

DIVERSION EXIT ASSESSMENT

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)**

BASIC NEEDS ASSISTANCE

What basic needs assistance have you received during your time in the program?

☐ Child care ☐ Clothing ☐ Debt reduction ☐ Disability support ☐ Employment training ☐ Food ☐ Furniture
☐ Housing supplement ☐ Identification ☐ Medication ☐ Rent arrears ☐ Rent shortfall/subsidy ☐ Security deposit
☐ Tenant insurance support ☐ Transportation ☐ Utility arrears ☐ None ☐ Other _____
☐ Don't know ☐ Declined to answer

SERVICE REFERRALS

What service referrals have you received during your time in the program?

☐ Aboriginal agencies ☐ Addictions services ☐ Case management ☐ Child support service ☐ Connection to community supports
☐ Counseling ☐ Employment services ☐ Financial services ☐ Health services (non-hospital) ☐ Hospital ☐ Housing search
☐ Immigrant serving agencies ☐ Legal services ☐ Mediation & dispute resolution ☐ Mental health and addictions ☐ Police services
☐ None ☐ Other _____ ☐ Don't know ☐ Declined to answer

FINANCIAL ASSISTANCE

What financial assistance did you receive? (Check all that apply and indicate amount)

☐ Background check payment assistance (Includes credit and criminal background check fees) \$_____

☐ Security deposit \$_____

☐ Transportation (Includes bus, train or plane tickets; gas cards; and car repairs) \$_____

☐ Utility bill payment assistance (Includes utility arrears) \$_____

- ☐ Certification/license fees related to employment \$_____
- ☐ Criminal justice and legal assistance \$_____
- ☐ Food card \$_____
- ☐ Interpreter payment assistance \$_____
- ☐ Landlord fees (Includes application fees, holding fees and any other administrative fees) \$_____
- ☐ Moving cost assistance (Includes the cost of renting a moving truck and any supplies needed) \$_____
- ☐ Rental assistance/subsidy (Includes rental arrears, 1st month's rent, etc.) \$_____

- ☐ Work or education related materials \$_____
- ☐ None
- ☐ 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 support services provided to me through the program were 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

- ☐ 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: