

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 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 Code 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 Adults in household (18 years older)*Income from Any Source: ☐ Yes ☐ No

Total Monthly Income: _____

Source of Income	Receiving Income 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)	☐ Yes	☐ No
Special Supplemental nutrition Program for WIC	☐ Yes	☐ No
TANF Child Services	☐ Yes	☐ No
TANF Transportation Services	☐ Yes	☐ No
Other TANF-Funded Services	☐ Yes	☐ No
Other Source	☐ Yes	☐ No

Health Insurance: *Answer for all household members (Adults and Children)*Covered by Health Insurance: ☐ Yes ☐ 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
Other	☐ Yes	☐ No