

HMIS # _____
Client Name _____
Staff Name _____
Date Form Completed _____

Santa Cruz County HMIS – HOPWA Adult Exit

The service provider should complete this form while interviewing an adult client or the Head of Household prior to their exit from the HOPWA-funded project. Separate HOPWA exits should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate HOPWA exits must be completed for children as well, but please be sure to use the HOPWA Child Exit form.** If the service provider is unable to complete an interview prior to the client’s exit, the provider should complete the form with as much information as they have available about the client’s exit status.

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			

Destination

Which of the following most closely matches where the client will be staying right after leaving this project?

<p><u>Homeless Situations</u></p> <p><input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)</p> <p><input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter</p> <p><input type="checkbox"/> Safe Haven</p> <p><u>Institutional Situations</u></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p>	<p><u>Temporary Housing Situations</u></p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)</p> <p><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house)</p> <p><u>Permanent Housing Situations</u></p> <p><input type="checkbox"/> Staying or living with family, permanent tenure</p> <p><input type="checkbox"/> Staying or living with friends, permanent tenure</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with ongoing housing subsidy [collect additional info below]</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p>
<p>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.)</p> <p><input type="checkbox"/> No exit interview completed</p> <p><input type="checkbox"/> Deceased</p>	
<p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Client doesn’t know</p> <p><input type="checkbox"/> Client prefers not to answer</p>	

Client Name _____

Head of Household Name (if not Self) _____

<p>Rental Subsidy Type: <i>If “Rental by client, with ongoing housing subsidy” is selected, please select the type of housing subsidy in use.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
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Housing Assessment At Exit

<p>What is the client’s housing status?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Able to maintain the housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program 	<ul style="list-style-type: none"> <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Jail/prison <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<p>If the client was “Able to Maintain Housing at Project Entry,” please answer the following question about subsidy information:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an ongoing subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy 	
<p>If the client “Moved to a New Housing Unit,” please answer the following question about subsidy information:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> With ongoing subsidy <input type="checkbox"/> Without an ongoing subsidy 	

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Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.

<p>1) Does the client have a Physical Disability?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>2) Does the client have a Developmental Disability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>3) Does the client have a Chronic Health Condition?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>4) Does the client have HIV – AIDS?</p> <p><i>If Yes, please be sure to answer the required HIV/AIDS questions below.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>5) Does the client have a Mental Health Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>6) Does the client have any Substance Use Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder</p> <p><input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>

Client Name _____

Head of Household Name (if not Self) _____

Monthly Income – Cash Benefits [Head of Household and Adults]

<p>Current income from any source? <i>Is the client currently receiving any income from any source?</i></p> <p>Specify the type(s) and amount(s) of income the client currently receives. <i>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.</i></p> <p><i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Earned Income \$ _____</p> <p><input type="checkbox"/> Unemployment Insurance \$ _____</p> <p><input type="checkbox"/> Supplemental Security Income SSI \$ _____</p> <p><input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____</p> <p><input type="checkbox"/> VA Service-Connected Disability Pension \$ _____</p> <p><input type="checkbox"/> VA Non-service connect disability pension \$ _____</p> <p><input type="checkbox"/> Private Disability Insurance \$ _____</p> <p><input type="checkbox"/> Worker's Compensation \$ _____</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____</p> <p><input type="checkbox"/> General Assistance (GA) \$ _____</p> <p><input type="checkbox"/> Retirement income from Social Security \$ _____</p> <p><input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____</p> <p><input type="checkbox"/> Child Support \$ _____</p> <p><input type="checkbox"/> Alimony and Other Spousal Support \$ _____</p> <p><input type="checkbox"/> Other Cash Income \$ _____</p> <p>If Other Specify: _____</p>
Total Cash Income for Individual	TOTAL: \$ _____

Non-Cash Benefits [Head of Household and Adults]

<p>Currently receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving: <i>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.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh</p> <p><input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p> <p><input type="checkbox"/> TANF/CALWORKS Childcare Services</p> <p><input type="checkbox"/> TANF/CALWORKS Transportation Services</p> <p><input type="checkbox"/> Other TANF/CALWORKS-Funded Services</p> <p><input type="checkbox"/> Other Non-Cash Benefit</p> <p>If Other Specify: _____</p>
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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

If Yes, type(s) of insurance(s) and reason(s) not covered:

If the client is currently covered by multiple health insurances please select all that apply.

