

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

Santa Cruz County HMIS – YHDP Adult or Head of Household Exit

The service provider should complete this form while interviewing an adult client or the Head of Household prior to their exit from the YHDP project. Separate YHDP exits should be completed for each client who is **over** the age of 17 or the Head of Household.

Separate client exits must be completed for children as well, but please be sure to use the Standard HMIS Child 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> <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>	<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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Project Completion Status [Head of Household and Adults] – *Not required for Street Outreach or Homelessness Prevention programs*

<p>What is the client's status on exit?</p> <p><i>If the client was expelled or otherwise involuntarily discharged from project, what was the major reason?</i></p>	<input type="checkbox"/> Completed project <input type="checkbox"/> Client voluntarily left early <input type="checkbox"/> Client was expelled or otherwise involuntarily discharged from project <input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached max times allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared
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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>	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>2) Does the client have a Developmental Disability?</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>3) Does the client have a Chronic Health Condition?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>4) Does the client have HIV – AIDS?</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>5) Does the client have a Mental Health Disorder?</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><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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>6) Does the client have a Substance Use Disorder?</p>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug use disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>Specify the type(s) and amount(s) of income the client currently receives.</p> <p><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 Exit form.</i></p> <p>Total Cash Income for Individual</p>	<input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____ If Other Specify: TOTAL: \$ _____

Client Name _____

Head of Household Name (if not Self) _____

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:</p> <p><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 Exit form.</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"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF/CALWORKS Childcare Services <input type="checkbox"/> TANF/CALWORKS Transportation Services <input type="checkbox"/> Other TANF/CALWORKS-Funded Services <input type="checkbox"/> Other Non-Cash Benefit If Other Specify: _____

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)</p> <p><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: _____

Client Name _____

Head of Household Name (if not Self) _____

Health Status [Head of Household and Adults]

<p>1) What is the client's general health status?</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>2) What is the client's dental health status?</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>3) What is the client's mental health status?</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Employment Status [Head of Household and Adults]

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

Education Status [Head of Household]

<p>1) Current school enrollment and attendance</p>	<input type="checkbox"/> Not currently enrolled in any school or educational course <input type="checkbox"/> Current enrolled but NOT attending regularly (when school or the course is in session) <input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Client Name _____

Head of Household Name (if not Self) _____

<p>2) Most recent Educational Status <i>If the client answers “not currently enrolled in any school or education course” above, ask this question to determine their most recent education status:</i></p>	<p><input type="checkbox"/> K12: Graduated from High School <input type="checkbox"/> Client doesn't know <input type="checkbox"/> K12: Obtained GED <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> K12: Dropped Out <input type="checkbox"/> K12: Suspended <input type="checkbox"/> K12: Expelled <input type="checkbox"/> Higher Education: Pursuing a credential but not currently attending <input type="checkbox"/> Higher Education: Dropped Out <input type="checkbox"/> Higher Education: Obtained a credential/degree</p>
<p>3) Current educational status <i>If the client is currently enrolled in any school or education course, specify the current educational status (the type of degree or credential they are currently pursuing):</i></p>	<p><input type="checkbox"/> Pursuing a high school diploma or GED <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Pursuing Associate's Degree <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Pursuing Bachelor's Degree <input type="checkbox"/> Pursuing Graduate Degree <input type="checkbox"/> Pursuing other post-secondary credential</p>

Safe and Appropriate Exit [Head of Household and Adults] – *Not required for Street Outreach or Homelessness Prevention programs*

<p>1) Exit destination safe – as determined by the client</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client prefers not to answer</p>
<p>2) Exit destination safe – as determined by the project/caseworker</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Worker does not know <input type="checkbox"/> Yes</p>
<p>3) Client has permanent positive adult connections outside of project</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Worker does not know <input type="checkbox"/> Yes</p>
<p>4) Client has permanent positive peer connections outside of project</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Worker does not know <input type="checkbox"/> Yes</p>
<p>5) Client has permanent positive community connections outside of project</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Worker does not know <input type="checkbox"/> Yes</p>

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) _____