

# HMIS Exit Form RHY Outreach

Client ID: \_\_\_\_\_

Staff Completing  
HMIS Form: \_\_\_\_\_

**Identification** - All fields required unless otherwise noted

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Project EXIT Date	Social Security Number (SSN)	Birth Date (DOB)
____/____/____	____-____-____	____/____/____

### Destinations

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher</li> <li><input type="checkbox"/> Transitional housing for homeless persons including homeless youth</li> <li><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> <li><input type="checkbox"/> Rental by client, with no on-going housing subsidy</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Staying or living with family, temporary tenure (e.g apartment, room, or house.)</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Staying or living with friends, temporary tenure (eg apartment, room, or house.)</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison, or juvenile detention facility</li> <li><input type="checkbox"/> Place not meant for habitation (e.g. a vehicle , an abandoned building, bus/train/subway station/airport or anywhere outside)</li> <li><input type="checkbox"/> Safe haven</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Rental by client, VASH subsidy</li> <li><input type="checkbox"/> Rental by client, other (Non-VASH) ongoing housing subsidy</li> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> <li><input type="checkbox"/> Foster Care Home Or Foster Care Group Home</li> <li><input type="checkbox"/> Staying or living with family, permanent tenure</li> <li><input type="checkbox"/> Staying or living with friends, permanent tenure</li> <li><input type="checkbox"/> Deceased</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Client Doesn't know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</li> <li><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria.</li> <li><input type="checkbox"/> No Exit Interview Completed</li> </ul> |
|--|---|

### Wellness Assessment

#### Health Insurance

- Yes (Enter the Source)     
  No     
  Client Doesn't Know     
  Client Refused

#### Health Insurance Sources

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Pay Health Insurance</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> MEDICAID</li> <li><input type="checkbox"/> State Children's Health Insurance(SCHIP)</li> <li><input type="checkbox"/> VA Medical Services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Employer Provided Health Insurance</li> <li><input type="checkbox"/> Health Insurance obtained through COBRA</li> <li><input type="checkbox"/> State Health Insurance Adults (Medi-cal)</li> <li><input type="checkbox"/> Indian Health Services Program</li> <li>Other: _____</li> </ul> |
|--|---|

# HMIS Exit Form RHY Outreach

Client ID: \_\_\_\_\_

Staff Completing  
HMIS Form: \_\_\_\_\_

Barriers:		
	Barrier Present	Condition is Indefinite
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Development Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused

## Financial Assessment (Check all that Apply and Enter amount)

Income Source (Check all that apply)	Stated Income (Monthly)	Non-Cash Resources (Check all that apply)	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income ( <i>employment wages / cash</i> )	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		

# HMIS Exit Form RHY Outreach

Client ID: \_\_\_\_\_

Staff Completing  
HMIS Form: \_\_\_\_\_

Commercial sexual exploitation/ Sex trafficking			
<b>Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?</b>			
<input type="checkbox"/> No (Skip to Labor section)	<input type="checkbox"/> Yes (answer all questions below)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Has it been in the past three months?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>How many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs or shelter?</b>			
<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12 or more
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
<b>Ever made/persuaded to have sex in exchange</b>			
<input type="checkbox"/> No (Skip to Labor section)	<input type="checkbox"/> Yes (answer question below)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Has it been in the past three months?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Commercial Labor Exploitation			
<b>Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?</b>			
<input type="checkbox"/> No (Skip to Counseling)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Yes (answer all questions below) <input type="checkbox"/> Data not collected
<b>Have you ever been promised work where the work or payment ended up being different from what you expected?</b>			
<input type="checkbox"/> No (Skip to Counseling)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Yes (answer all questions below) <input type="checkbox"/> Data not collected
<b>Did you feel forced, pressured or tricked into continue this job?</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Have you had any jobs like these in the last 3 months?</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Contact	
Date of Contact (E.G. 05/24/2010)	____/____/____
As of today, is the client staying on the Streets, Emergency Shelter, or Safe Haven?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker unable to determine