Monterey/San Benito Counties HMIS

Standardized Update/Exit

HMIS #:
CM Name:
Project Entry Date:

This form is designed to be completed by a service provider while interviewing a client.
A separate Standardized Update form should be completed for each member of the household.

Client Profile

First Name	**Middle**
Last Name	

Housing Status

❑ Category 1: Homeless ❑ Category 2: At imminent risk of losing housing ❑ Category 3: Homeless only under other federal statutes ❑ Category 4: Fleeing domestic violence	❑ At risk of homelessness ❑ Stably housed ❑ Client Doesn't Know ❑ Client Refused

Income and Benefits Information

Receiving Income from any source?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
Total Monthly Income	

If not receiving a source below, please put 0

❑ Earned Income $____________ Date Started Receiving _____/______/_________	❑ SSDI $______________ Date Started Receiving _____/_____/_________
❑ Alimony or Other Spousal Support $__________ Date Started Receiving _____/______/_________	❑ SSI $________ Date Started Receiving _____/______/_________
❑ Child Support $_____________ Date Started Receiving _____/______/_________	❑ TANF $_____________ Date Started Receiving _____/_____/_________
❑ General Assistance $_________ Date Started Receiving _____/______/_________	❑ Unemployment Insurance $__________ Date Started Receiving _____/______/_________
❑ Pension or other retirement income $_________ Date Started Receiving _____/______/_________	❑ VA Service Connected Disability $_____________ Date Started Receiving _____/_____/_________
❑ Private Disability $__________ Date Started Receiving _____/______/_________	❑ VA Non-Service Connected Disability $________ Date Started Receiving _____/_____/_________
❑ Retirement Income from Soc. Sec. $__________ Date Started Receiving _____/______/_________	❑ Workers Compensation $____________ Date Started Receiving _____/_____/_________
❑ Other $_____________, Specify,_________________ Date Started Receiving _____/______/_________	❑ Other $_____________, Specify,________________ Date Started Receiving _____/_____/_________

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Receiving Non-cash benefit from any source?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
If not receiving a source below, please put 0	
❑ Section 8, or other ongoing rent assist.$________ ❑ Special Supp. Nutrition for WIC $______________ ❑ SNAP (Food Stamps) $________ ❑ TANF Child Care $____________	❑ TANF Transportation $_______________________ ❑ Other TANF-Funded Services $________ ❑ Temporary Rental Assistance $________ ❑ Other Source $_______________, Specify_______________

Health Insurance

Covered by Health Insurance?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
Medicaid ❑ Yes ❑ No **Medicare** ❑ Yes ❑ No **State Children's Health Insurance** ❑ Yes ❑ No **VA Medical Services** ❑ Yes ❑ No	**Employer Provided Health Insurance** ❑ Yes ❑ No **Heath insurance through COBRA** ❑ Yes ❑ No **Private Pay health insurance** ❑ Yes ❑ No **State Health Insurance for Adults** ❑ Yes ❑ No

Disabilities

Disability of Long Duration?		❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused	
If yes, please complete the following for each disability type			
Physical Disability	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	_____/_______/_________	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Developmental Disability	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to substantially impair ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	_____/_______/_________	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Chronic Health Condition	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to substantially impair ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	_____/_______/_________	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

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Disabilities, Cont.

HIV/AIDS	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to substantially impair ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	____/______/________	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Mental Health Problem	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	____/______/________	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Substance Abuse	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Alcohol & Drug Abuse ❑ Client Doesn't Know ❑ Client Refused	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	____/______/________	Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Employment

Currently Employed	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Employed, hours worked in a week		
If Employed, Type	❑ Permanent ❑ Temporary ❑ Seasonal	❑ Client Doesn't Know ❑ Client Refused

Education

Are you currently in school or working on any degree?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
Have you received any vocational training?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
Degree Earned	❑ None ❑ Associate Degree ❑ Bachelor Degree ❑ Master Degree	❑ Doctorate ❑ Other Graduate/Professional ❑ Client Doesn't Know ❑ Client Refused

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Exit Information (If Client is Exiting project)

Exit Date	______/________/__________
Reason for Leaving?	❑ Completed Program ❑ Criminal Activity / Violence ❑ Death ❑ Disagreement with rules/persons ❑ Left for housing opp. Before completing program ❑ Needs could not be met ❑ Non-compliance with program ❑ Non-payment of rent ❑ Reached maximum time allowed ❑ Other Specify ______________________________ ❑ Client Doesn't Know ❑ Client Refused ❑ Client Refused
Destination?	❑Deceased ❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher ❑ Foster care home or foster care group home ❑ Hospital or other residential non-psychiatric medical facility ❑ Hotel or motel paid for without emergency shelter voucher ❑ Jail, prison or juvenile detention facility ❑ Long-term care facility or nursing home ❑ Moved from one HOPWA funder project to HOPWA PH ❑ Moved from one HOPWA funder project to HOPWA TH ❑ Owned by client, no ongoing housing subsidy ❑ Owned by client, with ongoing housing subsidy ❑ Permanent housing for formerly homeless persons ❑ Place not meant for habitation ❑ Psychiatric hospital or other psychiatric facility ❑ Rental by client, no ongoing housing subsidy ❑ Rental by client, with VASH Subsidy ❑ Rental by client, with GPD TIP Subsidy ❑ Rental by client, with other ongoing housing Subsidy ❑ Residential project or halfway house with no homeless criteria ❑ Safe Haven ❑ Staying or living with family, permanent tenure ❑ Staying or living with family, temporary tenure (e.g., room apartment or house) ❑ Staying or living with friends, permanent tenure ❑ Staying or living with friends, temporary tenure (e.g., room apartment or house) ❑ Substance abuse treatment facility or detox center ❑ Transitional housing for homeless persons (including homeless youth) ❑ Other Specify____ ❑ No exit interview completed ❑ Client Doesn't Know ❑ Client Refused

I (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge

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Print Name of Client	Signature of Client	Date
Print Name of Intake Worker	Signature of Intake Worker	Date