



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care
Standard HMIS Child Client Exit

Program Name: _____ Case Worker/Intake Person: _____ Program Exit Date: _____																						
CLIENT EXIT																						
Separate client exits should be completed for each client who is under the age of 18 unless they are the Head of Household. Separate client exits must be completed for adults as well, but please be sure to use the Standard HMIS Adult Client Exit form.																						
1) Client Name	First	Last																				
2) Project Exit Date	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="3">Month</td><td colspan="3">Day</td><td colspan="4">Year</td></tr></table>			/			/					Month			Day			Year				
		/			/																	
Month			Day			Year																
<i>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.</i>																						

Client Name _____

Head of Household Name (if not Self) _____

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.	<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	
HOUSING ASSESSMENT AT EXIT: [Homelessness Prevention programs only]		
What is the client's housing status?	<input type="checkbox"/> Able to maintain the housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Jail/prison <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
If the client was "Able to Maintain Housing at Project Entry," please answer the following question about subsidy information:	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an ongoing subsidy acquired since project entry <input type="checkbox"/> 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:	<input type="checkbox"/> With ongoing subsidy <input type="checkbox"/> 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? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
2) Does the client have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

<p>3) Does the client have a Chronic Health Condition?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>4) Does the client have HIV – AIDS?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>5) Does the client have a Mental Health Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>6) Does the client have any Substance Use Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

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) _____