



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

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

4. Program Specific Information

Covered by Health Insurance	<i>If Yes, Which Source(s)</i>	
<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 _____