

**Name/Identification:**

Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Destination and Reason for Leaving (All fields required unless otherwise noted)**

<b>Destination (Check only one)</b>	
<input type="checkbox"/> Deceased	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	
<input type="checkbox"/> Foster care home or foster care group home	
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	
<input type="checkbox"/> Jail, prison or juvenile detention facility	
<input type="checkbox"/> Long-term care facility or nursing home	
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Rental by client, with VASH housing subsidy	
<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy	
<input type="checkbox"/> Rental by client, other ongoing housing subsidy	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	
<input type="checkbox"/> Safe Haven	
<input type="checkbox"/> Staying or living with family, permanent tenure	
<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)	
<input type="checkbox"/> Staying or living with friends, permanent tenure	
<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house)	
<input type="checkbox"/> Substance abuse treatment facility or detox center	
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	
<input type="checkbox"/> Other, specify: _____	
<input type="checkbox"/> No exit interview completed	
<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Data not Collected	
<b>Reason for Leaving (Check only one)</b>	
<input type="checkbox"/> Left for a housing opportunity before completing program	<input type="checkbox"/> Needs could not be met by program
<input type="checkbox"/> Completed program	<input type="checkbox"/> Disagreement with rules/persons
<input type="checkbox"/> Non-payment of rent/occupancy charge	<input type="checkbox"/> Death
<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Unknown/disappeared
<input type="checkbox"/> Criminal activity/destruction of property/violence	<input type="checkbox"/> Other
<input type="checkbox"/> Reached maximum time allowed by program	

Destination Address (optional)			
Street Address:			Unit #:
City:		County:	
State:	Zip: _____ - _____	Country:	
Email:	Phone:	Alt Phone:	

***Income and Insurance (All fields required unless otherwise noted)***

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
<input type="checkbox"/> No financial resources							
<input type="checkbox"/> Earned Income ( <i>employment wages / cash</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability Income (SSDI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VA Service-Connected Disability Compensation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Disability Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Assistance for Needy Families ( <i>CalWORKs</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Assistance (GA) ( <i>General Relief (GR)</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement Income from Social Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension or retirement income from a former job		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony or other spousal support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Source (Specify: _____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Client Doesn't Know							
<input type="checkbox"/> Client Refused							
<input type="checkbox"/> Data not Collected							

Income Documentation (Optional):	Comments (Optional):
<input type="checkbox"/> GR Form <input type="checkbox"/> CalWORKS Forms <input type="checkbox"/> Pension Letter/Stub <input type="checkbox"/> Pay Stub <input type="checkbox"/> Unemployment Insurance Forms <input type="checkbox"/> Unemployment Forms <input type="checkbox"/> Utility Allowance <input type="checkbox"/> W-2 Forms <input type="checkbox"/> Self Declaration <input type="checkbox"/> Child Support Forms <input type="checkbox"/> SSDI Form <input type="checkbox"/> Employer Printout/Letter <input type="checkbox"/> Social Security Forms <input type="checkbox"/> Workmans Comp <input type="checkbox"/> VA Documentation <input type="checkbox"/> SSI Forms <input type="checkbox"/> Self Employment Docs	

Non-Cash Benefits (Check all that apply):			
<input type="checkbox"/> None	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Food Stamps (CalFresh) Amount: _____	<input type="checkbox"/> CalWorks Child Care	<input type="checkbox"/> Temporary Rental Assistance	
<input type="checkbox"/> WIC	<input type="checkbox"/> CalWorks Transportation	<input type="checkbox"/> Section 8 or Rental Assistance	<input type="checkbox"/> Medically Needy Amount: _____
	<input type="checkbox"/> Other CalWorks-Funded Services	<input type="checkbox"/> Other _____	

Health Insurance (Check all that apply):	No Health Insurance	MediCal	Health Ins.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Employer Provided	
Compliance Date: 10.01.2016 HUD Data Standards Manual			

- Client Doesn't Know
- MEDICARE
- COBRA Health Ins.

- Client Refused
- State Children's  
Health Ins.
- Private Health Ins.

