



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Exit Form

ABODE * Nightingale * NPD
Shelter & Street Outreach Programs

Check all those apply at this intake

HRC SNS WS SO WPC

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 Name: _____ Case Worker/Intake Person: _____ Date Client Exited your Program: _____

CLIENT PROFILE

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Social Security No. _____ **Birth Date:** _____

Alias or AKA Name: _____ **Client's Phone Number:** _____

Emergency Contact Name: _____ **Emergency Phone Number:** _____

Client's Email Address: _____

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

If client is moving into a rental by client or staying with family/friends, please enter Housing Lease/Moving Date: _____

If client is moving into a rental by client or staying with family/friends, please enter Address Moving to?

_____ City _____ Zip Code _____

Whole Person Care (WPC) Questions

In general, how would you rate your overall health?

- Excellent Very Good Good Fair Poor Client Doesn't Know Refused Data not collected

In general, how would you rate your overall mental or emotional health?

- Excellent Very Good Good Fair Poor Client Doesn't Know Refused Data not collected

WPC Disenrollment Reason – For WPC Staff Only

- Not Eligible for Medical Beneficiary Request Moved from Service Area Deceased
- WPC Services No Longer Needed Lack of Engagement Moved to Another WPC Bundle Other

Disabling Conditions and Barriers

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

Does client have a disabling condition? Yes No Answer Yes if client answer Yes to any of the above conditions/barriers

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

Earned Income \$ _____

Social Security Disability Income (SSDI) \$ _____

Child Support \$ _____

Social Security Income (SSI) \$ _____

General Assistance \$ _____

Spousal Support \$ _____

TANF/CalWorks \$ _____

Unemployment Insurance \$ _____

Private Disability Insurance \$ _____

VA Service-Connected Disability Compensation \$ _____

Retirement from Social Security \$ _____

VA Non-Service Connected Disability Compensation \$ _____

Pension from a Former Job \$ _____

Worker's Compensation \$ _____

Other Income \$ _____ Source: _____

Non-Cash Benefits

CalFresh (Food Stamps/SNAP)

TANF/CalWorks Transportation Services

TANF/CalWorks Childcare Services

Other TANF/CalWorks-Funded Services

WIC (Supplemental Nutrition for Women, Infants, and Children)

Other Non-Cash Benefits – Source: _____

Health Insurance

Employer Provided

Obtained through COBRA

Healthy Kids (CHI) (State Children's HIP)

Private Pay Health Insurance

Indian Health Services Program

State Health Insurance for Adults

Medical/Medicaid

Veteran Administration (VA) Medical Services

Medicare

Other: Specify _____