



Napa County Continuum of Care
HMIS Exit Form
 Housing Programs

For HMIS Staff ONLY
Is this the HoH? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, client's HMIS ID of HoH: _____
Data entered in HMIS on _____ by _____

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

CLIENT PROFILE

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

Answer for WHOLE PERSON CARE CLIENTS ONLY

In general, how would you rate your overall health?

- Excellent Very Good Good Fair Poor Client Doesn't Know Refused Data not collected

In general, how would you rate your overall mental or emotional health?

- Excellent Very Good Good Fair Poor Client Doesn't Know Refused Data not collected

HUD REQUIRED - 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"/> Rental by client, with Housing Choice Voucher (HCV) [tenant or project based] |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Rental by client, in a public housing unit |
| <input type="checkbox"/> Residential project of halfway house with no homeless criteria | <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 (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <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 |

See HUD HMIS Data Standards [Appendix A - Destinations](#) for their definitions.

DISABLING CONDITIONS AND BARRIERS

Physical Disability Yes No Client Doesn't Know Refused Data not collected

If yes, will Physical Disability be Long Term and substantially impedes client's ability to live independently?

- 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 Chronic Health Condition be Long Term and substantially impedes client's ability to live independently?

Yes No Client Doesn't Know Refused Data not collected

HIV - AIDS Yes No Client Doesn't Know Refused Data not collected

Mental Health Disorder Yes No Client Doesn't Know Refused Data not collected

If yes, will Mental Health Disorder be Long Term and substantially impedes client's ability to live independently?

Yes No Client Doesn't Know Refused Data not collected

Substance Abuse Disorder No Alcohol Abuse Drug Abuse Both Alcohol and Drug Abuse

Client Doesn't Know Refused Data not collected

If yes, will Substance Abuse Disorder be Long Term and substantially impedes client's ability to live independently?

Client Doesn't Know Refused Data not collected

MONTHLY INCOME AND SOURCES

Total of all income during the last 30 days:

Income from Any Source? Yes No Client Doesn't Know Refused Data not collected

- | | |
|---|--|
| <input type="checkbox"/> Earned Income \$ _____ | <input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Social Security Income (SSI) \$ _____ |
| <input type="checkbox"/> General Assistance \$ _____ | <input type="checkbox"/> Spousal Support \$ _____ |
| <input type="checkbox"/> TANF/CalWorks \$ _____ | <input type="checkbox"/> Unemployment Insurance \$ _____ |
| <input type="checkbox"/> Private Disability Insurance \$ _____ | <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ |
| <input type="checkbox"/> Retirement from Social Security \$ _____ | <input type="checkbox"/> VA Non-Service Connected Disability Compensation \$ _____ |
| <input type="checkbox"/> Pension from a Former Job \$ _____ | <input type="checkbox"/> Worker's Compensation \$ _____ |
| <input type="checkbox"/> Other Income \$ _____ Source: _____ | |

NON-CASH BENEFITS

- | | |
|--|--|
| <input type="checkbox"/> CalFresh (Food Stamps/SNAP) | <input type="checkbox"/> TANF/CalWorks Transportation Services |
| <input type="checkbox"/> TANF/CalWorks Childcare Services | <input type="checkbox"/> Other TANF/CalWorks-Funded Services |
| <input type="checkbox"/> WIC (Supplemental Nutrition for Women, Infants, and Children) | <input type="checkbox"/> Other Non-Cash Benefits – Source: _ |

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 _____ |

WELL-BEING (PSH Programs Only)

Client perceives their life has value and worth:

- | | |
|---|--|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Strongly Agree |
| <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Data not collected |

Client perceives they have support from others who will listen to problems:

- | | |
|---|--|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Strongly Agree |
| <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Data not collected |

Client perceives they have a tendency to bounce back after hard times:

- | | |
|---|--|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Strongly Agree |
| <input type="checkbox"/> Somewhat Disagree | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Data not collected |

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid:

- | | |
|--|--|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> At least every day |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Data not collected |

GENERAL HEALTH STATUS (PSH Programs Only)

General Health Status:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Good | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Data not collected |

If the client/household has been permanently housed, please update the Housing Move-In Date field on the enrollment screen with the date the client/household moved into the permanent unit.