

Completing a SFHOT Program Exit

This document outlines how to complete a SFHOT Program Exit.

Step 1: Search for the client in the search box. Search can be conducted by entering a partial first name, partial last name, Date of Birth, or Social Security number.

Step 2: Click edit to the left of the person's name to open their profile screen (red arrow).

SEARC	CH FOR A CLIENT			ADD CLIENT \oplus
test Enter ye	our search terms above to search for a	a client. Use full name, partial name, date of birth o	r any combination.	SEARCH
• _		Date of Birth	Last Four SSN	Last Updated
	Abtest Abtest		0000	06/12/18
	Amy Test	12/03/76	4656	06/06/18

Step 3: Open the applicable client file. Click the "Programs" tab.

Step 4: Click the edit button to the left of the SFHOT program enrollment.

PROFILE		MAS NOTES	ASSESSMENTS	FILES	CONTACT	LOCATION	REFERRALS			
PROGR	AM HISTORY									
	Program Name						Start Date	End Date	Туре	
	PATH Street Outreach [TRAINING] HSH: SFHOT						04/22/2019	Active	Individual	
	SFHOT Access Point [TRAINING] San Francisco Adult Coord	inated Entry Agenc	cy.				03/19/2019	Active	Individual	
PROGR	AMS: AVAILABLE									

Step 5: Click "Exit".

Enrollment History	Provide Services	Assessments	Notes Files	Forms				× Exit
Program Service	History					Start Data	End Date	LINK FROM HISTOR
[PATH] Referral:Subs [TRAINING] HSH: SFH0	stance Use Treatment - I	Unknown				04/22/2019	04/22/2019	
Outreach Contact:Not staying on Streets, ES, or SH 04/22/2019 04/22/2019 04/22/2019 04/22/2019								
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Step 6: Fill in the necessary fields. Project Exit Date should be the last day that the client is served in SFHOT.

Note: Some of the answers may have auto-populated from the program enrollment. Please make confirm those answers are still correct and update anything that is needed.

Enrollment History Provide Services Assess	ments Notes	Files	Forms			
End Program for client Quartz Test						
Project Exit Date	04/22/2019					
Destination	Select	~				
Connection with SOAR	No					~
COMPLETE DATE OF STATUS DETERMINATION	WHEN THE ENROLL	MENT	STATUS FO	R THE CLIENT HAS	BEEN D	ETERMINED
Date of Status Determination	_/_/25					
DISABLING CONDITIONS AND BARRIERS						
Disabling Condition	Yes	~				
Physical Disability	No	~				
Developmental Disability	No	~				
Chronic Health Condition	No	~				
HIV - AIDS	No	~				
Mental Health Problem	Yes	~	Long Term	Yes	~	
Substance Abuse Problem	Alcohol Abuse	~	Long Term	Yes	~	
CASH INCOME FOR INDIVIDUAL						
Income from Any Source	Yes					~

Step 7: Click "Save and Close".

Private Pay Health Insurance	_
State Health Insurance for Adults	
Indian Health Services Program	
Other Health Insurance	
	SAVE & CLOSE CANCEL