



A Tradition of Stewardship  
A Commitment to Service

## Napa 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 client who is **under** the age of 18 unless they are the Head of Household. **Separate client exits must be completed for adults as well, but please be sure to use the Standard HMIS Adult Client Exit form.**

<b>1) Client Name</b>	<b>First</b>	<b>Last</b>																				
<b>2) Project Exit Date</b>	<table style="margin: auto; 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: 15px; 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: 15px; 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;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td></td> <td style="text-align: center;">Year</td> <td></td> <td></td> <td></td> </tr> </table>			/			/					Month			Day			Year				
		/			/																	
Month			Day			Year																
<p><i>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.</i></p>																						
<p><b>DESTINATION:</b> Which of the following most closely matches where the client will be staying right after this project?</p>																						

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) \_\_\_\_\_

<b>Rental Subsidy Type:</b> <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i>	<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 (EHV) <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	
<b>HOUSING ASSESSMENT AT EXIT: [Homelessness Prevention programs only]</b>		
<b>What is the client's housing status?</b>	<input type="checkbox"/> <b>Able to maintain the housing they had at project entry</b> <input type="checkbox"/> <b>Moved to new housing unit</b> <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Jail/prison <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<b>If the client was "Able to Maintain Housing at Project Entry," please answer the following question about subsidy information:</b>	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an ongoing subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy	
<b>If the client "Moved to a New Housing Unit," please answer the following question about subsidy information:</b>	<input type="checkbox"/> With ongoing subsidy <input type="checkbox"/> Without an ongoing subsidy	
<b>DISABLING CONDITIONS:</b> A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		
<b>1) Does the client have a Physical Disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<b>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<b>2) Does the client have a Developmental Disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<b>3) Does the client have a Chronic Health Condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Data Not Collected  <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>
<p>4) Does the client have HIV – AIDS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>
<p>5) Does the client have a Mental Health Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected  <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>
<p>6) Does the client have any Substance Use Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol &amp; Drug Abuse Use Disorders  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected  <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>

**HEALTH INSURANCE**

<p><b>Currently covered by health insurance?</b> <i>Is the client currently covered by health insurance?</i></p> <p><b>If Yes, type(s) of insurance(s):</b> <i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Client doesn't know   <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p> <p><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 Health Administration (VHA) <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</p>
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Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

Other Health Insurance

If Other Specify: \_\_\_\_\_

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_