

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