

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Use Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Use Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatically considered long term
Mental Health Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Earned Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF – (VT Reach Up)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Service Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Supplemental nutrition Program for WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF Child Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF Transportation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other TANF-Funded Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Source of Income	Receiving Income Source?	
MEDICAID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDICARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Children's Health Insurance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Health Administration (VHA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer – Provided Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance obtained through Cobra	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Pay Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Health Insurance for Adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indian Health Services Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information:**Connection with SOAR:**

No Yes Client Doesn't Know Client prefers not to answer Data Not Collected

Household Income as Percent of AMI

Less than 30% 30%-50% Greater than 50%

Last Grade Completed

Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12

School program does not have grade levels GED Some college Associates degree

Bachelor's degree Graduate degree Vocational certification

Client Doesn't Know Client prefers not to answer Data not collected

Employed

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

Why Not Employed

Looking for work Unable to work Not looking for work