

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)

Destination (Check only one)

Deceased
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 Foster care home or foster care group home
 Hospital or other residential non-psychiatric medical facility
 Hotel or motel paid for without emergency shelter voucher
 Jail, prison or juvenile detention facility
 Long-term care facility or nursing home
 Moved from one HOPWA funded project to HOPWA PH
 Moved from one HOPWA funded project to HOPWA TH
 Owned by client, no ongoing housing subsidy
 Owned by client, with ongoing housing subsidy
 Permanent supportive housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
 Psychiatric hospital or other psychiatric facility
 Rental by client, no ongoing housing subsidy
 Rental by client, with VASH housing subsidy
 Rental by client, with GPD TIP housing subsidy
 Rental by client, other ongoing housing subsidy
 Residential project or halfway house with no homeless criteria
 Safe Haven
 Staying or living with family, permanent tenure
 Staying or living with family, temporary tenure (e.g., room, apartment or house)
 Staying or living with friends, permanent tenure
 Staying or living with friends, temporary tenure (e.g., room apartment or house)
 Substance abuse treatment facility or detox center
 Transitional housing for homeless persons (including homeless youth)
 Other, specify: _____
 No exit interview completed
 Client Doesn't Know
 Client Refused
 Data not Collected

Reason for Leaving (Check only one)

Left for a housing opportunity before completing program	Needs could not be met by program
Completed program	Disagreement with rules/persons
Non-payment of rent/occupancy charge	Death
Non-compliance with program	Unknown/disappeared
Criminal activity/destruction of property/violence	Other
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
No financial resources							
Earned Income (<i>employment wages / cash</i>)							
Unemployment Insurance							
Supplemental Security Income (SSI)							
Social Security Disability Income (SSDI)							
VA Service-Connected Disability Compensation							
VA Non-Service-Connected Disability Pension							
Private Disability Insurance							
Workers Compensation							
Temporary Assistance for Needy Families (<i>CalWORKs</i>)							
General Assistance (GA) (<i>General Relief (GR)</i>)							
Retirement Income from Social Security							
Pension or retirement income from a former job							
Child Support							
Alimony or other spousal support							
Other Source (Specify: _____)							
Client Doesn't Know							
Client Refused							
Data not Collected							

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

Non-Cash Benefits (Check all that apply):			
None	Client Doesn't Know	Client Refused	Data not Collected
Food Stamps (CalFresh)	CalWORKs Child Care	Temporary Rental Assistance	
Amount: _____	CalWORKs Transportation	Section 8 or Rental Assistance	Medically Needy
WIC	Other CalWORKs-Funded Services	Other _____	Amount: _____
Health Insurance (Check all that apply):			
No Health Insurance	MEDICAID	Provided Health Ins.	
	Employer		Client Doesn't Know

MEDICARE
COBRA Health Ins.

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

Data not Collected
VA Medical
Services MediCal

Program Exit:

Program

Name: _____

Case Manager: _____

Program Exit Date: ____/____/____

WELLNESS – All clients, required questions are shaded

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

Mental Health: Documentation of the disability and severity on file (Required if mental health is Yes)	Yes	No	
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If yes, are you currently receiving services or treatment for this condition? (Required if mental health is Yes)	Yes No	Client Doesn't Know Client Refused Data not Collected	
Do you have a drug or alcohol problem?	Drug Alcohol Both No	Client Doesn't Know Client Refused Data not Collected	
Substance Abuse: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	Yes No	Client Doesn't Know Client Refused Data not Collected	
Substance Abuse: Documentation of the disability and severity on file (Required if substance abuse is Yes)	Yes	No	
If yes, are you currently receiving services or treatment for this condition? (Required if substance abuse is Yes)	Yes No	Client Doesn't Know Client Refused Data not Collected	
Chronic Health Condition	Yes No	Client Doesn't Know Client Refused 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)	Yes No	Client Doesn't Know Client Refused Data not Collected	
Chronic Health Condition: Documentation of the disability and severity on file (Required if chronic health condition is Yes)	Yes	No	
If yes, are you currently receiving services or treatment for this condition? (Required if chronic health condition is Yes)	Yes No	Client Doesn't Know Client Refused 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?	No Yes	Client Doesn't Know Client Refused
If Yes for 'Employed', Type of Employment: (Required if currently employed is 'Yes')	Full-time Part-time Seasonal / sporadic (including day labor)	
If No for 'Employed', Why Not Employed (Required if currently employed is 'No')	Looking for work Unable to work	Not looking for work

RHY: All clients, required questions are shaded

Date of BCP Status (Required for ES or HP Projects only)	/ / -	
FYSB Youth (Required for ES or HP Projects only)	Yes No	

Reason for not providing services (Required if previous question is 'No')	Out of age range Ward of the State – Immediate Reunification Ward of the Criminal Justice System – Immediate Reunification	
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Compared to other people your age, would you say your health is:	Excellent Very Good Good Fair	Poor Client doesn't know Client refused Data not Collected	
Dental Health Status	Excellent Very Good Good Fair	Poor Client doesn't know Client refused Data not Collected	
Mental Health Status	Excellent Very Good Good Fair	Poor Client doesn't know Client refused Data not Collected	
A written transitional, aftercare or follow-up plan or agreement	Yes No	Client Refused	
Advice about and/or referral to appropriate mainstream assistance programs	Yes No	Client Refused	
Placement in appropriate, permanent, stable housing (not a shelter)	Yes No	Client Refused	
Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter	Yes No	Client Refused	
Exit counseling	Yes No	Client Refused	
A course of further follow-up treatment or services	Yes No	Client Refused	
A follow-up meeting or series of staff/youth meetings or contacts has been scheduled	Yes No	Client Refused	
A "package" of such things as maps, information about local shelters and resources	Yes No	Client Refused	
Other	Yes No	Client Refused	
Project Completion Status	Completed project Youth voluntarily left early Youth was expelled or otherwise involuntarily discharged from project		
If Youth voluntarily left early, select major reason (Required if previous question is 'Youth voluntarily left early')	Left for other opportunities - Independent living Left for other opportunities - Education Left for other opportunities - Military Left for other opportunities – Other Needs could not be met by project		

<p>If Youth was expelled or otherwise involuntarily discharged from project, select major reason</p> <p>(Required if Project Completion Status is 'Youth was expelled or otherwise involuntarily discharged from project')</p>	<p>Criminal activity/destruction of property/violence</p> <p>Non-compliance with project rules</p> <p>Non-payment of rent/occupancy charge</p> <p>Reached maximum time allowed by project</p> <p>Project terminated</p> <p>Unknown/disappeared</p>	
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Family Reunification Achieved	Yes No	Client Doesn't Know Client Refused Data not Collected	
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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?	Yes No		

Staff Name (verifying completion of Data Entry): _____