

HMIS Universal Exit/Update Form - Child

Completed By: _____ Program: _____ Clarity ID #: _____

☐ Update

☐ Annual Review

☐ Exit

Client Name: _____

Update/Exit Date:

mm/dd/yyyy

Reason for Leaving (Exit Only)

- | | |
|---|--|
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Reached maximum time allowed by program |
| <input type="checkbox"/> Left for housing opportunity before completing program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Death |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | <input type="checkbox"/> Unknown/disappeared |
| <input type="checkbox"/> Other: _____ | |

Exit Destination (Exit Only)

Homeless Situation:

- | | |
|---|--|
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Safe Haven | |

Institutional Situation:

- | | |
|---|---|
| <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 |

Transitional and Permanent Housing Situation:

- | | |
|--|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> PH (other than RRH) for formerly homeless persons |
| <input type="checkbox"/> Rental by client with HCV voucher (tenant or project based) | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Rental by client in a public housing unit | <input type="checkbox"/> Transitional Housing for homeless persons |
| <input type="checkbox"/> Staying or living in a friends, temporary tenure | <input type="checkbox"/> Staying or living in a family, temporary tenure |
| <input type="checkbox"/> Staying or living in a friends, permanent tenure | <input type="checkbox"/> Staying or living in a family, permanent tenure |
| <input type="checkbox"/> Host Home (non-crisis) | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <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"/> No Exit Interview Completed | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client refused |

Exit Address: _____

Disabling Conditions (all clients)

Physical

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Developmental

- | | |
|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | |

Chronic Health

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

HIV

- | | |
|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | |

Mental Health

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Alcohol Use Disorder

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Drug Abuse

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Both Alcohol/Drug

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Health Insurance

Covered by health insurance *(all clients)*

☐ Yes

☐ No

☐ Client doesn't know

☐ Client refused

Answer 'Yes' or 'No' for each health insurance source.

(Based on the status at the time of entry)

No Yes Source of insurance coverage

☐ ☐ Medicaid

☐ ☐ Medicare

☐ ☐ State Children's Health Insurance Program

☐ ☐ Veteran's Administration (VA) Medical Services

☐ ☐ Employer-Provided Health Insurance

☐ ☐ Health insurance obtained through COBRA

☐ ☐ Private Pay Health Insurance

☐ ☐ State Health Insurance for Adults (or use local name)

☐ ☐ Indian Health Services Program

☐ ☐ Other source: _____