Client ID #: _____

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 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 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