

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

Santa Cruz County HMIS – VA Services 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 VA project. Separate VA Services 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>
---	---

Client Name _____

Head of Household Name (if not Self) _____

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

<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
---	--

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.

<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"/> Client doesn't know <input type="checkbox"/> No <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"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer
<p>4) Does the client have HIV – AIDS?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

<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>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer

<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>	<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	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer

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

<p>Income from Any Source? <i>Is the client currently receiving any income from any source?</i></p> <p>If yes, 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>	<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"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI (<i>SSI - received by persons who are disabled and do not have a significant work history</i>) \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI (<i>SSDI - received by persons who are disabled and have a significant work history</i>) \$ _____ <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 \$ _____

Client Name _____

Head of Household Name (if not Self) _____

Total Cash Income for Individual	If Other Specify: _____ TOTAL: \$ _____
---	---

Non-Cash Benefits [Head of Household and Adults]

<p>Receiving Non-Cash Benefits? <i>Is the client currently receiving one of the listed non-cash benefits?</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>	<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/CalFresh) <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: _____ </p>
--	---

Health Insurance

<p>Covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, select the client's type(s) of health insurance(s) coverage:</p> <p><i>If the client is currently covered by multiple health insurances, select all that apply.</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"/> Medicaid (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: _____ </p>
---	---

Client Name _____

Head of Household Name (if not Self) _____

HUD-VASH Exit Information – HUD-VASH ONLY

Case Management Exit Reason [Head of Household/Veteran]

<input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs CM <input type="checkbox"/> Transferred to another HUD-VASH program site <input type="checkbox"/> Found/chose other housing <input type="checkbox"/> Did not comply with HUD-VASH CM <input type="checkbox"/> Eviction and/or other housing related issues <input type="checkbox"/> Unhappy with HUD-VASH housing <input type="checkbox"/> No longer financially eligible for HUD-VASH Voucher <input type="checkbox"/> No longer interested in participating in this program	<input type="checkbox"/> Veteran cannot be located <input type="checkbox"/> Veteran too ill to participate at this time <input type="checkbox"/> Veteran is incarcerated <input type="checkbox"/> Veteran is deceased <input type="checkbox"/> Other _____
---	--

Connection with SOAR – SSVF Rapid Rehousing and Homelessness Prevention Programs ONLY [Head of Household and Adults]

This question is intended to determine if the client has been connected to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
---	---

General Health Status [Head of Household and Adults]

What is the client's general health status?	<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
---	---	---

Client Name _____

Head of Household Name (if not Self) _____

Employment Status [Head of Household and Adults]

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

<p>Specify the <u>last grade</u> of school completed by the client</p> <p>Is the client <u>currently</u> enrolled in school or a training program?</p> <p>If Yes, specify the type of school or training program</p>	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/ High school diploma <input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <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
	<input type="checkbox"/> High School <input type="checkbox"/> Community College <input type="checkbox"/> Vocational Program	<input type="checkbox"/> Training Program <input type="checkbox"/> University <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) _____