

Exit Summary

Project Exit Date: _____/_____/_____

Requesting Agency: _____

Requesting Agency Staff Name: _____

Requesting Agency Staff Contact Information: (Phone) _____

(Email) _____

HMIS CLIENT ID (Must have ID #)	_____
Name	<p style="color: red;">Only provide first name and <u>first letter</u> of last name so HMIS Client ID can be verified</p> <p>FULL FIRST NAME: _____ FIRST LETTER OF LAST NAME: _____</p>
Reason for Leaving	<p>*If client is confirmed NOT to be a Placer or Nevada County resident, DELETE the Entry/Exit rather than create an EXIT.*</p> <p><input type="checkbox"/> Completed Program (permanently housed in CoC project or permanently housed with help by CoC provider)</p> <p><input type="checkbox"/> Left for housing opportunity before completing program (individual self-resolved/found own housing)</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Criminal Activity/Violence (Exit for this reason ONLY if individual will be incarcerated for 6 months or longer)</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> Other: _____ <i>(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.)</i></p>
Destination At Exit	<p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Long term care facility or nursing home</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH housing subsidy</p> <p><input type="checkbox"/> Rental by client, with GDP TIP subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or living with family, permanent tenure</p> <p><input type="checkbox"/> Staying or living with friends, permanent tenure</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility (Exit to this destination ONLY if incarceration is 6 months or longer)</p> <p><input type="checkbox"/> Other: _____ <i>(Must provide explanation. For example, "left county and housing destination is unknown.")</i></p>

Submit the completed form to Connecting Point by:

Fax: 530-274-5602

OR

Email: ceintake@connectingpoint.org