

HMIS Exit Form PATH

Client HMIS ID # _____

Client DMH #: _____

Program Exit Date: _____

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Program Exit Date	Social Security Number (SSN)	Date of Birth (DOB)
____/____/____	____-____-____	____/____/____

Date of PATH Status Determination Complete **ONLY** if client is in POR1, or POR2 at the time of exit. This date must match the Assignment Category exit date in Cerner)
 _____/____/____

Client Became Enrolled in PATH (POR3)	<input type="checkbox"/> Yes (Only select if client is open to POR3)
	<input type="checkbox"/> No (Select options below) <ul style="list-style-type: none"> <input type="checkbox"/> Client was found ineligible for PATH (Confirmed no SMI or client is not homeless/at risk of homelessness) <input type="checkbox"/> Client was not enrolled for another reason. (i.e. Unable to confirm SMI, client left the program, IRP not completed)

Destination

<ul style="list-style-type: none"> <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher (i.e. Mission, CHSS, Respite) <input type="checkbox"/> Transitional housing for homeless persons including homeless youth <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Rental by client, with no on-going housing subsidy <input type="checkbox"/> Owned by client, no on-going housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g. apartment, room, or house.) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g. apartment, room, or house.) <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <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"/> Safe haven 	<ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (Non-VASH) ongoing housing Subsidy (i.e. Room & Board) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Foster Care Home Or Foster Care Group Home <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased (Go to "Cerner Discharge Code" on Page 3) <input type="checkbox"/> Other: (Specify) _____ <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <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"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria. (i.e. Sober Living) <input type="checkbox"/> No Exit Interview Completed (Go to "Cerner Discharge Code" on Page 3)
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Wellness Assessment		
Health Insurance	<input type="checkbox"/> Yes (Enter Sources Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance (SCHIP)	<input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Funded Insurance Adults (Medi-Cal)	<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other: (Specify) _____
Connection with SOAR (SSI/SSDI Outreach, Access, & Recovery) Program		
<i>(Is this client connected with BHRS SSI/SSDI staff, PATH O/R staff or other SOAR staff?)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Alcohol Abuse	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>i.e. Cerner</i>) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
Chronic Health Condition	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Developmental Disability	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Drug Abuse	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>i.e. Cerner</i>) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
HIV/AIDS	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Mental health	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>ie Cerner</i>) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY (Staff Answer)		
<input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (<i>ie Cerner</i>) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
Physical Disability	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Disabling Condition – <i>If "Yes" to "Expected to be..." for any of the above barriers then this must be answered "Yes."</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		

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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 Amount (Monthly)
<input type="checkbox"/> Yes <i>(Check all sources below that apply)</i> <input type="checkbox"/> No <i>(Ends this section)</i> <input type="checkbox"/> Client Doesn't Know <i>(Ends this section)</i> <input type="checkbox"/> Client Refused <i>(Ends this section)</i>		<input type="checkbox"/> Yes <i>(Check all sources below that apply)</i> <input type="checkbox"/> No <i>(Ends this section)</i> <input type="checkbox"/> Client Doesn't Know <i>(Ends this section)</i> <input type="checkbox"/> Client Refused <i>(Ends this section)</i>	
<input type="checkbox"/> Earned Income <i>(employment wages / cash)</i>	\$	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Supplemental Nutrition Assistance Program (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 Non-Cash Sources (Specify): _____	\$
<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 (Specify): _____	\$		

Contact	
Date of Contact (E.G. 05/24/2010)	____/____/____ Contact Service: 573 PATH HMIS Exit Form
Will the client be staying on the Streets, in Emergency Shelter, or Safe Haven tonight?	<input type="checkbox"/> Yes (I) <input type="checkbox"/> No (J) <input type="checkbox"/> Worker unable to determine (K)

Cerner Discharge Code: _____