Napa County Continuum of Care

VA SSVF Adult Client Exit Form

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. This form should be used for all VA SSVF-funded programs. **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

3) Housing Move-in Date
[Head of Household only]

(*Required for Permanent Housing Projects only*)

IMPORTANT REMINDER: When a 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.

☐☐ / ☐☐ / ☐☐☐☐
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

Client Name_____

Head of Household Name (if not Self) _____

❑ 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

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

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source? *Is the client currently receiving any income from any source?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

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 Enrollment 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 Monthly Cash Income for Individual	**TOTAL: $_____**

NON-CASH BENEFITS [Head of Household and Adults only]

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 prefers not to answer ❑ Data Not Collected
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 Enrollment 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: _____

Client Name_____

Head of Household Name (if not Self) _____

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 If Other Specify: _____

SSVF Required Information [Head of Household and Adults only]

Connection with SOAR	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected
Last Grade Completed	❑ Less than Grade 5 ❑ Some college ❑ Grades 5-6 ❑ Associate degree ❑ Grades 7-8 ❑ Bachelor's degree ❑ Grades 9-11 ❑ Graduate degree ❑ Grade 12/High school diploma ❑ Vocational certification ❑ School program does not have ❑ Client doesn't know grade levels ❑ Client prefers not to answer ❑ GED ❑ Data not collected
Employed?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected

Client Name_____

Head of Household Name (if not Self) _____

If "Yes" for employed – Type of employment	❑ Full-time ❑ Part-time ❑ Seasonal/sporadic (including day labor)
If "No" for employed – Why not employed	❑ Looking for work ❑ Unable to work ❑ Not looking for work

Client Name_____

Head of Household Name (if not Self) _____