

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

Santa Cruz County HMIS – YHDP 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> <p><u>Continuum Permanent Housing</u></p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</p>

Client Name _____

Head of Household Name (if not Self) _____

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

Project Completion Status

<p>What is the youth's status on exit?</p> <p>If the youth was expelled or otherwise involuntarily discharged, what was the major reason?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Youth completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged <div style="background-color: #e0e0e0; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Reached max times allowed by project <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared </div>
---	---

Client Name _____

Head of Household Name (if not Self) _____

Temporary or Permanent Address

<p>If the client is moving/moved into temporary or permanent housing, please note the address of the residence.</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>	Street Address	City																				
	State	Zip Code																				
Move-in Date (when needed to complete the Housing Move-In Date on the enrollment screen)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td></td> <td>Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Client Name _____

Head of Household Name (if not Self) _____

5) Does the client have a Mental Health Disorder? <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
6) Does the client have a Substance Use Disorder? <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>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug use disorder	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Monthly Income – Cash Benefits

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

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) _____

Health Status

<p>1) Clients' general health status.</p>	<p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </p>																				
<p>2) Client's dental health status.</p>	<p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </p>																				
<p>3) Client's mental health status.</p>	<p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </p>																				
<p>4) Client's pregnancy status.</p> <p><i>If yes, due date:</i></p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">/</td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">/</td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Month</td> <td colspan="3" style="text-align: center;">Day</td> <td colspan="4" style="text-align: center;">Year</td> </tr> </table> </div>			/			/					Month			Day			Year			
		/			/																
Month			Day			Year															

Client Name _____

Head of Household Name (if not Self) _____

Youth Education Status - Current School Enrollment and Attendance

<p>1) Current school enrollment</p> <p><i>If currently enrolled, specify the current educational goal:</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Not currently enrolled in any school or educational course</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> Current enrolled but NOT attending regularly (when school or course is in session)</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td><input type="checkbox"/> Currently enrolled and attending regularly (when scholar course is in session)</td> <td></td> </tr> <tr style="background-color: #e0e0e0;"> <td><input type="checkbox"/> Pursuing a high school diploma or GED</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr style="background-color: #e0e0e0;"> <td><input type="checkbox"/> Pursuing Associate's Degree</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr style="background-color: #e0e0e0;"> <td><input type="checkbox"/> Pursuing Bachelor's Degree</td> <td></td> </tr> <tr style="background-color: #e0e0e0;"> <td><input type="checkbox"/> Pursuing Graduate Degree</td> <td></td> </tr> <tr style="background-color: #e0e0e0;"> <td><input type="checkbox"/> Pursuing other post-secondary credential</td> <td></td> </tr> </table>	<input type="checkbox"/> Not currently enrolled in any school or educational course	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Current enrolled but NOT attending regularly (when school or course is in session)	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Currently enrolled and attending regularly (when scholar course is in session)		<input type="checkbox"/> Pursuing a high school diploma or GED	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Pursuing Associate's Degree	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Pursuing Bachelor's Degree		<input type="checkbox"/> Pursuing Graduate Degree		<input type="checkbox"/> Pursuing other post-secondary credential	
<input type="checkbox"/> Not currently enrolled in any school or educational course	<input type="checkbox"/> Client Doesn't Know																
<input type="checkbox"/> Current enrolled but NOT attending regularly (when school or course is in session)	<input type="checkbox"/> Client Refused																
<input type="checkbox"/> Currently enrolled and attending regularly (when scholar course is in session)																	
<input type="checkbox"/> Pursuing a high school diploma or GED	<input type="checkbox"/> Client Doesn't Know																
<input type="checkbox"/> Pursuing Associate's Degree	<input type="checkbox"/> Client Refused																
<input type="checkbox"/> Pursuing Bachelor's Degree																	
<input type="checkbox"/> Pursuing Graduate Degree																	
<input type="checkbox"/> Pursuing other post-secondary credential																	
<p>2) Highest level of education attained</p>	<table border="0"> <tr> <td><input type="checkbox"/> K12: Graduated from High School</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> K12: Obtained GED</td> <td><input type="checkbox"/> Client Refused</td> </tr> <tr> <td><input type="checkbox"/> K12: Dropped Out</td> <td></td> </tr> <tr> <td><input type="checkbox"/> K12: Suspended</td> <td></td> </tr> <tr> <td><input type="checkbox"/> K12: Expelled</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Higher Learning Education: Pursuing a credential but not currently attending</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Higher Education: Dropped Out</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Higher Education: Obtained a credential/degree</td> <td></td> </tr> </table>	<input type="checkbox"/> K12: Graduated from High School	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> K12: Obtained GED	<input type="checkbox"/> Client Refused	<input type="checkbox"/> K12: Dropped Out		<input type="checkbox"/> K12: Suspended		<input type="checkbox"/> K12: Expelled		<input type="checkbox"/> Higher Learning Education: Pursuing a credential but not currently attending		<input type="checkbox"/> Higher Education: Dropped Out		<input type="checkbox"/> Higher Education: Obtained a credential/degree	
<input type="checkbox"/> K12: Graduated from High School	<input type="checkbox"/> Client Doesn't Know																
<input type="checkbox"/> K12: Obtained GED	<input type="checkbox"/> Client Refused																
<input type="checkbox"/> K12: Dropped Out																	
<input type="checkbox"/> K12: Suspended																	
<input type="checkbox"/> K12: Expelled																	
<input type="checkbox"/> Higher Learning Education: Pursuing a credential but not currently attending																	
<input type="checkbox"/> Higher Education: Dropped Out																	
<input type="checkbox"/> Higher Education: Obtained a credential/degree																	

Safe Living Space

<p>1) Current home or living space is safe – as determined by the client</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"/> Yes</td> <td><input type="checkbox"/> Client Refused</td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know				
<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused				
<p>2) Current home or living space is safe – as determined by the project/caseworker</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"/> Yes</td> <td></td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know				
<input type="checkbox"/> Yes					
<p>3) Client has permanent connection to a caring adult</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"/> Yes</td> <td></td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know				
<input type="checkbox"/> Yes					

Client Name _____

Head of Household Name (if not Self) _____