

# HOUSING FIRST EXIT ASSESSMENT FAMILIES

## Calgary HMIS

**This form is to be completed upon a client's exit from a program.**

### PROGRAM-LEVEL INFORMATION

Date of Exit Interview (mm/dd/yyyy):

Program name:

Program exit date:

Case worker name:

Case worker phone number:

### BASIC INFORMATION

Last name:

First name:

Middle name:

Prefix:

Suffix:

Also known as (A.K.A.)/ Nickname(s):

Date of birth:

Age:

What is your gender?

☐ Female ☐ Male ☐ Transgender ☐ Don't know ☐ Declined to answer

### EXIT INFORMATION *(to be input into Entry/Exit tab in the HMIS)*

Why is the client leaving the program?

☐ Program Completion ☐ Admitted to Primary System ☐ Death ☐ Program Discharge: Landlord Decision  
☐ Program Discharge: Participant Decision ☐ Program Discharge: Participant Disengagement ☐ Program Discharge: Program Decision  
☐ Supported Transfer ☐ Not Listed

What is the client's destination?

☐ Addictions Treatment ☐ Age-Related Supports ☐ Children's Services Placement ☐ Couch Surfing/Provisionally Accommodated  
☐ Death ☐ Declined to Answer ☐ Emergency Shelter ☐ Health: Hospital or Medical Facility ☐ Health: Long-term Care ☐ Hotel/Motel  
☐ Justice System ☐ Natural Supports ☐ No Contact ☐ Non-Market Affordable Housing ☐ PDD Placement  
☐ Long Term Place-Based Supportive Housing (PBSH) ☐ Renting - Unsubsidized ☐ Rough Sleeping/Dwelling Unfit for Human Habitation  
☐ Long-Term Scattered Site Supportive Housing (SSSH) ☐ Short Term Housing ☐ Second Stage Shelter

**Can Exit Interview be completed by client?** ☐ **Yes (please fill out interview questions below)**  
☐ **No (known answers below to be filled in only)**

### LANGUAGE

What is your primary language?

☐ English ☐ French ☐ Other \_\_\_\_\_ ☐ Don't know ☐ Declined to answer

### VETERAN STATUS

Have you ever served in the Canadian Forces?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

### CITIZENSHIP & MIGRANT STATUS

What is your current citizenship and immigration status?

☐ Canadian citizen ☐ Permanent resident (Landed immigrant) ☐ Refugee - Permanent resident ☐ Refugee - Claimant  
☐ Temporary Foreign Worker ☐ International student ☐ Other \_\_\_\_\_ ☐ Don't know ☐ Declined to answer

What is your current migrant status?

☐ New to province (within 3 months) ☐ Recent immigrant (within 3 years) ☐ Recent immigrant and new to province ☐ Don't know  
☐ Declined to answer ☐ Not applicable

**ETHNICITY**

What is your ethnicity?

☐ Caucasian   ☐ Aboriginal   ☐ Chinese   ☐ South Asian   ☐ African/Caribbean   ☐ Filipino   ☐ Latin American   ☐ Southeast Asian  
☐ Arab   ☐ West Asian   ☐ Korean   ☐ Japanese   ☐ Other \_\_\_\_\_   ☐ Don't know   ☐ Declined to answer

If Aboriginal ethnicity, which group do you belong to?

☐ First Nations (Status)   ☐ First Nations (Non Status)   ☐ Métis   ☐ Inuit   ☐ Don't know   ☐ Declined to answer   ☐ Not applicable

**FAMILY INFORMATION**Has your family situation changed since the last follow-up was completed?   ☐ Yes   ☐ No   ☐ Don't know   ☐ Declined to answer

Which of the following best describes your current family situation?

☐ Single   ☐ Couple   ☐ Single parent family   ☐ Head of two parent family   ☐ Other parent of two parent family   ☐ Other  
☐ Don't know   ☐ Declined to answer

Are you pregnant?   ☐ Yes   ☐ No   ☐ Don't know   ☐ Declined to answer

How many dependents (under 18) are currently in your primary care? (Only include those also enrolled in the program)

**EMPLOYMENT TRAINING**

Have you completed a job training program within the past 3 months?   ☐ Yes - Full-time   ☐ Yes – Part-time   ☐ No   ☐ Don't know  
☐ Declined to answer

**INCOME**

What are your current sources of **monthly** income (before tax)? (Check all that apply and indicate amount)

☐ Aboriginal Funding \$ \_\_\_\_\_  
☐ Alberta Works/Income Support \$ \_\_\_\_\_  
☐ Assured Income for the Severely Handicapped (AISH) \$ \_\_\_\_\_  
☐ Binning/Recycling/Bottle Picking \$ \_\_\_\_\_  
☐ Canada Pension Plan Benefits \$ \_\_\_\_\_  
☐ Canada Pension Plan Disability Benefits \$ \_\_\_\_\_  
☐ Child Support/Alimony \$ \_\_\_\_\_

☐ Child Tax Credit \$ \_\_\_\_\_  
☐ Employment Insurance (EI) \$ \_\_\_\_\_  
☐ Full-time Employment \$ \_\_\_\_\_  
☐ Guaranteed Income Supplement or Survivor's Allowance \$ \_\_\_\_\_  
☐ Housing Supplements \$ \_\_\_\_\_  
☐ Long-term Disability (private) \$ \_\_\_\_\_  
☐ Old Age Security Pension (OAS) \$ \_\_\_\_\_  
☐ Other Tax Credits \$ \_\_\_\_\_  
☐ Panhandling \$ \_\_\_\_\_  
☐ Part-time Employment \$ \_\_\_\_\_

☐ Retirement pensions, superannuation & annuities \$ \_\_\_\_\_  
☐ Self Employed \$ \_\_\_\_\_  
☐ Student Funding \$ \_\_\_\_\_  
☐ War Veterans Allowance/Veterans Benefits \$ \_\_\_\_\_  
☐ Workers' Compensation Benefit \$ \_\_\_\_\_  
☐ No Income  
☐ Other \_\_\_\_\_ \$ \_\_\_\_\_  
☐ Don't know  
☐ Declined to answer

What is your current **monthly household** income (before tax)?

\$ \_\_\_\_\_   ☐ Don't know   ☐ Declined to answer   ☐ Not applicable

**HEALTH INFORMATION**Do you have Fetal Alcohol Spectrum Disorder (FASD)?   ☐ Yes – Client suspected   ☐ Yes- Diagnosed   ☐ No

☐ Don't know   ☐ Declined to answer

**DISCHARGE PLANNING**

What ongoing supports do you currently require? (Check all that apply)

☐ Ongoing rental supplement   ☐ No further rental support   ☐ Mental health support services  
☐ Addictions/substance abuse support services   ☐ Physical health support services   ☐ Household maintenance support services  
☐ No further support services   ☐ Other \_\_\_\_\_   ☐ Don't know   ☐ Declined to answer

**CLIENT SATISFACTION**

Please rate your overall satisfaction with the program you participated in:

- ☐ Very satisfied   ☐ Satisfied   ☐ Neither satisfied nor dissatisfied   ☐ Dissatisfied   ☐ Very Dissatisfied   ☐ Don't know  
☐ Declined to answer

Please rate to what extent you agree or disagree with the following statements:

The housing provided to me through the program was appropriate and met my personal needs

- ☐ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know   ☐ Declined to answer

The support services I received from my case worker were appropriate and met my personal needs to remain housed

- ☐ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know   ☐ Declined to answer

Through the program, I was provided with assistance to connect with the government services that I required

- ☐ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know   ☐ Declined to answer

**NOTES:**