

# THE COALITION

OF HOMELESS SERVICES PROVIDERS

HMIS # \_\_\_\_\_  
 CM Name \_\_\_\_\_  
 Project Exit Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Monterey/San Benito County HMIS - Standard Exit

This form is designed to be completed by a service provider while interviewing a client.  
 A separate Standard Exit form should be completed for each member of the household.

### Client Profile

<b>First Name</b>	<b>Middle</b>
<b>Last Name</b>	
<b>Alias</b> (If multiple aliases, separate by commas)	

### Reason for Leaving

Reason for Leaving	<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 <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Non-compliance <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reach max time allowed <input type="checkbox"/> Other	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Unknown/Disappeared
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### Destination

<p><b><u>Homeless Situations</u></b></p> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	<p><b><u>Temporary and Permanent Housing Situations</u></b></p> <input type="checkbox"/> Residential project or halfway house with 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 with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded 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
<p><b><u>Institutional Situations</u></b></p> <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	

	<p><b>Other</b></p> <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Deceased <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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### Monthly Income – Cash Benefits

Income from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Earned Income \$ _____	<input type="checkbox"/> Supplemental Security Income SSI \$ _____
<input type="checkbox"/> Unemployment Insurance \$ _____	<input type="checkbox"/> Retirement income from Social Security \$ _____
<input type="checkbox"/> Worker's Compensation \$ _____	<input type="checkbox"/> VA Non-service connect disability pension \$ _____
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____
<input type="checkbox"/> VA Service-Connected Disability Pension \$ _____	<input type="checkbox"/> Temporary Assistance for Needy Families TANF \$ _____
<input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____	<input type="checkbox"/> General Assistance (GA) \$ _____
	<input type="checkbox"/> Alimony and Other Spousal Support \$ _____
	<input type="checkbox"/> Child Support \$ _____
	<input type="checkbox"/> Other Cash Income \$ _____
	If Other Specify: _____
<b>Total Cash Income for Individual</b>	<b>TOTAL: \$ _____</b>

### Non-Cash Benefits

Receiving Non-Cash Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-Funded Services
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefit
	If Other Specify: _____

## Employment Status

<b>Employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>If Yes, Type of Employment</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Sporadic (including day labor)	
<b>If No, Why Not Employed</b>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	

## Health Insurance

<b>Covered by health insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance If Other Specify: _____

## Last Grade Completed

<b>Last Grade Completed</b>	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/ High school diploma <input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Intake Worker

\_\_\_\_\_  
Signature of Intake Worker

\_\_\_\_\_  
Date