

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?			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
EXIT INFORMATION (to be input into Entry/Exit tab in the HMIS)			
Why is the client leaving the program?			
<input type="checkbox"/> Completed program (Housing stabilized) <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Left for housing opportunity before completing program <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Referred to another program <input type="checkbox"/> Unknown/disappeared <input type="checkbox"/> Other _____			
What is the client's destination?			
<input type="checkbox"/> Addictions treatment facility <input type="checkbox"/> Caseworker doesn't know (Client unknown/disappeared) <input type="checkbox"/> Child Intervention Services placement <input type="checkbox"/> Correctional facility <input type="checkbox"/> Declined to answer <input type="checkbox"/> Don't Know <input type="checkbox"/> Dwelling unfit for human habitation <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Family home <input type="checkbox"/> Hospital/medical facility <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Long-term housing with supports <input type="checkbox"/> Outside (rough sleeping, camping, vehicle) <input type="checkbox"/> Own home <input type="checkbox"/> Renting – Subsidized <input type="checkbox"/> Renting – Unsubsidized <input type="checkbox"/> Staying with family or friends (couch surfing) <input type="checkbox"/> Transitional housing <input type="checkbox"/> Other _____			
Can Exit Interview be completed by client?			
<input type="checkbox"/> Yes (please fill out interview questions below)			
<input type="checkbox"/> 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?			
<input type="checkbox"/> Child care <input type="checkbox"/> Clothing <input type="checkbox"/> Debt reduction <input type="checkbox"/> Disability support <input type="checkbox"/> Employment training <input type="checkbox"/> Food <input type="checkbox"/> Furniture <input type="checkbox"/> Housing supplement <input type="checkbox"/> Identification <input type="checkbox"/> Medication <input type="checkbox"/> Rent arrears <input type="checkbox"/> Rent shortfall/subsidy <input type="checkbox"/> Security deposit <input type="checkbox"/> Tenant insurance support <input type="checkbox"/> Transportation <input type="checkbox"/> Utility arrears <input type="checkbox"/> None <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
SERVICE REFERRALS			
What service referrals have you received during your time in the program?			
<input type="checkbox"/> Aboriginal agencies <input type="checkbox"/> Addictions services <input type="checkbox"/> Case management <input type="checkbox"/> Child support service <input type="checkbox"/> Connection to community supports <input type="checkbox"/> Counseling <input type="checkbox"/> Employment services <input type="checkbox"/> Financial services <input type="checkbox"/> Health services (non-hospital) <input type="checkbox"/> Hospital <input type="checkbox"/> Housing search <input type="checkbox"/> Immigrant serving agencies <input type="checkbox"/> Legal services <input type="checkbox"/> Mediation & dispute resolution <input type="checkbox"/> Mental health and addictions <input type="checkbox"/> Police services <input type="checkbox"/> None <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
FINANCIAL ASSISTANCE			
What financial assistance did you receive? (Check all that apply and indicate amount)		<input type="checkbox"/> Security deposit \$_____	
		<input type="checkbox"/> Transportation (Includes bus, train or plane tickets; gas cards; and car repairs) \$_____	

<input type="checkbox"/> Background check payment assistance (Includes credit and criminal background check fees) \$_____	<input type="checkbox"/> Utility bill payment assistance (Includes utility arrears) \$_____
<input type="checkbox"/> Certification/license fees related to employment \$_____	<input type="checkbox"/> Work or education related materials \$_____
<input type="checkbox"/> Criminal justice and legal assistance \$_____	<input type="checkbox"/> None
<input type="checkbox"/> Food card \$_____	<input type="checkbox"/> Other _____ \$_____
<input type="checkbox"/> Interpreter payment assistance \$_____	<input type="checkbox"/> Don't know
<input type="checkbox"/> Landlord fees (Includes application fees, holding fees and any other administrative fees) \$_____	<input type="checkbox"/> Declined to answer
<input type="checkbox"/> Moving cost assistance (Includes the cost of renting a moving truck and any supplies needed) \$_____	
<input type="checkbox"/> Rental assistance/subsidy (Includes rental arrears, 1st month's rent, etc.) \$_____	

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: