

1. Exit Summary
Exit Date ____/____/____

Case Manager _____

Project Name _____

Client ID (Computer Generated) _____

2. Client Demographics
First _____ **Middle** _____ **Last** _____ **Suffix** _____

PATH Status	Client Became Enrolled	If No, Reason Not Enrolled
Date of Status Determination: ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client found ineligible <input type="checkbox"/> Not enrolled for other reason(s) <input type="checkbox"/> Unable to locate client

Destination

- | | |
|---|---|
| <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) | <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)

- | | | |
|---|---|--|
| <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 | <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 | <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 _____ |
|---|---|--|

Connection with SOAR	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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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"/> Yes <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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		
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"/> Yes <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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		
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"/> Yes <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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		
Substance Use 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"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Alcohol & Drug Use Disorders	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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		
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	<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>
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	<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>