



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

- Emergency shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter)
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Host Home (non-crisis)
- Hotel or motel paid without emergency voucher
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless
- Place not meant for habitation (streets, parks, abandoned buildings)
- Psychiatric hospital or other psychiatric facility
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client, with other ongoing subsidy
- Rental by client, with RRH or equivalent housing subsidy
- Rental by client, with VASH housing subsidy
- Residential project or halfway house with no homeless criteria
- Safe Haven
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Staying or living with friends, temporary tenure
- Staying or living with friends, permanent tenure
- Substance abuse treatment facility/detox
- Transitional housing for homeless persons (including homeless youth)
- Other _____
- Deceased
- No exit interview completed
- Client Doesn't Know
- Client Refused
- Data Not Collected

In Permanent Housing (RRH only)

No Yes If yes, date: ____/____/____

Covered by Health Insurance

If Yes, Which Source(s)

- | | | |
|--|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Medicaid (Medi-Cal) | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> VA Medical Services (Military Insurance) | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Employer Provided Health Insurance | <input type="checkbox"/> Other _____ |



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 _____		
Employment		<i>If Yes, Type of Employment</i>	<i>If No, Why Not Employed</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"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/sporadic (including day labor)	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	