



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care HMIS Child Exit Form

For HMIS Staff ONLY
HoH HMIS ID: _____
Data entered in HMIS on _____ by _____

Program(S) Name: _____ Case Worker/Intake Person: _____ Last Day Client was in your Program: _____

CLIENT PROFILE

First Name: _____ **Middle Name:** _____ **Last Name:** _____
Social Security No. _____ **Birth Date:** _____

PROJECT EXIT QUESTIONS

DESTINATION AT EXIT

<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with voucher	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Residential project of halfway house with no homeless criteria
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Staying or living with family, temporary tenure
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless person	<input type="checkbox"/> Staying or living with friends, temporary tenure
<input type="checkbox"/> Place not meant for habitation (street, vehicle, river, etc.)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Transitional housing for homeless persons
<input type="checkbox"/> Other	<input type="checkbox"/> No exit interview completed

DISABLING CONDITIONS AND BARRIERS

Physical Disability Yes No Client Doesn't Know Refused Data not collected
If yes, will Physical Disability be Long Term? Yes No Client Doesn't Know Refused Data not collected

Developmental Disability Yes No Client Doesn't Know Refused Data not collected
If yes, does Developmental Disability substantially impairs independence?
Yes No Client Doesn't Know Refused Data not collected

Chronic Health Condition Yes No Client Doesn't Know Refused Data not collected
If yes, will Physical Disability be Long Term? Yes No Client Doesn't Know Refused Data not collected

HIV - AIDS Yes No Client Doesn't Know Refused Data not collected
If yes, does Developmental Disability substantially impairs independence?
Yes No Client Doesn't Know Refused Data not collected

Mental Health Problem Yes No Client Doesn't Know Refused Data not collected
If yes, will Physical Disability be Long Term? Yes No Client Doesn't Know Refused Data not collected

Substance Abuse Problem No Alcohol Abuse Drug Abuse Both Alcohol and Drug Abuse
 Client Doesn't Know Refused Data not collected
If yes, will Substance Abuse Problem be Long Term?

HEALTH INSURANCE

<input type="checkbox"/> Employer Provided	<input type="checkbox"/> Obtained through COBRA
<input type="checkbox"/> Healthy Kids (CHI) (State Children's HIP)	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Medical/Medicaid	<input type="checkbox"/> Veteran Administration (VA) Medical Services
<input type="checkbox"/> Medicare	<input type="checkbox"/> Other: Specify _____