

# HMIS Standard Exit Form for YHDP

Effective 10/01/2021

Exit Date

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ServicePoint  
(HoH) ID:

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Project Name

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Head of Household Name

--

first

middle

last

suffix

SSN Last four digits

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If Partial Household Exit (if the whole household is existing, skip to Destination)

Name of Client(s) Exiting	Client ID

Reason for Leaving

Completed Program <input type="checkbox"/>	Completed Step <input type="checkbox"/>	Criminal activity/violence <input type="checkbox"/>	Disagreement with rules/persons <input type="checkbox"/>	Left for housing opp. Before completing program <input type="checkbox"/>
Needs could not be met <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 <input type="checkbox"/>				

Destination (Where will you stay tonight?)

Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel/motel voucher paid for with ES, or RHY funded host home shelter  <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster 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 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 in a friend's - temporary <input type="checkbox"/> Staying or living with family – temporary <input type="checkbox"/> Staying or living with family – permanent <input type="checkbox"/> Staying or living in a friend's – permanent <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"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Deceased

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		<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	
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## Any Adult in the Household currently receiving income?

☐ Yes (identify below)

☐ No

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child Support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
<b>Total Monthly Income (record separately for each adult)</b>	\$		<b>Total Monthly Income (record separately for each adult)</b>	\$	

## Any adult in the Household currently receiving Non-Cash Benefits?

☐ Yes

☐ No

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)			
<input type="checkbox"/> TANF transportation services			
<input type="checkbox"/> Other TANF-funded services			

## Is anyone in the Household receiving Health Insurance?

☐ Yes

☐ No

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Indian Health Services Program		<input type="checkbox"/> Other: _____	

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## Disability Information:

Name	Condition	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Expected to substantially impair ability to live independently:
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental <input type="checkbox"/> Alcohol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No

Current school enrollment and attendance
<input type="checkbox"/> Not currently enrolled in any school or educational course <input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session) <input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Most Recent educational Status
<input type="checkbox"/> K12: Graduated from high school <input type="checkbox"/> K12: Obtained GED <input type="checkbox"/> K12: Dropped out <input type="checkbox"/> K12: Suspended <input type="checkbox"/> K12: Expelled <input type="checkbox"/> Higher Education: Pursuing a credential but not currently attending <input type="checkbox"/> Higher Education: Dropped out <input type="checkbox"/> Higher Education: Obtained a credential/degree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Current Educational Status
<input type="checkbox"/> Pursuing a high school diploma or GED <input type="checkbox"/> Pursuing Associate's Degree <input type="checkbox"/> Pursuing Bachelor's Degree <input type="checkbox"/> Pursuing Graduate's Degree <input type="checkbox"/> Pursuing other post-secondary credential <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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Health Status		
<b>General Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Dental Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Mental Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Project Completion Status

- ☐ Completed project  
☐ Youth voluntarily left early  
☐ Youth was expelled or otherwise involuntarily discharged from project

If expelled or involuntarily discharged, select the major reason

- ☐ Criminal activity/destruction of property/violence  
☐ Non-compliance with project rules  
☐ Non-payment of rent/occupancy charge  
☐ Reached maximum time allowed by project  
☐ Project terminated  
☐ Unknown/disappeared

Exit destination safe – as determined by the client

- ☐ Yes      ☐ No      ☐ Client refused  
☐ Client doesn't know      ☐ Data not collected

Exit destination safe – as determined by the project/caseworker

- ☐ Yes      ☐ No  
☐ Worker doesn't know

Client has permanent positive adult connections outside of project

- ☐ Yes      ☐ No  
☐ Worker doesn't know

Client has permanent positive peer connections outside of project

- ☐ Yes      ☐ No  
☐ Worker doesn't know

Client has permanent positive community connections outside of project

- ☐ Yes      ☐ No  
☐ Worker doesn't know