|  |
| --- |
| **MCI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Grant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HMIS ADULT/CHILD EXIT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Exit Date*** |  | ***Assessment/Information Date*** |
|  |  |  |  |  |
|  | | | | | |

\*Check all demographic information on the household screen in HMIS to ensure it is all filled in and there is no client refused, client doesn’t know, data not collected\*

|  |  |
| --- | --- |
| **Name** | **Relationship to HOH**  **(child, spouse, other relation member, other non-relation member, HoH)** |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

*Additional Household Members (please fill out a form for each household member mentioned below)*

*Commercial Sexual Exploitation/Sex Trafficking (for anyone 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |  |  |
| --- | --- | --- | --- |
| Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) | | | |
| Choose an item. | | | |
| **If yes – please answer all questions below:** | | | |
| **If yes – in the last three months?** | **How many times?** | **Ever made/persuaded to have sex in exchange for something?** | **How many times?** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |

*Commercial Labor Exploitation/Trafficking (for anyone 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |
| --- | --- |
| Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends? | Ever promised work where work or payment was different than you expected? |
| Choose an item. | Choose an item. |
| **If yes to either or both – please answer all questions below:** | |
| *Felt forced, pressured, or tricked into continuing the job?* | *In the last three months?* |
| Choose an item. | Choose an item. |

*Domestic Violence*

|  |  |  |
| --- | --- | --- |
| Victim/Survivor | When did this happen? | Currently Fleeing |
| Choose an item. | Choose an item. | Choose an item. |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| Yes | No |
| Choose an item. | Choose an item. |

*Income (for anyone 18+)*

**☐​ YES** **If Yes, complete table below.             ​☐​ NO**  **If No, skip to the next table.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **If yes, Amount -** *monthly* | **Source** | **If yes, Amount -** *monthly* |
| ​​☐​Earned Income (Employment) | $ | ​​☐​VA Service-Connected Disability Compensation | $ |
| ​​☐​Unemployment Insurance | $ | ​​☐​VA Non-svc Connected Disability Pension | $ |
| ​​☐​GA | $ | ​​☐​Private Disability Insurance | $ |
| ​​☐​Retirement Income from Social Security | $ | ​​☐​Cash Assistance/TANF | $ |
| ​​☐​Worker’s Compensation | $ | ​​☐​Alimony or Other Spousal Support | $ |
| ​​☐​SSI | $ | ​​☐​Child Support | $ |
| ​​☐​SSDI | $ | ​​☐​UTA | $ |
|  |  | ​​☐​Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Connection to SOAR*** | ​​Choose an item.​ | ***Total Monthly Income*** | $ |

*Non-cash Benefits (for anyone 18+)*

**YES** If Yes, complete table below.

**NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| SNAP (Food Stamps)  WIC  TANF Childcare Services  TANF Transportation Services  Other TANF-funded Services  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Health Insurance (for all clients)*

**YES** If Yes, complete table below.

**NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| Medicaid  Medicare  State Children’s Health Insurance Program (CHIP)  VA medical services  Employer Provided health insurance  Health insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program |

*Physical and Mental Health*

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Condition | Choose an item. |  |  |
| Dental Health Status | Choose an item. | Mental Health Status | Choose an item. |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| Physical | Choose an item. | HIV/AIDS | |
| Developmental | |  |  |
| Chronic health condition | Choose an item. |  |  |
| Mental health disorder | Choose an item. | Alcohol use disorder | Choose an item. |
| Drug use disorder | Choose an item. | Alcohol and drug use disorder | Choose an item. |

***Project Completion Status (Adults 18+)***

|  |  |
| --- | --- |
| **Project Completion Status**  **\**If expelled or terminated, please select the major reason to the right\**** | *Select the major reason* |
| Choose an item. | Choose an item. |

*Safe and Appropriate Exit (Adults 18+)*

|  |  |  |  |
| --- | --- | --- | --- |
| Exit destination safe – as determined by the client | | Exit destination safe – as determined by the project/worker | |
| Choose an item. | | Choose an item. | |
| *Client has permanent positive adult connects outside of project?* | *Client has permanent positive peer connections outside of project?* | | *Client has permanent positive community connections outside of project?* |
| Choose an item. | Choose an item. | | Choose an item. |

*Counseling (Adults 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |
| --- | --- |
| Counseling received by client  If yes – fill out questions to the right  If no – skip to question below. | Type(s) of counseling received |
| Choose an item. |
| Choose an item. |
| Number of sessions received by exit  (number between 1-48+) |
|  |
| Total number of sessions planned in youth’s treatment or service plan  (number between 1-48+) |
|  |
| **A plan in place to start or continue counseling after exit** | |
| Choose an item. | |

*Exit Destination*

|  |  |
| --- | --- |
| Exit Destination Type | Reason for Exit |
| Homeless Situation Choose an item. | Choose an item. |
| Institution Situation Choose an item. |
| Temporary Situation Choose an item. | Voluntary Termination? |
| Permanent Situation Choose an item. | Choose an item. |
| Other Choose an item. | *If No – why? Choose an item.* |
| Reason for Leaving Service | **Did a termination of service appeal hearing occur?** |
| Choose an item. | Choose an item. |

*Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Clients contact info for aftercare:* Click or tap here to enter text.

*Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Transitional, Exitcare, or Aftercare Plans and Actions (Adults 18+)*

*Must be completed and dated within 180 days of exit.*

|  |  |
| --- | --- |
| Information Date | Aftercare was provided |
| Click or tap to enter a date. | Choose an item. |
|  | **If yes – Identify the primary way it was provided** |
|  | Choose an item. |