

# HMIS Exit Form Child All Programs

Client ID: \_\_\_\_\_

Project Name: \_\_\_\_\_

Staff Completing Form: \_\_\_\_\_

**Identification** - All fields required unless otherwise noted

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Project EXIT Date	Social Security Number (SSN)	Birth Date (DOB)
____/____/____	____-____-____	____/____/____

**Name of Head of Household:** \_\_\_\_\_

**Destinations**

**Homeless Situations**

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- Safe Haven

**Institutional Situations**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**Temporary Housing Situations**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with family, temporary tenure (e.g., room, apartment, house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, house)

**Permanent Housing Situations**

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH subsidy
- Permanent housing (Other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy

**Other**

- No exit interview
- Other: \_\_\_\_\_
- Deceased
- Client doesn't know
- Client refused

**Health Insurance**

- Yes (Enter the Source)       No       Client Doesn't Know       Client Refused

**Health Insurance Sources**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Pay Health Insurance</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> MEDICAID</li> <li><input type="checkbox"/> State Children's Health Insurance(SCHIP)</li> <li><input type="checkbox"/> VA Medical Services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Employer Provided Health Insurance</li> <li><input type="checkbox"/> Health Insurance obtained through COBRA</li> <li><input type="checkbox"/> State Health Insurance Adults (Medi-cal)</li> <li><input type="checkbox"/> Indian Health Services Program</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|--|---|

**Barriers:**

	Barrier Present	Condition is Indefinite
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused