



# Napa County Continuum of Care HMIS Child Exit Form

**For HMIS Staff ONLY**  
HoH HMIS ID: \_\_\_\_\_  
Data entered in HMIS on \_\_\_\_\_ by \_\_\_\_\_

Program(S) Name: \_\_\_\_\_ Case Worker/Intake Person: \_\_\_\_\_ Last Day Client was in your Program: \_\_\_\_\_

## CLIENT PROFILE

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Social Security No.** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

## PROJECT EXIT QUESTIONS

### Destination at Exit

- Deceased
- Emergency Shelter, including hotel or motel paid for with voucher
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Hotel or motel paid for without emergency shelter voucher
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless person
- Place not meant for habitation (street, vehicle, river, etc.)
- Psychiatric hospital or other psychiatric facility
- Other
- Rental by client, no ongoing housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project of halfway house with no homeless criteria
- Staying or living with family, permanent tenure
- Staying or living with family, temporary tenure
- Staying or living with friends, permanent tenure
- Staying or living with friends, temporary tenure
- Substance abuse treatment facility or detox center
- Transitional housing for homeless persons
- No exit interview completed

### Disabling Conditions and Barriers

**Does client have a disabling condition?**  Yes  No A disabling condition is one or more of the following:

**Physical Disability**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, will Physical Disability be Long Term?*  Yes  No  Client Doesn't Know  Refused  Data not collected

**Developmental Disability**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does Developmental Disability substantially impairs independence?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Chronic Health Condition**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, will Physical Disability be Long Term?*  Yes  No  Client Doesn't Know  Refused  Data not collected

**HIV - AIDS**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does Developmental Disability substantially impairs independence?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Mental Health Problem**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, will Physical Disability be Long Term?*  Yes  No  Client Doesn't Know  Refused  Data not collected

**Substance Abuse Problem**  No  Alcohol Abuse  Drug Abuse  Both Alcohol and Drug Abuse

Client Doesn't Know  Refused  Data not collected

### Health Insurance

- Employer Provided
- Healthy Kids (CHI) (State Children's HIP)
- Indian Health Services Program
- Medical/Medicaid
- Medicare
- Obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Veteran Administration (VA) Medical Services
- Other: Specify \_\_\_\_\_