A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Adult Client Exit
Abode Services Agency – Rapid Resolution Program

ABODE Services

Program Name: _____ Case Worker/Intake Person: _____ Program Exit Date: _____

CLIENT EXIT

Separate client 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.**

1) Client Name	First	Last

2) 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 this project?*

Homeless Situations
- ❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)
- ❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
- ❑ Safe Haven

Institutional Situations
- ❑ Foster care home or foster care group home
- ❑ Hospital or other residential non—psychiatric medical facility
- ❑ Jail, prison, or juvenile detention facility
- ❑ Long-term care facility or nursing home
- ❑ Psychiatric hospital or other psychiatric facility
- ❑ Substance abuse treatment facility or detox center

Temporary Housing Situations
- ❑ Transitional housing for homeless persons (including homeless youth)
- ❑ Residential project or halfway house with no homeless criteria
- ❑ Hotel or motel paid for without emergency shelter voucher
- ❑ Host Home (non-crisis)
- ❑ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- ❑ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

Permanent Housing Situations
- ❑ Staying or living with family, permanent tenure
- ❑ Staying or living with friends, permanent tenure
- ❑ Rental by client, no ongoing housing subsidy
- ❑ **Rental by client, with ongoing housing subsidy**
- ❑ Owned by client, with ongoing housing subsidy
- ❑ Owned by client, no ongoing housing subsidy

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
- ❑ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

Rental Subsidy Type: *If **"Rental by client, with ongoing housing subsidy"** is selected, please select the type of housing subsidy in use.*	❑ GPD TIP housing subsidy ❑ VASH housing subsidy ❑ RRH or equivalent subsidy ❑ HCV voucher (tenant or project based) (not dedicated) ❑ Public housing unit ❑ Rental by client, with other ongoing housing subsidy ❑ Emergency Housing Voucher (EHV) ❑ Family Unification Program Voucher (FUP) ❑ Foster Youth to Independence Initiative (FYI) ❑ Permanent Supportive Housing ❑ Other permanent housing dedicated for formerly homeless persons

RAPID RESOLUTION REQUIRED QUESTIONS [Head of Household only]

What diversion services were provided to the client? ***Choose all that apply***

Services WITHOUT Financial Assistance	**Services WITH Financial Assistance** ***specify amount**
❑ Self-Resolution (defined as person figured out their resolution without intervention by diversion staff person) ❑ Mediation/Negotiation with Family with/by diversion staff person ❑ Mediation/Negotiation with Friend with/by diversion staff person ❑ Mediation/Negotiation with Landlord with/by diversion staff person ❑ Mediation/Negotiation with Partner with/by diversion staff person ❑ Connection to Community/Mainstream Resource (defined as a referral that was the difference in person being successfully diverted)	❑ Automotive Repairs: $_____ ❑ Gas card: $_____ ❑ Legal Expenses: $_____ ❑ Meal Expenses: $_____ ❑ Mortgage Assistance: $_____ ❑ Mortgage Assistance – Back Payments: $_____ ❑ Movers or Moving Trucks: $_____ ❑ Parking Tickets, Speeding Tickets, Impound or Towing Cost: $_____ ❑ Rental Assistance – Full Rent: $_____ ❑ Rental Assistance – Partial Rent: $_____ ❑ Rental Assistance – 1st Month's Rent: $_____ ❑ Rental Assistance – Security Deposit: $_____ ❑ Rental Assistance – Partial Security Deposit: $_____ ❑ Rental Arrears: $_____ ❑ Taxi or Rideshare (Uber, Lyft): $_____ ❑ Transportation: $_____ ❑ Transportation Cost for Staff: $_____ ❑ Utility Payments: $_____ ❑ N/A (client did not receive financial assistance) ❑ Client Refused Services ❑ No Show/Couldn't Locate ❑ Other, specify: _____

Financial Assistance Source: *If multiple financial services were provided to the client, please select all financial sources that were used, and identify which source was used for each financial service provided.*	❑ ESG ❑ Season of Sharing ❑ Queen of the Valley ❑ Partnership for Health ❑ City of Napa ❑ General Assistance ❑ HCA ❑ Other, specify: _____

Client Name_____

Head of Household Name (if not Self) _____