



Napa County Continuum of Care



HMIS Adult Client Exit
Abode Services Agency –
Rapid Resolution Program

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

CLIENT EXIT

Separate client exits should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate client exits must be completed for children as well, but please be sure to use the Standard HMIS Child 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?

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) _____

<p>Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<ul style="list-style-type: none"> <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
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RAPID RESOLUTION REQUIRED QUESTIONS [Head of Household only]

What diversion services were provided to the client? *Choose all that apply*

Services WITHOUT Financial Assistance

- Self-Resolution (defined as person figured out their resolution without intervention by diversion staff person)
- Mediation/Negotiation with Family with/by diversion staff person
- Mediation/Negotiation with Friend with/by diversion staff person
- Mediation/Negotiation with Landlord with/by diversion staff person
- Mediation/Negotiation with Partner with/by diversion staff person
- Connection to Community/Mainstream Resource (defined as a referral that was the difference in person being successfully diverted)

Services WITH Financial Assistance **specify amount*

- Automotive Repairs: \$ _____
- Gas card: \$ _____
- Legal Expenses: \$ _____
- Meal Expenses: \$ _____
- Mortgage Assistance: \$ _____
- Mortgage Assistance – Back Payments: \$ _____
- Movers or Moving Trucks: \$ _____
- Parking Tickets, Speeding Tickets, Impound or Towing Cost: \$ _____
- Rental Assistance – Full Rent: \$ _____
- Rental Assistance – Partial Rent: \$ _____
- Rental Assistance – 1st Month's Rent: \$ _____
- Rental Assistance – Security Deposit: \$ _____
- Rental Assistance – Partial Security Deposit: \$ _____
- Rental Arrears: \$ _____
- Taxi or Rideshare (Uber, Lyft): \$ _____
- Transportation: \$ _____
- Transportation Cost for Staff: \$ _____
- Utility Payments: \$ _____
- N/A (client did not receive financial assistance)
- Client Refused Services
- No Show/Couldn't Locate
- Other, specify: _____

Financial Assistance Source:

If multiple financial services were provided to the client, please select all financial sources that were used, and identify which source was used for each financial service provided.

- ESG
- Season of Sharing
- Queen of the Valley
- Partnership for Health
- City of Napa
- General Assistance
- HCA
- Other, specify: _____

Client Name _____

Head of Household Name (if not Self) _____