

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, with ongoing 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	<i>If Yes, Which Source(s)</i>	
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- | | | |
|---|---|--|
| <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 _____ |
|---|---|--|

Physical Disability		<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		
Chronic Health Condition		<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		
Mental Health Disorder		<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		
Substance Abuse		<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				
Developmental Disabilities				
<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
HIV/AIDS				
<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

Income From Any Source	<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	_____ Earned Income _____ Unemployment Insurance _____ SSI _____ SSDI _____ VA Service-Connected Disability Compensation _____ VA Non-Service-Connected Disability Compensation _____ Private Disability Insurance _____ Worker's Compensation _____ TANF _____ General Assistance _____ Retirement Income from Social Security _____ Pension or Retirement from a Former Job _____ Child Support _____ Alimony or Other Spousal Support _____ Other Source _____
Non-Cash Benefits from Any Source	<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	_____ Supplemental Nutritional Assistance Program (Food Stamps) _____ Special Supplementation Nutritional Program for WIC _____ TANF Child Care Services _____ TANF Transportation Services _____ Other TANF-Funded Services _____ Other Source _____