General Instructions

This is the exit form for ALL projects in Solano County except for SSVF funded programs.

This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household.

If a household presents as two minor youth, one of the youth should be designated as the head of household.

The color-coded headings refer to their corresponding sections in HMIS. This should assist in matching the questions from this intake form with their location in the HMIS intake.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note, current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME: _____

DATE ADMINISTERED: _____

DEMOGRAPHIC INFORMATION

PROJECT EXIT DATE (e.g., 05/25/2019)

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			

Indicate here if no exit interview was completed: ☐

REASON FOR LEAVING

☐	Completed Program	☐	Criminal activity/Violence
☐	Death	☐	Disagreement with rules/persons
☐	Left for housing opportunity before completing program	☐	Needs could not be met
☐	Non-compliance with program	☐	Non-payment of rent
☐	Reached maximum time allowed	☐	Unknown/Disappeared
☐	Other		

DESTINATION

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

Homeless Situations	☐	Place not meant for habitation	Continuum PH	☐	Rental by client, with RRH or equivalent subsidy
	☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher		☐	Permanent housing (other than RRH) for formerly homeless persons
	☐	Safe Haven		☐	*(not applicable for CoC-funded projects) To HOPWA PH from a HOPWA project*
	☐	Transitional Housing for homeless persons (including homeless youth)	Rent/Own with Subsidy	☐	Rental by client, with GPD TIP housing subsidy
		(not applicable for CoC-funded projects) To HOPWA TH from a HOPWA project		☐	Rental by client, with VASH housing subsidy
Non-Homeless Temporary Situations	☐	Hotel or motel paid for without emergency shelter voucher		☐	Rental by client, with other ongoing housing subsidy
	☐	Residential project or halfway house with no homeless criteria		☐	Owned by client, with ongoing housing subsidy
	☐	Staying or living with family, temporary tenure (room, apartment, or house)	Rent/ Own no Subsidy	☐	Rental by client, no ongoing housing subsidy
	☐	Staying or living with friends, temporary tenure (room, apartment, or house)		☐	Owned by client, no ongoing housing subsidy
Institutional Situations	☐	Psychiatric hospital or other psychiatric facility	Other Permanent	☐	Staying or living with family, permanent tenure
	☐	Substance abuse treatment facility or detox center		☐	Staying or living with friends, permanent tenure
	☐	Hospital or other residential non-psychiatric medical facility	Other	☐	Deceased
	☐	Jail, prison, or juvenile detention facility		☐	Other
	☐	Foster care home or foster care group home		☐	Client doesn't know
	☐	Long-term care facility or nursing home		☐	Client refused

DISABILITY STATUS

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DISABILITY STATUS (Cont.)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- ☐ No
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ Both alcohol and drug abuse
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DISABLING CONDITION

Does the client currently have a disabling condition?
A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

INCOME AND BENEFITS

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client refused

[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?		If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No	☐	
	Yes	☐	$. 0 0
Unemployment Insurance	No	☐	
	Yes	☐	$. 0 0
Supplemental Security Income (SSI)	No	☐	
	Yes	☐	$. 0 0
Social Security Disability Insurance (SSDI)	No	☐	
	Yes	☐	$. 0 0
VA Service-Connected Disability Compensation	No	☐	
	Yes	☐	$. 0 0
VA Non-Service-Connected Disability Pension	No	☐	
	Yes	☐	$. 0 0
Private disability insurance	No	☐	
	Yes	☐	$. 0 0
Worker's Compensation	No	☐	
	Yes	☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No	☐	
	Yes	☐	$. 0 0
General Assistance (GA)	No	☐	
	Yes	☐	$. 0 0
Retirement Income from Social Security	No	☐	
	Yes	☐	$. 0 0
Pension or retirement income from a former job	No	☐	
	Yes	☐	$. 0 0
Child support	No	☐	
	Yes	☐	$. 0 0
Alimony or other spousal support	No	☐	
	Yes	☐	$. 0 0
Other source If yes, specify source:_____	No	☐	
	Yes	☐	$. 0 0
Total monthly income from all sources			$. 0 0

INCOME AND BENEFITS (Cont.)

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

↓

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	☐
	Yes	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐
	Yes	☐
TANF Child Care services *(or use local name)*	No	☐
	Yes	☐
TANF transportation services *(or use local name)*	No	☐
	Yes	☐
Other TANF-Funded Services *(or use local name)*	No	☐
	Yes	☐
Other source If yes, specify source:_____	No	☐
	Yes	☐

HEALTH INSURANCE

Is the client currently covered by health insurance?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

↓

[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____

PRESENT SITUATION

LANDLORD CONTACT INFORMATION

If the client has moved into permanent housing, please provide the new landlord's contact information.

Name _____

Address _____

City_____ **State**_____ **Zip code**_____

Phone number

Email address_____

CLIENT LOCATION

Where will the client live after exiting?

☐	Benicia
☐	Birds Landing
☐	Dixon
☐	Fairfield
☐	Green Valley
☐	Rio Vista
☐	Suisun City
☐	Vacaville
☐	Vallejo

☐	Other area in Solano County
☐	Alameda County
☐	Contra Costa County
☐	Napa County
☐	Sacramento County
☐	San Francisco County
☐	Yolo County
☐	Other area in California (non-Solano)
☐	Other area outside of California

HOUSING MOVE-IN DATE

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client.

Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

		/			/				
Month			Day			Year			