



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Exit Form

For HMIS Staff ONLY

Is this the HoH? Yes No
If no, client's HMIS ID of HoH: _____
Data entered in HMIS on _____ by _____

Program(s) Name: _____ Case Worker/Intake Person: _____ Last Date Client was in your Program: _____

CLIENT PROFILE

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

PROJECT EXIT QUESTIONS

Complete Housing Move-In Date When Client Moves Into a Permanent Housing Unit

Housing Move-In Date: _____ **REQUIRED for RRH, PSH, PH Projects**

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

Is Client a Domestic Violence Victim/Survivor? Yes No Client Doesn't Know Refused Data not collected
If yes, last occurrence? Within the past 3 months 3-6 months ago 6-12 months ago One year ago or more
 Client Doesn't Know Refused Data not collected
Is client currently fleeing? Yes No Client Doesn't Know Refused Data not collected

Cash Income for Individual

Income from Any Source? Yes No Client Doesn't Know Refused Data not collected

<input type="checkbox"/> Earned Income \$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Social Security Income (SSI) \$ _____
<input type="checkbox"/> General Assistance \$ _____	<input type="checkbox"/> Spousal Support \$ _____
<input type="checkbox"/> TANF/CalWorks \$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____
<input type="checkbox"/> Retirement from Social Security \$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Compensation \$ _____
<input type="checkbox"/> Pension from a Former Job \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____
<input type="checkbox"/> Other Income \$ _____ Source: _____	

Non-Cash Benefits

<input type="checkbox"/> CalFresh (Food Stamps/SNAP)	<input type="checkbox"/> TANF/CalWorks Transportation Services
<input type="checkbox"/> TANF/CalWorks Childcare Services	<input type="checkbox"/> Other TANF/CalWorks-Funded Services
<input type="checkbox"/> WIC (Supplemental Nutrition for Women, Infants, and Children)	<input type="checkbox"/> Other Non-Cash Benefits – Source: _____

Health Insurance

<input type="checkbox"/> Employer Provided	<input type="checkbox"/> Obtained through COBRA
<input type="checkbox"/> Healthy Kids (CHI) (State Children's HIP)	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Medical/Medicaid	<input type="checkbox"/> Veteran Administration (VA) Medical Services
<input type="checkbox"/> Medicare	<input type="checkbox"/> Other: Specify _____