



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

Standard HMIS Adult Client Exit

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			

3) Housing Move-in Date

[Head of Household only]

(Required for Permanent Housing Projects only)

IMPORTANT REMINDER: When a client moves into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, ensure the "Housing Move-In Date" on enrollment screen is completed.

		/			/				
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

Client Name _____

Head of Household Name (if not Self) _____

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

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

Client Name _____

Head of Household Name (if not Self) _____

HOUSING ASSESSMENT AT EXIT: <i>[Homelessness Prevention programs only]</i>		
What is the client's housing status?	☐ Able to maintain the housing they had at project entry ☐ Moved to new housing unit ☐ Moved in with family/friends on a temporary basis ☐ Moved in with family/friends on a permanent basis ☐ Moved to a transitional or temporary housing facility or program	☐ Client became homeless – moving to a shelter or other place unfit for human habitation ☐ Jail/prison ☐ Deceased ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If the client was "Able to Maintain Housing at Project Entry," please answer the following question about subsidy information:	☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an ongoing subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy	
If the client "Moved to a New Housing Unit," please answer the following question about subsidy information:	☐ With ongoing subsidy ☐ Without an ongoing subsidy	
DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		
1) Does the client have a Physical Disability?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
2) Does the client have a Developmental Disability?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
3) Does the client have a Chronic Health Condition?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
4) Does the client have HIV – AIDS?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

5) Does the client have a Mental Health Disorder? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
6) Does the client have any Substance Use Disorder? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ No ☐ Alcohol use disorder ☐ Drug use disorder ☐ Both Alcohol & Drug Abuse Use Disorders ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source? <i>Is the client currently receiving any income from any source?</i> Specify the type(s) and amount(s) of income the client currently receives. <i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i> <i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i>	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Earned Income \$ _____ ☐ Unemployment Insurance \$ _____ ☐ Supplemental Security Income SSI \$ _____ ☐ Social Security Disability Insurance SSDI \$ _____ ☐ VA Service-Connected Disability Pension \$ _____ ☐ VA Non-service connect disability pension \$ _____ ☐ Private Disability Insurance \$ _____ ☐ Worker's Compensation \$ _____ ☐ Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ ☐ General Assistance (GA) \$ _____ ☐ Retirement income from Social Security \$ _____ ☐ Pension or Retirement Income from a Former Job \$ _____ ☐ Child Support \$ _____ ☐ Alimony and Other Spousal Support \$ _____ ☐ Other Cash Income \$ _____ If Other Specify: _____ Total Monthly Cash Income for Individual TOTAL: \$ _____
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Client Name _____

Head of Household Name (if not Self) _____

NON-CASH BENEFITS [Head of Household and Adults only]**Currently receiving Non-Cash Benefits?**

Is the client currently receiving one of the non-cash benefits listed below?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

☐ Data Not Collected

If Yes, indicate all the non-cash benefits the client is receiving:

Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.

DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.

- ☐ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF/CALWORKS Childcare Services
- ☐ TANF/CALWORKS Transportation Services
- ☐ Other TANF/CALWORKS-Funded Services
- ☐ Other Non-Cash Benefit

If Other Specify: _____

HEALTH INSURANCE**Currently covered by health insurance?**

Is the client currently covered by health insurance?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

☐ Data Not Collected

If Yes, type(s) of insurance(s):

If the client is currently covered by multiple health insurances please select all that apply.

- ☐ Medicaid (same as Medi-Cal)
- ☐ Medicare
- ☐ State Children's Health Insurance (CHIP) Program
- ☐ Veteran's Health Administration (VHA)
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance Obtained Through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other Health Insurance

If Other Specify: _____

Client Name _____

Head of Household Name (if not Self) _____