Napa County Continuum of Care

Standard HMIS Adult Client Exit

Program Name: _____	Case Worker/Intake Person: _____	Program Exit Date: _____

CLIENT EXIT

Separate client 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.**

1) **Client Name**	**First**	**Last**
2) **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	
3) **Housing Move-in Date** [Head of Household only] *(Required for Permanent Housing Projects only)* IMPORTANT REMINDER: When a client moves 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.	☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ Month Day Year	

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

Client Name_____

Head of Household Name (if not Self) _____

Homeless Situations
❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)
❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or 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
❑ Transitional housing for homeless persons (including homeless youth)
❑ Residential project or halfway house with no homeless criteria
❑ Hotel or motel paid for without emergency shelter voucher
❑ Host Home (non-crisis)
❑ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
❑ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

Permanent Housing Situations
❑ Staying or living with family, permanent tenure
❑ Staying or living with friends, permanent tenure
❑ Rental by client, no ongoing housing subsidy
❑ **Rental by client, with ongoing housing subsidy**
❑ Owned by client, with ongoing housing subsidy
❑ Owned by client, no ongoing housing subsidy

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.)
❑ No exit interview completed
❑ Other (specify): _____
❑ Deceased
❑ Client doesn't know
❑ Client prefers not to answer
❑ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

| **Rental Subsidy Type:** *If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.* | ❏ GPD TIP housing subsidy
 ❏ VASH housing subsidy
 ❏ RRH or equivalent subsidy
 ❏ HCV voucher (tenant or project based) (not dedicated)
 ❏ Public housing unit
 ❏ Rental by client, with other ongoing housing subsidy
 ❏ Emergency Housing Voucher (EHV)
 ❏ Family Unification Program Voucher (FUP)
 ❏ Foster Youth to Independence Initiative (FYI)
 ❏ Permanent Supportive Housing
 ❏ Other permanent housing dedicated for formerly homeless persons | |

HOUSING ASSESSMENT AT EXIT: *[Homelessness Prevention programs only]*

What is the client's housing status?	❏ **Able to maintain the housing they had at project entry** ❏ **Moved to new housing unit** ❏ Moved in with family/friends on a temporary basis ❏ Moved in with family/friends on a permanent basis ❏ Moved to a transitional or temporary housing facility or program	❏ Client became homeless – moving to a shelter or other place unfit for human habitation ❏ Jail/prison ❏ Deceased ❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If the client was *"Able to Maintain Housing at Project Entry,"* please answer the following question about subsidy information:	❏ Without a subsidy ❏ With the subsidy they had at project entry ❏ With an ongoing subsidy acquired since project entry ❏ Only with financial assistance other than a subsidy	
If the client *"Moved to a New Housing Unit,"* please answer the following question about subsidy information:	❏ With ongoing subsidy ❏ Without an ongoing subsidy	

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

1) **Does the client have a Physical Disability?**	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
2) **Does the client have a Developmental Disability?**	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
3) **Does the client have a Chronic Health Condition?**	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer

Client Name_____

Head of Household Name (if not Self) _____

		❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
4) Does the client have HIV – AIDS?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
5) Does the client have a Mental Health Disorder?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
6) Does the client have any Substance Use Disorder?	❏ No ❏ Alcohol use disorder ❏ Drug use disorder ❏ Both Alcohol & Drug Abuse Use Disorders	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source? *Is the client currently receiving any income from any source?*	❏ Yes ❏ No ❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
Specify the type(s) and amount(s) of income the client currently receives. *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.* *DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.*	❏ Earned Income $_____ ❏ Unemployment Insurance $_____ ❏ Supplemental Security Income SSI $_____ ❏ Social Security Disability Insurance SSDI $_____ ❏ VA Service-Connected Disability Pension $_____ ❏ VA Non-service connect disability pension $_____ ❏ Private Disability Insurance $_____ ❏ Worker's Compensation $_____ ❏ Temporary Assistance for Needy Families TANF/CalWORKs $_____ ❏ General Assistance (GA) $_____ ❏ Retirement income from Social Security $_____

Client Name_____

Head of Household Name (if not Self) _____

❏ Pension or Retirement Income from a Former Job $_____

❏ Child Support $_____

❏ Alimony and Other Spousal Support $_____

❏ Other Cash Income $_____

If Other Specify: _____

Total Monthly Cash Income for Individual	TOTAL: $_____

NON-CASH BENEFITS [Head of Household and Adults only]

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

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 ❏ Data Not Collected
If Yes, type(s) of insurance(s): *If the client is currently covered by multiple health insurances please select all that apply.*	❏ Medicaid (same as Medi-Cal) ❏ Medicare ❏ State Children's Health Insurance (CHIP) Program ❏ Veteran's Health Administration (VHA) ❏ Employer-Provided Health Insurance ❏ Health Insurance Obtained Through COBRA ❏ Private Pay Health Insurance ❏ State Health Insurance for Adults ❏ Indian Health Services Program

Client Name_____

Head of Household Name (if not Self) _____

❏ Other Health Insurance

If Other Specify: _____

Client Name_____

Head of Household Name (if not Self) _____