

## HMIS Update/Exit Form

<b>1. Exit Summary</b>	
Agency Name	Staff Name
Program Name	Staff Phone Line
Date of entry into program	Date of exit from program
<b>2. Client Information</b>	
Client Name	Today's Date
SSN	Street Address
Date of Birth	City, State, Zip
Email	Phone
<b>3. Reason For Leaving</b>	
	<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Left for housing opportunity before completing program <input type="checkbox"/> Needs could not be met <span style="margin-left: 200px;"> <input type="checkbox"/> Non-compliance with program  <input type="checkbox"/> Non-payment of rent  <input type="checkbox"/> Other  <input type="checkbox"/> Reached maximum time allowed  <input type="checkbox"/> Unknown/Disappeared                 </span>
If other, specify:	
<b>4. Destination</b>	
	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <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"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Residential project or halfway house w/no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)* <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house, temporary tenure <input type="checkbox"/> Staying or living in a family member's room, apartment or house, temporary tenure <input type="checkbox"/> Staying or living in a friend's room, apartment or house, permanent tenure <input type="checkbox"/> Staying or living in a family member's room, apartment or house, permanent tenure <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 GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected
If other, specify:	
<b>5. Residential Move-In Date (RRH Only)</b>	

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<b>If Yes, Date of Move-In</b>	Month	Day	Year
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### 6. Updates

Monthly Income	Amount	Non-Cash Benefits	Amount
<input type="checkbox"/> <i>NO CHANGE AT EXIT</i>		<input type="checkbox"/> <i>NO CHANGE AT EXIT</i>	
<input type="checkbox"/> Alimony or Other Spousal Support	\$	<input type="checkbox"/> SNAP including CalFresh (Food Stamps)	\$
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	\$
<input type="checkbox"/> Earned Income (wages)	\$	<input type="checkbox"/> TANF Child Care Services	\$
<input type="checkbox"/> General Assistance (GA)	\$	<input type="checkbox"/> TANF Transportation Services	\$
<input type="checkbox"/> Other	\$	<input type="checkbox"/> Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)	\$
<input type="checkbox"/> Pension or retirement income from another job	\$	<input type="checkbox"/> Other Source	\$
<input type="checkbox"/> Private Disability Insurance	\$		
<input type="checkbox"/> Retirement Income from Social Security	\$		
<input type="checkbox"/> SSDI	\$		
<input type="checkbox"/> SSI	\$		
<input type="checkbox"/> TANF (including CalWORKs)	\$		
<input type="checkbox"/> Unemployment Insurance	\$		
<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$		
<input type="checkbox"/> VA Service Connected Disability Compensation	\$		
<input type="checkbox"/> Worker's Compensation	\$		
Health Insurance:	Notes	Disabilities	Notes
<input type="checkbox"/> <i>NO CHANGE AT EXIT</i>		<input type="checkbox"/> <i>NO CHANGE AT EXIT</i>	
<input type="checkbox"/> MEDICAID/MEDI-CAL		<input type="checkbox"/> Alcohol Abuse	
<input type="checkbox"/> MEDICARE		<input type="checkbox"/> Both Alcohol and Drug Abuse	
<input type="checkbox"/> State Children's Health Insurance Program		<input type="checkbox"/> Chronic Health Condition	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> Developmental	
<input type="checkbox"/> Employer – Provided Health Insurance		<input type="checkbox"/> Drug Abuse	
<input type="checkbox"/> Health Insurance obtained through COBRA		<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Private Pay Health Insurance		<input type="checkbox"/> Mental Health Problem	
<input type="checkbox"/> State Health Insurance for Adults		<input type="checkbox"/> Physical	
<input type="checkbox"/> Indian Health Services Program			
<input type="checkbox"/> Other			

### \*\*\*OPTIONAL EXIT QUESTIONS\*\*\*

#### What supportive services did the client receive while in the program?

<input type="checkbox"/> Outreach	<input type="checkbox"/> Education
<input type="checkbox"/> Drug or Alcohol abuse services	<input type="checkbox"/> Child care
<input type="checkbox"/> Employment assistance	<input type="checkbox"/> Domestic Violence services
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Life skills (outside of case management)
<input type="checkbox"/> Credit repair	<input type="checkbox"/> Housing placement and search
<input type="checkbox"/> Medi-Cal related services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Case management	<input type="checkbox"/> Financial Assistance
<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Other
<input type="checkbox"/> Landlord engagement	