

RENTAL SUBSIDY PROGRAM EXIT INTERVIEW

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

How many dependents (under 18) do you have? (only include those also enrolled in the program)

SOCIAL PARTICIPATION

Have you engaged in volunteer work during the past 3 months?

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

Have you engaged in recreational or cultural programs/services during the past 3 months?

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

Have you experienced positive changes in your social participation during the past 3 months?

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

EMPLOYMENT TRAINING AND EDUCATION

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

Are you currently attending a job training program? ☐ Yes - Full-time ☐ Yes - Part-time ☐ No ☐ Don't know ☐ Declined to answer

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

Are you currently attending an education program? ☐ Yes - Full-time ☐ Yes - Part-time ☐ No ☐ Don't know ☐ Declined to answer

RENT SUBSIDY

How much was your most recent **monthly** rent subsidy? \$_____

INCOME

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

☐ AISH \$_____

☐ Workers Comp. Benefit (WCB) \$_____

☐ Canada Pension Plan Benefits \$_____

☐ Retirement pension, superannuation and annuities \$_____

☐ Guaranteed Income Supplement/Survivors Allowance \$_____

☐ Child tax credit \$_____

☐ Other tax credits \$_____

☐ Child support/Alimony \$_____

☐ Housing supplements \$_____

☐ Panhandling \$_____

☐ Binning/Recycling/Bottle picking \$_____

☐ Alberta Works/Income support \$_____

☐ Employment Insurance (EI) \$_____

☐ Self-employed \$_____

☐ Student funding \$_____

☐ Aboriginal funding \$_____

☐ Full-time employment \$_____

☐ Part-time employment \$_____

☐ No income \$_____

☐ Other: _____ \$_____

☐ Don't know

☐ Declined to answer

DISCHARGE PLANNING

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

☐ Ongoing rental supplement

☐ Addictions/substance abuse support services

☐ No further support services

☐ No further rental support

☐ Physical health support services

☐ Other _____

☐ Mental health support services

☐ Household maintenance support services

☐ Don't know

☐ Declined to answer