- Medicaid (same as Medi-Cal)
 Applied; Decision Pending
 Applied; Client Not Eligible
 Client Did Not Apply
 Insurance Type N/A for this Client
 Client doesn't know
 Client prefers not to answer

- Medicare
 Applied; Decision Pending
 Applied; Client Not Eligible
 Client Did Not Apply
 Insurance Type N/A for this Client
 Client doesn't know
 Client prefers not to answer

- State Children's Health Insurance (CHIP) Program
 Applied; Decision Pending
 Applied; Client Not Eligible
 Client Did Not Apply
 Insurance Type N/A for this Client
 Client doesn't know
 Client prefers not to answer

- Veteran's Health Administration (VHA)
 Applied; Decision Pending
 Applied; Client Not Eligible
 Client Did Not Apply
 Insurance Type N/A for this Client
 Client doesn't know
 Client prefers not to answer

- Employer-Provided Health Insurance
 Applied; Decision Pending
 Applied; Client Not Eligible
 Client Did Not Apply
 Insurance Type N/A for this Client
 Client doesn't know
 Client prefers not to answer

- Health Insurance Obtained Through COBRA
 Applied; Decision Pending
 Applied; Client Not Eligible
 Client Did Not Apply
 Insurance Type N/A for this Client
 Client doesn't know
 Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Other Health Insurance If Other Specify: _____

Medical Assistance [All Household Members with HIV/AIDS]

<p>Is the client receiving AIDS Drug Assistance Program (ADAP)?</p> <p>If No for "Receiving AIDS Drug Assistance Program (ADAP)," please select the appropriate reason:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>Is the client receiving AIDS Drug Assistance Program (ADAP)?</p> <p>If No for "Receiving AIDS Drug Assistance Program (ADAP)," please select the appropriate reason:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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T-cell (CD4) and Viral Load [All Household Members with HIV/AIDS]

<p>T-Cell (CD4) Count Available?</p> <p>If Yes to “T-Cell (CD4) Count Available,” then please collect the T-cell Count number: <i>Integer between 0-1500</i></p> <p>If a number is entered in the T-Cell (CD4) count, then how was the information obtained?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>
<p>Viral Load Information Available?</p> <p>If “Viral Load Information Available,” then please collect the Viral Load Count: <i>Integer between 0-999999</i></p> <p>If a number is entered in the Viral Load count, then how was the information obtained?</p>	<p><input type="checkbox"/> Not Available <input type="checkbox"/> Available <input type="checkbox"/> Undetectable <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>

Prescribed Anti-Retroviral [All Household Members with HIV/AIDS]

<p>Has the participant been prescribed anti-retroviral drugs?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
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General Health Status [Head of Household and Adults]

<p>What is the client's general health status?</p>	<p><input type="checkbox"/> Excellent <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Very Good <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p>
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Client Name _____

Head of Household Name (if not Self) _____

Employment Status [Head of Household and Adults]

Currently Employed? <i>Is the client currently employed?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
If Yes, specify the type of employment	<input type="checkbox"/> Full-time	
	<input type="checkbox"/> Part-time	
	<input type="checkbox"/> Seasonal/Sporadic (including day labor)	
If No, is the client looking for employment?	<input type="checkbox"/> Looking for work	
	<input type="checkbox"/> Unable to work	
	<input type="checkbox"/> Not looking for work	

Education Status [Head of Household and Adults]

Specify the <u>last grade</u> of school completed by the client	<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> GED
	<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Some college
	<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Associate's degree
	<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> Grade 12/ High school diploma	<input type="checkbox"/> Graduate degree
	<input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> Vocational certification
		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
Is the client <u>currently</u> enrolled in school or a training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
If Yes, specify the type of school or training program	<input type="checkbox"/> High School	<input type="checkbox"/> Training Program
	<input type="checkbox"/> Community College	<input type="checkbox"/> University
	<input type="checkbox"/> Vocational Program	<input type="checkbox"/> Other

Reminder: Housing Move-in Date [Head of Household]

(Required for Permanent Housing Projects)

IMPORTANT REMINDER: If the client moved 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 with the date the client/household moved into the permanent unit.**

Client Name _____

Head of Household Name (if not Self) _____