



1. Intake Summary

Project Exit ____/____/____

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

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



| | | | | |
|---|--|--|---|---|
| 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 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"/> 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 |
| Last Grade Completed | | | | |
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Grade 12/High School Diploma | <input type="checkbox"/> Some College | <input type="checkbox"/> Vocational Certification | |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> School Program Does Not Have Grade Levels | <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Client Doesn't Know | |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Client Refused | |
| <input type="checkbox"/> Grades 9-11 | | <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Data Not Collected | |



Income From Any Source

No Yes Client Doesn't Know Client Refused Data Not Collected

If Yes, Indicate All Sources and Dollar Amounts that Apply

| | |
|---|--|
| <input type="checkbox"/> Earned Income | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Retirement Income from Social Security |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Pension or Retirement from a Former Job |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> VA Non-Service-Connected Disability Compensation | <input type="checkbox"/> Alimony or Other Spousal Support |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Other Source _____ |
| <input type="checkbox"/> Worker's Compensation | |

Non-Cash Benefits from Any Source

No Yes Client Doesn't Know Client Refused Data Not Collected

If Yes, Indicate all Sources and Dollar Amounts that Apply

| | |
|--|---|
| <input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) | <input type="checkbox"/> TANF Transportation Services |
| <input type="checkbox"/> Special Supplementation Nutritional Program for WIC | <input type="checkbox"/> Other TANF-Funded Services |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> Other Source _____ |

General Health Status

Excellent Good Poor Client Refused
 Very Good Fair Client Doesn't Know Data Not Collected