Project Exit Date:/					
Destination:					
☐Place not meant for habitation					
☐Emergency shelter, including hotel or motel paid for with emergency shelter voucher					
□Safe Haven					
□Foster care home or foster care group home					
☐Hospital or other residential non-psychiatric medical facility					
□Jail, prison or juvenile detention facility					
□Long-term care facility or nursing home					
□Psychiatric hospital or other psychiatric facility					
□Substance abuse treatment facility or detox center					
☐Residential project or halfway house with no homeless criteria					
☐Hotel or motel paid for without emergency shelter voucher					
☐Transitional housing for homeless persons (including homeless youth)					
☐Host Home (non-crisis)					
□Staying or living with friends, temporary tenure, (e.g., room, apartment, or house)					
□Staying or living in a family, temporary tenure (e.g., room, apartment or, house)					
☐Staying or living with family, permanent tenure					
□Staying or living with friends, permanent tenure					
☐Moved from one HOPWA funded project to HOPWA PH					
☐Moved from one HOPWA funded project to HOPWA TH					
☐Rental by client, with GPD TIP housing subsidy					
☐Rental by client, with VASH housing subsidy					
☐Permanent housing (other than RRH) for formerly homeless persons					
☐Rental by client, with RRH or equivalent subsidy					
☐Rental by client, with HCV voucher (tenant or project based)					
☐Rental by client is a public housing unit					
☐Rental by client, no ongoing housing subsidy					
☐Rental by client, with other ongoing housing subsidy					
☐Owned by client, with ongoing housing subsidy					

☐Owned by client, no ongoing housing subsidy						
□No exit interview completed						
□Other						
□Deceased						
□Client doesn't know						
☐ Client prefers not to answer						
□Data not collected						
FOR DOLLAND RESPONDED PROCESSANC ONLY						
FOR PSH AND PREVENTION PROGRAMS ONLY						
Has the rent amount changed since the program enrollment? ☐Yes ☐No						
Updated Monthly Rental Amount						
Has Client Moved to a new unit since enrollment? ☐Yes ☐No Zip Coe of Rental Unit						
Reason for Leaving						
☐ Left for a housing opportunity before completing the program						
□Completed program						
□Non-payment of rent/occupancy charge						
□Non-compliance with program						
☐ Criminal activity/destruction of property/violence						
☐Reached maximum time allowed by program						
□Needs could not be met by program						
□Disagreement with rules/persons						
□Death						
□Unknown/disappeared						
☐Moved to inactive list (CE)						
□Other						
Reason for Leaving Notes						

Disabling Conditions and Barriers: Answer for all household members (Adults and Children)							
Does the client have a disabling condition? ☐Yes ☐ No							
Disability Type	Disability Determination		If Yes, long term?				
Alcohol Use Disability	□Yes □ No		□Yes □ No				
Both Alcohol and Drug Use Disability	□Yes □ No		□Yes □ No				
Drug Use Disability	□Yes □ No		□Yes □ No				
Chronic Health Condition	□Yes □ No		□Yes □ No				
Developmental Disability	□Yes □ No		Automatically considered long term				
Mental Health Disability	□Yes □ No		□Yes □ No				
Physical	□Yes □ No		□Yes □ No				
HIV/AIDS	□Yes □ No		Automatically considered long term				
Monthly Income: Answer for HoH and all	i Aduits in n	iousenoia (18 yeai	rs olaer)				
Income from Any Source: ☐Yes ☐ No Total Monthly Income:							
Source of Income		Receiving Incom	ne Source?	Monthly Amount			
Alimony or Other Spousal Support		□Yes	□ No	\$			
Child Support		□Yes	□ No	\$			
Earned Income		□Yes	□ No	\$			
General Assistance		□Yes	□ No	\$			
Other		□Yes	□ No	\$			
Pension or retirement income from another job		□Yes	□ No	\$			
Private Disability Insurance		□Yes	□ No	\$			
Retirement Income from Social Security		□Yes	□ No	\$			
SSDI		□Yes	□ No	\$			
SSI		□Yes	□ No	\$			
TANF – (VT Reach Up)		□Yes	□No	\$			
Unemployment Insurance		□Yes	□No	\$			
VA Non-Service Connected Disability Pension		□Yes	□No	\$			
VA Service Connected Disability Compensation		□Yes	□No	\$			
Workers Compensation		□Yes	□ No	\$			

Non-Cash Benefits: Answer for HoH and all Adults in household (18 years older)								
Non-cash benefits from any source: ☐Yes ☐ No								
Source of Income			Receiving Income Source?					
Supplemental Nutrition Assistance Program (Food Stamps)				□No				
Special Supplemental nutrition Program for WIC				□No				
TANF Child Services				□No				
TANF Transportation Services				□No				
Other TANF-Funded Services				□No				
Other Source		□Yes		□No				
Covered by Health Insurance: No Source of Income Receiving Income Source?								
·								
MEDICAID	□Yes		□No					
MEDICARE	□Yes		□No					
State Children's Health Insurance Program	□Yes		□No					
Veteran's Health Administration (VHA)	□Yes		□No					
Employer – Provided Health Insurance	□Yes		□ No					
Health Insurance obtained through Cobra	□Yes		□ No					
Private Pay Health Insurance	□Yes		□ No					
State Health Insurance for Adults	□Yes		□No					
Indian Health Services Program	□Yes		□No					
ther		5	□ No					