Marin County Continuum of Care

Standard HMIS Child Client Exit

Program Name: _____ Case Worker/Intake Person: _____ Program Exit Date: _____

CLIENT EXIT

Separate client exits should be completed for each child client *as long as they are not the Head of Household*. **A separate Exit Form must be completed for adult household members as well, but please be sure to use the Standard Adult Client Exit Form.**

1) Client Name	**First**	**Last**
2) 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 this project?*

Client Name_____

Head of Household Name (if not Self) _____

Homeless Situations
❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)
❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
❑ Safe Haven

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

Temporary Housing Situations
❑ Transitional housing for homeless persons (including homeless youth)
❑ Residential project or halfway house with no homeless criteria
❑ Hotel or motel paid for without emergency shelter voucher
❑ Host Home (non-crisis)
❑ 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)

Permanent Housing Situations
❑ Staying or living with family, permanent tenure
❑ Staying or living with friends, permanent tenure
❑ Rental by client, no ongoing housing subsidy
❑ **Rental by client, with ongoing housing subsidy**
❑ Owned by client, with ongoing housing subsidy
❑ Owned by client, no ongoing housing subsidy

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.)
❑ No exit interview completed
❑ Other (specify): _____
❑ Deceased
❑ Client doesn't know
❑ Client prefers not to answer
❑ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

Rental Subsidy Type: *If **"Rental by client, with ongoing housing subsidy"** is selected, please select the type of housing subsidy in use.*	❑ GPD TIP housing subsidy ❑ VASH housing subsidy ❑ RRH or equivalent subsidy ❑ HCV voucher (tenant or project based) (not dedicated) ❑ Public housing unit ❑ Rental by client, with other ongoing housing subsidy ❑ Emergency Housing Voucher (EHV) ❑ Family Unification Program Voucher (FUP) ❑ Foster Youth to Independence Initiative (FYI) ❑ Permanent Supportive Housing ❑ Other permanent housing dedicated for formerly homeless persons

HOUSING ASSESSMENT AT EXIT: ***[Homelessness Prevention programs only]***

What is the client's housing status?	❑ **Able to maintain the housing they had at project entry** ❑ **Moved to new housing unit** ❑ Moved in with family/friends on a temporary basis ❑ Moved in with family/friends on a permanent basis ❑ Moved to a transitional or temporary housing facility or program	❑ Client became homeless – moving to a shelter or other place unfit for human habitation ❑ Jail/prison ❑ Deceased ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
If the client was ***"Able to Maintain Housing at Project Entry,"*** please answer the following question about subsidy information:	❑ Without a subsidy ❑ With the subsidy they had at project entry ❑ With an ongoing subsidy acquired since project entry ❑ Only with financial assistance other than a subsidy	
If the client "***Moved to a New Housing Unit,"*** please answer the following question about subsidy information:	❑ With ongoing subsidy ❑ Without an ongoing subsidy	

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 prefers not to answer ❑ Data Not Collected
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 prefers not to answer ❑ Data Not Collected
2) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
3) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name_____

Head of Household Name (if not Self) _____

		❑ Data Not Collected
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 prefers not to answer ❑ Data Not Collected
4) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
5) Does the client have a Mental Health Disorder?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
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 prefers not to answer ❑ Data Not Collected
6) Does the client have any Substance Use Disorder?	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug Abuse Use Disorders	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
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 prefers not to answer ❑ Data Not Collected

HEALTH INSURANCE

Currently covered by health insurance? *Is the client currently covered by health insurance?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
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 Health Administration (VHA) ❑ 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

Client Name_____

Head of Household Name (if not Self) _____

	If Other Specify: _____

Client Name_____

Head of Household Name (if not Self) _____