- Data not Collected
- VA Medical Services

Program Exit:

Name: \_\_\_\_\_

Project: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Program Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WELLNESS** – All clients, required questions are shaded

Question	Check One Answer	Comments
Do you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Physical Disability: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently <b>(Required if previous question is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Physical Disability: Documentation of the disability and severity on file <b>(Required if physical disability is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving services/treatment for this disability? <b>(Required if physical disability is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you have a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Developmental Disability: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently <b>(Required if previous question is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Developmental Disability: Documentation of the disability and severity on file <b>(Required if developmental disability is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving services/treatment for this disability? <b>(Required if developmental disability is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
HIV/AIDS: Expected to substantially impair ability to live independently <b>(Required if previous question is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
HIV/AIDS: Documentation of the disability and severity on file <b>(Required if HIV/AIDS is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving services/treatment for this disability? <b>(Required if HIV/AIDS is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you feel you have a mental health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

Mental Health: Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently <b>(Required if previous question is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Mental Health: Documentation of the disability and severity on file <b>(Required if mental health is Yes)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, are you currently receiving services/treatment for this disability? (Required if mental health is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Do you have a drug or alcohol problem?	<input type="checkbox"/> Drug <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Alcohol <input type="checkbox"/> Client Refused <input type="checkbox"/> Both <input type="checkbox"/> Data not Collected <input type="checkbox"/> No	
Substance Abuse: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Substance Abuse: Documentation of the disability and severity on file (Required if substance abuse is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving services/treatment for this disability? (Required if substance abuse is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Chronic Health Condition: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
Chronic Health Condition: Documentation of the disability and severity on file (Required if chronic health condition is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving services/treatment for this disability? (Required if chronic health condition is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

**EMPLOYMENT:** For adults 18 and older or Head of Household < 18 years old, required questions shaded

Question	Check One Answer	Comments
Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused	
If Yes for 'Employed', Type of Employment: (Required if currently employed is 'Yes')	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor)	
If No for 'Employed', Why Not Employed (Required if currently employed is 'No')	<input type="checkbox"/> Looking for work <input type="checkbox"/> Not looking for work <input type="checkbox"/> Unable to work	

**Housing Assessment Disposition:** Head of Household only, HUD CoC and ESG projects only

Housing assessment disposition (Required for CoC and ESG projects)	<input type="checkbox"/> Referred to emergency shelter/safe haven <input type="checkbox"/> Referred to transitional housing <input type="checkbox"/> Referred to rapid re-housing <input type="checkbox"/> Referred to permanent supportive housing <input type="checkbox"/> Referred to homelessness prevention	
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- Referred to street outreach
- Referred to other continuum project type
- Referred to a homelessness diversion program

	<input type="checkbox"/> Unable to refer/accept within continuum; ineligible for continuum projects <input type="checkbox"/> Unable to refer/accept within continuum; continuum services unavailable <input type="checkbox"/> Referred to other community project (non-continuum) <input type="checkbox"/> Applicant declined referral/acceptance <input type="checkbox"/> Applicant terminated assessment prior to completion <input type="checkbox"/> Other, specify _____	
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***Housing Assessment at Exit: All Clients, CoC and ESG funded Homelessness Prevention projects only***

Housing assessment at exit  <b>(Required for CoC, and ESG Homelessness Prevention projects)</b>	<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"/> Client went to jail/prison <input type="checkbox"/> Client died <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
If Able to maintain the housing they had at project entry for "Housing Assessment at Exit", subsidy information <b>(Required if previous question is Able to maintain the housing they had at project entry)</b>	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy	
If Moved to new housing unit for "Housing Assessment at Exit", subsidy information <b>(Required if housing assessment at exit question is Moved to new housing unit)</b>	<input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without an on-going subsidy	

Client Signature \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Agency Staff Signature \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):**

Date entered into HMIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Question	Answer	Initials of Staff completion	Comments
Was the hard copy exit form completely filled out correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): \_\_\_\_\_  
 Revised 12/12/2016



