|  |
| --- |
| **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 clientIf yes – fill out questions to the rightIf 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.  |