



Marin County Continuum of Care

Standard HMIS Child Client Exit

Program Name: _____ Case Worker/Intake Person: _____ Program Exit Date: _____

CLIENT EXIT

Separate client exits should be completed for each child client *as long as they are not the Head of Household*. **A separate Exit Form must be completed for adult household members as well, but please be sure to use the Standard Adult Client Exit Form.**

1) Client Name

First

Last

2) Project Exit Date

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

Client Name _____

Head of Household Name (if not Self) _____

DESTINATION: Which of the following most closely matches where the client will be staying right after this project?

Homeless Situations

- ☐ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)
- ☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non—psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

Temporary Housing Situations

- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- ☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

Permanent Housing Situations

- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Rental by client, no ongoing housing subsidy
- ☐ **Rental by client, with ongoing housing subsidy**
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

(Other than Deceased, there are very limited situations applicable to these options. Please verify there is not a more appropriate option prior to using them.)

- ☐ No exit interview completed
- ☐ Other (specify): _____
- ☐ Deceased
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

Rental Subsidy Type: If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.	☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit ☐ Rental by client, with other ongoing housing subsidy ☐ Emergency Housing Voucher (EHV) ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ Other permanent housing dedicated for formerly homeless persons					
HOUSING ASSESSMENT AT EXIT: [Homelessness Prevention programs only]						
What is the client's housing status?	☐ Able to maintain the housing they had at project entry ☐ Moved to new housing unit ☐ Moved in with family/friends on a temporary basis ☐ Moved in with family/friends on a permanent basis ☐ Moved to a transitional or temporary housing facility or program ☐ Client became homeless – moving to a shelter or other place unfit for human habitation ☐ Jail/prison ☐ Deceased ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected					
If the client was "Able to Maintain Housing at Project Entry," please answer the following question about subsidy information:	☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an ongoing subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy					
If the client "Moved to a New Housing Unit," please answer the following question about subsidy information:	☐ With ongoing subsidy ☐ Without an ongoing subsidy					
DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.						
1) Does the client have a Physical Disability? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	<table border="1"> <tr> <td data-bbox="537 1371 1105 1497"> ☐ Yes ☐ No </td> <td data-bbox="1105 1371 1533 1497"> ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected </td> </tr> <tr> <td data-bbox="537 1497 1105 1633"> ☐ Yes ☐ No </td> <td data-bbox="1105 1497 1533 1633"> ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected </td> </tr> </table>		☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected					
☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected					
2) Does the client have a Developmental Disability?	<table border="1"> <tr> <td data-bbox="537 1633 1105 1759"> ☐ Yes ☐ No </td> <td data-bbox="1105 1633 1533 1759"> ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected </td> </tr> </table>		☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected		
☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected					
3) Does the client have a Chronic Health Condition?	<table border="1"> <tr> <td data-bbox="537 1759 1105 1875"> ☐ Yes ☐ No </td> <td data-bbox="1105 1759 1533 1875"> ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected </td> </tr> </table>		☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected		
☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected					

Client Name _____

Head of Household Name (if not Self) _____

If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
4) Does the client have HIV – AIDS?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
5) Does the client have a Mental Health Disorder?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
6) Does the client have any Substance Use Disorder?	☐ No ☐ Alcohol use disorder ☐ Drug use disorder ☐ Both Alcohol & Drug Abuse Use Disorders	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
HEALTH INSURANCE		
Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i> If Yes, type(s) of insurance(s): <i>If the client is currently covered by multiple health insurances please select all that apply.</i>	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Medicaid (same as Medi-Cal) ☐ Medicare ☐ State Children's Health Insurance (CHIP) Program ☐ Veteran's Health Administration (VHA) ☐ Employer-Provided Health Insurance ☐ Health Insurance Obtained Through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other Health Insurance If Other Specify: _____	

Client Name _____

Head of Household Name (if not Self) _____