

PREVENTION 3 MONTH POST EXIT SURVEY

Calgary HMIS

This form is to be completed 3 months after a client's exit from program.

PROGRAM-LEVEL INFORMATION			
Date of Post-Exit Interview (mm/dd/yyyy):			
Program name:			
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			
Can 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)			
PROGRAM SATISFACTION			
While in program, I felt respected and treated well:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
Did you receive the support and resources you need to maintain your housing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
HOUSING AND STABILITY			
Are you currently housed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
If "No" to "Are you currently housed?" what was the reason for losing your housing?			
<input type="checkbox"/> Eviction for non-payment of rent or left voluntarily due to inability to pay rent or utilities <input type="checkbox"/> Eviction for other reasons <input type="checkbox"/> Left voluntarily due to health or safety concerns <input type="checkbox"/> Non-renewal of lease <input type="checkbox"/> Required to move due to property sale <input type="checkbox"/> Not applicable			
If "No" to "Are you currently housed?", then where are you currently residing?			
<input type="checkbox"/> Outside (rough sleeping, camping, vehicle) <input type="checkbox"/> Dwelling unfit for human habitation <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Addictions treatment facility			
<input type="checkbox"/> Staying with family or friends (couch surfing) <input type="checkbox"/> Correctional facility <input type="checkbox"/> Hospital/medical facility <input type="checkbox"/> Child Intervention Services placement			
<input type="checkbox"/> Hotel/motel <input type="checkbox"/> Transitional housing <input type="checkbox"/> Long-term housing with supports <input type="checkbox"/> Renting – Subsidized <input type="checkbox"/> Renting – Unsubsidized			
<input type="checkbox"/> Own home <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
If "Yes" to "Are you currently housed?" do you currently have an eviction or disconnection notice?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not applicable			
If "Yes" to "Are you currently housed?" are you able to regularly pay rent and utility bills?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not applicable			
If no, reason:			

NOTES: