### Homeless Resource Council of the Sierras

**HMIS Exit Form – Coordinated Entry**

**Exit Summary**

<table>
<thead>
<tr>
<th><strong>Project Exit Date:</strong></th>
<th><strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong>/________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requesting Agency:</strong></td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td><strong>Requesting Agency Staff Name:</strong></td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td><strong>Requesting Agency Staff Contact Information:</strong> (Phone)</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>(Email) ____________________________________________________________________</td>
</tr>
</tbody>
</table>

**HMIS CLIENT ID**

(Must have ID #)

<table>
<thead>
<tr>
<th>Name</th>
<th>Only provide first name and first letter of last name so HMIS Client ID can be verified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FULL FIRST NAME: ___________________________ FIRST LETTER OF LAST NAME: ________</td>
</tr>
</tbody>
</table>

**Reason for Leaving**

*If client is confirmed NOT to be a Placer or Nevada County resident, DELETE the Entry/Exit rather than create an EXIT.*

- [ ] Completed Program (permanently housed in CoC project or permanently housed with help by CoC provider)
- [ ] Left for housing opportunity before completing program (individual self-resolved/ found own housing)
- [ ] Death
- [ ] Criminal Activity/Violence (Exit for this reason ONLY if individual will be incarcerated for 6 months or longer)
- [ ] Unknown/Disappeared (Exit for this reason ONLY if individual has not been in contact with any program for at least 6 months and there have been 3 unsuccessful contact attempts over a 2-week period or longer.)
- [ ] Other: ____________________________________________________________________

(Must provide explanation for “Other.” Use this option if the individual moved out of the county AND the housing status or destination is unknown. If it is known that the individual moved out of the county and is permanently housed, select one of first two options above.)

**Destination At Exit**

- [ ] Deceased
- [ ] Long term care facility or nursing home
- [ ] Owned by client, no ongoing housing subsidy
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Permanent housing (other than RRH) for formerly homeless persons
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with RRH or equivalent subsidy
- [ ] Rental by client, with VASH housing subsidy
- [ ] Rental by client, with GDP TIP subsidy
- [ ] Rental by client, with other ongoing housing subsidy
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Staying or living with family, permanent tenure
- [ ] Staying or living with friends, permanent tenure
- [ ] Jail, prison or juvenile detention facility (Exit to this destination ONLY if incarceration is 6 months or longer)
- [ ] Other: ____________________________________________________________________

(Must provide explanation. For example, “left county and housing destination is unknown.”)

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**Submit the completed form to Connecting Point by:**

Fax: 530-274-5602
OR
Email: ceintake@connectingpoint.org

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