvenile detention facility
- ❑ Foster care home or foster care group home
- ❑ Long-term care facility or nursing home

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

Temporary or Permanent Address

If the client is moving/moved into temporary or permanent housing, please note the address of the residence. 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.	**Street Address**	**City**
	State	**Zip Code**
Move-in Date (when needed to complete the Housing Move-In Date on the enrollment screen)	/ / Month Day Year	

Client Name _____

Head of Household Name (if not Self) _____

Disabling Conditions

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

1) Does the client have a Physical Disability?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
2) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
3) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
4) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
5) Does the client have a Mental Health Disorder?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Name _____

Head of Household Name (if not Self) _____

6) Does the client have a Substance Use Disorder?	❑ No ❑ Client Doesn't Know ❑ Alcohol use disorder ❑ Client Refused ❑ Drug use disorder ❑ Both Alcohol & Drug use disorder
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused

Monthly Income – Cash Benefits

Current income from any source? *Is the client currently receiving any income from any source?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
Specify the type(s) and amount(s) of income the client currently receives. *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.* *DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Exit form.*	❑ Earned Income $_____ ❑ Unemployment Insurance $_____ ❑ Supplemental Security Income SSI $_____ ❑ Social Security Disability Insurance SSDI $_____ ❑ VA Service-Connected Disability Pension$_____ ❑ VA Non-service connect disability pension $_____ ❑ Private Disability Insurance $_____ ❑ Worker's Compensation $_____ ❑ Temporary Assistance for Needy Families TANF/CalWORKs $_____ ❑ General Assistance (GA) $_____ ❑ Retirement income from Social Security $_____ ❑ Pension or Retirement Income from a Former Job $_____ ❑ Child Support $_____ ❑ Alimony and Other Spousal Support $_____ ❑ Other Cash Income $_____ If Other Specify: _____ **TOTAL**: $_____

Client Name _____

Head of Household Name (if not Self) _____

Non-Cash Benefits

Currently receiving Non-Cash Benefits? *Is the client currently receiving one of the non-cash benefits listed below?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
If Yes, indicate all the non-cash benefits the client is receiving: *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.* *DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Exit form.*	❑ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ❑ TANF/CALWORKS Childcare Services ❑ TANF/CALWORKS Transportation Services ❑ Other TANF/CALWORKS-Funded Services ❑ Other Non-Cash Benefit If Other Specify: _____

Health Insurance

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

Client Name _____

Head of Household Name (if not Self) _____

HUD-VASH Exit Information [HUD-VASH only] Case Management Exit Reason

❑ Accomplished goals and/or obtained services and no longer need CM ❑ Transferred to another HUD-VASH program site ❑ Found/chose other Housing ❑ Did not comply with HUD-VASH CM ❑ Eviction and/or other Housing related issues ❑ Unhappy with HUD-VASH housing○ ❑ No longer financially eligible for HUD-VASH Voucher ❑ No longer interested in participating in this program	❑ Veteran cannot be located ❑ Veteran too ill to participate at this time ❑ Veteran is incarcerated ❑ Veteran is deceased ❑ Other _____

Connection with SOAR

❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused

Employment Status

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

Education Status

Specify the last grade of school completed by the client	❑ Less than Grade 5 ❑Grades 5-6 ❑Grades 7-8 ❑Grades 9-11 ❑Grade 12/ High school diploma ❑School program does not have grade levels	❑GED ❑Some college ❑Associate's degree ❑Bachelor's degree ❑Graduate degree ❑Vocational certification ❑ Client Doesn't Know ❑ Client Refused

Client Name _____

Head of Household Name (if not Self) _____

Is the client <u>currently</u> enrolled in school or a training program?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, specify the type of school or training program	❑ Kindergarten – 8th grade ❑ High School ❑ Community College ❑ Vocational Program	❑ Training Program ❑ University ❑ Other

General Health Status (Head of Household Only)

1) Clients' general health status.	❑ Fair ❑ Good ❑ Very Good ❑ Excellent	❑ Client Doesn't Know ❑ Client Refused

Client Name _____

Head of Household Name (if not Self) _____