



Napa County Continuum of Care



HMIS Adult Client Exit
Abode Services Agency –
Rapid Resolution Program

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) _____

<p>Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<div style="background-color: #f0f0f0; padding: 5px;"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons </div>
RAPID RESOLUTION REQUIRED QUESTIONS [Head of Household only]	
<p>What diversion services were provided to the client? <i>Choose all that apply</i></p>	
<p><u>Services WITHOUT Financial Assistance</u></p> <p><input type="checkbox"/> Self-Resolution (defined as person figured out their resolution without intervention by diversion staff person)</p> <p><input type="checkbox"/> Mediation/Negotiation with Family with/by diversion staff person</p> <p><input type="checkbox"/> Mediation/Negotiation with Friend with/by diversion staff person</p> <p><input type="checkbox"/> Mediation/Negotiation with Landlord with/by diversion staff person</p> <p><input type="checkbox"/> Mediation/Negotiation with Partner with/by diversion staff person</p> <p><input type="checkbox"/> Connection to Community/Mainstream Resource (defined as a referral that was the difference in person being successfully diverted)</p>	<p><u>Services WITH Financial Assistance <i>*specify amount</i></u></p> <p><input type="checkbox"/> Automotive Repairs: \$ _____</p> <p><input type="checkbox"/> Gas card: \$ _____</p> <p><input type="checkbox"/> Legal Expenses: \$ _____</p> <p><input type="checkbox"/> Meal Expenses: \$ _____</p> <p><input type="checkbox"/> Mortgage Assistance: \$ _____</p> <p><input type="checkbox"/> Mortgage Assistance – Back Payments: \$ _____</p> <p><input type="checkbox"/> Movers or Moving Trucks: \$ _____</p> <p><input type="checkbox"/> Parking Tickets, Speeding Tickets, Impound or Towing Cost: \$ _____</p> <p><input type="checkbox"/> Rental Assistance – Full Rent: \$ _____</p> <p><input type="checkbox"/> Rental Assistance – Partial Rent: \$ _____</p> <p><input type="checkbox"/> Rental Assistance – 1st Month's Rent: \$ _____</p> <p><input type="checkbox"/> Rental Assistance – Security Deposit: \$ _____</p> <p><input type="checkbox"/> Rental Assistance – Partial Security Deposit: \$ _____</p> <p><input type="checkbox"/> Rental Arrears: \$ _____</p> <p><input type="checkbox"/> Taxi or Rideshare (Uber, Lyft): \$ _____</p> <p><input type="checkbox"/> Transportation: \$ _____</p> <p><input type="checkbox"/> Transportation Cost for Staff: \$ _____</p> <p><input type="checkbox"/> Utility Payments: \$ _____</p> <p><input type="checkbox"/> N/A (client did not receive financial assistance)</p> <p><input type="checkbox"/> Client Refused Services</p> <p><input type="checkbox"/> No Show/Couldn't Locate</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p>Financial Assistance Source:</p> <p><i>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.</i></p>	<div style="background-color: #f0f0f0; padding: 5px;"> <input type="checkbox"/> ESG <input type="checkbox"/> Season of Sharing <input type="checkbox"/> Queen of the Valley <input type="checkbox"/> Partnership for Health <input type="checkbox"/> City of Napa <input type="checkbox"/> General Assistance <input type="checkbox"/> HCA <input type="checkbox"/> Other, specify: _____ </div>

Client Name _____

Head of Household Name (if not Self) _____