

Head of Household Name: \_\_\_\_\_

**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
- Not 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

***Disability Information: Answer for all household members (Adults and Children)***

**Does client have a disability of long duration?**

Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

Circle below for each disability type: Y=Y N=No DK=Doesn't Know P=prefers not to answer NC=Not collected

Disability Type	Disability Determination (Has disability)	IF YES:	Expected to be of long continued and indefinite duration and substantially impairs ability to live independently and

			of such a nature that such ability could be improved by more suitable housing conditions.
Alcohol use disorder	Y N DK P NC		Y N DK P NC
Drug use disorder	Y N DK P NC		Y N DK P NC
Both alcohol and drug use disorder	Y N DK P NC		Y N DK P NC
Chronic health condition	Y N DK P NC		Y N DK P NC
Developmental disability	Y N DK P NC		N/A
Mental health disorder	Y N DK P NC		Y N DK P NC
Physical disability	Y N DK P NC		Y N DK P NC
HIV/AIDS	Y N DK P NC		N/A

**Monthly Income Information: Answer for all Adults in household (18 years and older)**  
**Does client have an Income from Any Source?**  
 Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

Receives Monthly Income Sources:	Monthly \$	Yes	No	Not Collected
Alimony or other spousal support				
Child support				
Earned income				
General assistance				
Pension or retirement income from a job				
Private disability insurance				
Retirement income from social security				
Social Security Disability Income (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service-connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				

**Non-Cash Benefits Information: Answer for all Adults in household (18 years and older)**  
**Does client have Non-Cash Benefits from Any Source?**  
 Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

Receives the following Non-cash Benefit Types:	Yes	No	Not Collected
Supplemental Nutrition Assistance Program (SNAP) (food stamps)			
Special Supplemental Nutrition for Women, infants, children (WIC)			
TANF Child Care services			
TANF transportation services			
Other TANF-funded services			
Other (specify):			

**Health Insurance Information: Answer for all household members (Adults and Children)**  
**Covered by Health Insurance?**  
 Yes  No  Client doesn't know  Client refused  Data not collected

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Health insurance through COBRA		
MEDICARE			Private pay health insurance		

State children's health insurance			State health insurance for adults		
Veteran's Health Administration (VHA)			Indian Health Services Program		