

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

**Covered by Health Insurance**
*If Yes, Which Source(s)*

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