



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care
HMIS Exit Form
Shelter & Street Outreach Programs

Abode Staff Check all those apply at this intake

HRC SNS WS SO WPC

For Abode HMIS Data Staff ONLY
Is this the HoH? Yes No
If no, client's HMIS ID of HoH: _____
Data entered in HMIS on _____ by _____

Program Name: _____ Case Worker/Intake Person: _____ Date Client Exited your Program: _____

CLIENT PROFILE

First Name: _____ Middle Name: _____ Last Name: _____
Social Security No. _____ Birth Date: _____
Client's Phone Number: _____ Client's Email Address: _____
Emergency Contact Name: _____ Emergency Phone Number: _____

WHOLE PERSON CARE (WPC) QUESTIONS

- 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
- WPC Disenrollment Reason – For WPC Staff Only**
 Not Eligible for Medical Beneficiary Request Moved from Service Area Deceased
 WPC Services No Longer Needed Lack of Engagement Moved to Another WPC Bundle Other

HUD REQUIRED - PROJECT EXIT QUESTIONS

DESTINATION AT EXIT

- Determine the response value that best describes where the client will be staying after they leave the program:
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <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](#) and their definition.

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

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

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

Earned Income \$ _____

Child Support \$ _____

General Assistance \$ _____

TANF/CalWorks \$ _____

Private Disability Insurance \$ _____

Retirement from Social Security \$ _____

Pension from a Former Job \$ _____

Other Income \$ _____ Source: _____

Social Security Disability Income (SSDI) \$ _____

Social Security Income (SSI) \$ _____

Spousal Support \$ _____

Unemployment Insurance \$ _____

VA Service-Connected Disability Compensation \$ _____

VA Non-Service Connected Disability Compensation \$ _____

Worker's Compensation \$ _____

NON-CASH BENEFITS

CalFresh (Food Stamps/SNAP)

TANF/CalWorks Childcare Services

WIC (Supplemental Nutrition for Women, Infants, and Children)

TANF/CalWorks Transportation Services

Other TANF/CalWorks-Funded Services

Other Non-Cash Benefits – Source: _____

HEALTH INSURANCE

Employer Provided

Healthy Kids (CHI) (State Children's HIP)

Indian Health Services Program

Medical/Medicaid

Medicare

Obtained through COBRA

Private Pay Health Insurance

State Health Insurance for Adults

Veteran Administration (VA) Medical Services

Other: Specify _____