

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

Santa Cruz County HMIS – Standard Child Exit

The service provider should complete this form while interviewing a child household member. Separate client exits should be completed for each client who is **under** the age of 18 *unless they are the Head of Household*. **Separate client exits must be completed for adults as well, but please be sure to use the Standard HMIS Adult Client 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> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter <input type="checkbox"/> Safe Haven <p><u>Institutional Situations</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non—psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center 	<p><u>Temporary Housing Situations</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <p><u>Permanent Housing Situations</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy [collect additional info below] <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
<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> <ul style="list-style-type: none"> <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Deceased <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer 	

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<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 – Homelessness Prevention Programs ONLY

<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 “<i>Able to Maintain Housing at Project Entry</i>,” 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 “<i>Moved to a New Housing Unit</i>,” 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"/> Client doesn't know <input type="checkbox"/> No <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"/> Client doesn't know <input type="checkbox"/> No <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"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p>
<p>4) Does the client have HIV – AIDS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <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"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p>
<p>6) Does the client have a 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"/> Client doesn't know <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug use disorders</p>

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Health Insurance

<p>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, type(s) of insurance(s) <i>If the client is currently covered by multiple health insurances please select all that apply</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Medicaid (same as Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance If Other Specify: _____

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