

PREVENTION 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:

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)

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 in 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) do you have? (only include those also enrolled in the program)

Are Child Protective Services involved with you or your family? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you been exposed to/are you currently fleeing from family violence?

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

HOUSING HISTORY

Have you maintained 3 months of permanent housing?

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

If no, have you been re-housed within the last 3 months?

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

If rehoused, how long have you been in your current living situation?

- ☐ 1 week or less
 ☐ More than 1 week and less than 1 month
 ☐ 1 to 3 months
 ☐ Was not rehoused
 ☐ Don't know
 ☐ Declined to answer

If renting, are you the lease holder?

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

What percentage of your income (before tax) do you spend on housing/rent?

☐ Less than 30% ☐ 30-50% ☐ More than 50% ☐ Don't know ☐ Declined to answer

INCOME AND EXPENSES

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

Do you currently have any of the following (Select all that apply)?

☐ Rent arrears ☐ Utility arrears ☐ Other debt ☐ Don't know ☐ Declined to answer

If "Other debt" please specify:

EMPLOYMENT

Are you currently employed?

☐ Yes - Full-time ☐ Yes - Part-time ☐ Yes - Casual/Contract ☐ Yes - Seasonal ☐ No - Unable to work ☐ No

☐ Don't know ☐ Declined to answer

If unemployed, for how many months have you been unemployed?

☐ 1 month or less ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6-12 months ☐ 1-3 years ☐ More than 3 years

☐ Don't know ☐ Declined to answer

HEALTH INFORMATION

Have you been diagnosed with any of the following in the last 3 months? (Check all that apply)

☐ Physical health issues ☐ Mental health issues ☐ None ☐ Don't know ☐ Declined to answer

Do you have an ongoing mental health condition?

☐ Yes - Treated ☐ Yes- Untreated ☐ Yes- Both treated and untreated ☐ No

☐ Don't know ☐ Declined to answer

Do you have an ongoing physical health condition?

☐ Yes - Treated ☐ Yes- Untreated ☐ Yes- Both treated and untreated ☐ No

☐ Don't know ☐ Declined to answer

Do you have an addictions/substance abuse issue?

☐ Yes - Treated ☐ Yes- Untreated ☐ Yes- Both treated and untreated ☐ No

☐ Don't know ☐ Declined to answer

Do you have Fetal Alcohol Spectrum Disorder (FASD)?

☐ Yes - Client suspected ☐ Yes- Diagnosed ☐ No

☐ Don't know ☐ Declined to answer

BASIC NEEDS ASSISTANCE

What basic needs assistance have you received during the last 3 months?

- ☐ 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 the last 3 months?

- ☐ Aboriginal agencies ☐ Addictions services ☐ Child support service ☐ Counseling ☐ Financial services
☐ Health services (non-hospital) ☐ Hospital ☐ Immigrant serving agencies ☐ Legal services ☐ Police services ☐ 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: