FORM E1: MARIN HMIS PROGRAM (ADULT) EXIT FORM

PROGRAM NAME:_____ **Worker Initials:**_____

Complete an Adult Exit form for each adult in the family. There can be only one head of household. Note the head of household ID (Unique ID) and name on any additional family member forms. <u>Complete a Dependent Children Exit form (Form E2) for each child under 18 in the family.</u>

Program Exit Date_____

Client Name:_____ **Client Unique ID:**_____
First **Last** *L L M M D D Y Y*

☐ Client is head of household **Head of Household Name:**_____ **Head of Household ID**: _____

Reason for Leaving Program	☐ Completed Program ☐ Criminal damage/violence ☐ Death ☐ Disagreement with rules/people ☐ Housing Opportunity ☐ Maximum time ☐ Needs not met ☐ Non-compliance with rules ☐ Non-payment of rent/occupancy ☐ Unknown/disappeared ☐ Other:_____.	**Destination**	☐ Place not meant for human habitation ☐ Emergency shelter (motel paid for w/voucher) ☐ Hotel or motel paid by client ☐ Staying in family's apt or house ☐ Staying in friend's apt or house ☐ Rented by client, no housing subsidy ☐ Rented by client with VASH subsidy ☐ Rent by client with other subsidy ☐ Jail, prison, or juvenile detention facility ☐ Owned by client with subsidy ☐ Owned by client, no housing subsidy ☐ Permanent housing for formerly homeless ☐ Hospital (non-psychiatric) ☐ Psychiatric hospital ☐ Safe haven ☐ Substance abuse treatment facility/detox ☐ Transitional housing for homeless persons ☐ Foster care home or group home ☐ Other ☐ Unknown ☐ Refused
Housing status at exit	☐ Literally Homeless ☐ Housed at Imminent Risk of losing housing ☐ Housed and at risk of losing housing ☐ In Stable housing ☐ Unknown ☐ Refused		

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U= Unknown **R= Refused**

Special Needs at Exit		Received treatment or services prior to exiting program?
Alcohol Abuse	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long& indefinite duration	☐ Yes ☐ No ☐ U ☐ R	
Drug Abuse	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long& indefinite duration	☐ Yes ☐ No ☐ U ☐ R	
HIV/AIDS	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Developmental Disability	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Chronic Health Condition	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Physical Disability	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Mental Health	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long& indefinite duration	☐ Yes ☐ No ☐ U ☐ R	

Income and Benefits at Exit

Income received from any source in past 30 days?	☐ Yes ☐ No ☐ U ☐ R	**Non-Cash Benefits received from any source in past 30 days?**	☐ Yes ☐ No ☐ U ☐ R
Source of Income	Amount		Receive Benefit?
Earned Income	$_____.00	CMSP	☐
Unemployment Ins.	$_____.00	Healthy Kids/Cal Kids	☐
SSI	$_____.00	Medicaid	☐
SSDI	$_____.00	Medi-CAL	☐
Food Stamps	$_____.00	MEDICARE	☐
Veteran's benefits	$_____.00	SCHIP	☐
Worker's Comp.	$_____.00	Section 8	☐
TANF/CalWORKS	$_____.00	Veteran's healthcare	☐
General Assistance	$_____.00	Private Insurance	☐
Social Security	$_____.00	Unknown	☐
Pension	$_____.00	Refused	☐
Child support	$_____.00	Other Sources	☐
Alimony	$_____.00		
Other sources	$_____.00		
Total Monthly Income	**$_____.00**		