

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

Covered by Health Insurance

If Yes, Which Source(s)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> Employer Provided Health Insurance | <ul style="list-style-type: none"> <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other _____ |
|---|---|--|