

**1. Exit Summary**

**Exit Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Case Manager** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Client ID** (Computer Generated) \_\_\_\_\_

**2. Client Demographics**

**First** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Last** \_\_\_\_\_

**Suffix** \_\_\_\_\_

**3. Program Specific Information**

**Destination**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter)</li> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Host Home (non-crisis)</li> <li><input type="checkbox"/> Hotel or motel paid without emergency voucher</li> <li><input type="checkbox"/> Jail, prison, or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> <li><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless</li> <li><input type="checkbox"/> Place not meant for habitation (streets, parks, abandoned buildings)</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Rental by client in a public housing unit</li> <li><input type="checkbox"/> Rental by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</li> <li><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Rental by client, with other ongoing subsidy</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent housing subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH housing subsidy</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Safe Haven</li> <li><input type="checkbox"/> Staying or living with family, temporary tenure</li> <li><input type="checkbox"/> Staying or living with family, permanent tenure</li> <li><input type="checkbox"/> Staying or living with friends, temporary tenure</li> <li><input type="checkbox"/> Staying or living with friends, permanent tenure</li> <li><input type="checkbox"/> Substance abuse treatment facility/detox</li> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Deceased</li> <li><input type="checkbox"/> No exit interview completed</li> <li><input type="checkbox"/> Client Doesn't Know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Data Not Collected</li> </ul> |
|---|---|

**Covered by Health Insurance**

*If Yes, Which Source(s)*

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Client Doesn't Know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Data Not Collected</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicaid (Medi-Cal)</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> State Children's Health Insurance Program</li> <li><input type="checkbox"/> VA Medical Services (Military Insurance)</li> <li><input type="checkbox"/> Employer Provided Health Insurance</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Insurance obtained through COBRA</li> <li><input type="checkbox"/> Private Pay Health Insurance</li> <li><input type="checkbox"/> State Health Insurance for Adults</li> <li><input type="checkbox"/> Indian Health Services Program</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|---|---|--|

<b>Physical Disability</b>		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know		
<b>Chronic Health Condition</b>		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know		
<b>Mental Health Disorder</b>		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know		
<b>Substance Use Disorder</b>		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Doesn't Know		
<input type="checkbox"/> Alcohol & Drug Use Disorders				
<b>Developmental Disabilities</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>HIV/AIDS</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

<b>Income From Any Source</b>	<i>If Yes, Indicate All Sources and Dollar Amounts that Apply</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p>_____ Earned Income</p> <p>_____ Unemployment Insurance</p> <p>_____ SSI</p> <p>_____ SSDI</p> <p>_____ VA Service-Connected Disability Compensation</p> <p>_____ VA Non-Service-Connected Disability Compensation</p> <p>_____ Private Disability Insurance</p> <p>_____ Worker's Compensation</p> <p>_____ TANF</p> <p>_____ General Assistance</p> <p>_____ Retirement Income from Social Security</p> <p>_____ Pension or Retirement from a Former Job</p> <p>_____ Child Support</p> <p>_____ Alimony or Other Spousal Support</p> <p>_____ Other Source _____</p>
<b>Non-Cash Benefits from Any Source</b>	<i>If Yes, Indicate All Sources and Dollar Amounts that Apply</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p>_____ Supplemental Nutritional Assistance Program (Food Stamps)</p> <p>_____ Special Supplementation Nutritional Program for WIC</p> <p>_____ TANF Child Care Services</p> <p>_____ TANF Transportation Services</p> <p>_____ Other TANF-Funded Services</p> <p>_____ Other Source _____</p>