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| **Exit Date** | **ServicePoint****(HoH) ID:**  |
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 |
| **Project Name**

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 |
| **Head of Household Name**

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|  |

first middle last suffix | **SSN Last four digits**

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**Standard Exit - HOPWA**

**If Partial Household Exit (if the whole household is existing, skip to Destination)**

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| **Name of Client(s) Exiting** | **Client ID** |
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| **Reason for Leaving** |
| Completed Program[ ]  | Completed Step[ ]  | Criminal activity/violence[ ]  | Disagreement with rules/persons[ ]  | Left for housing opp. Before completing program[ ]  |
| Needs could not be met[ ]  | Non-compliance with program[ ]  | Non-payment of rent[ ]  | Other[ ]  | Reached maximum time allowed[ ]  |
| Unknown/Disappeared[ ]  |  |

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| **Destination (Where will you stay tonight?)** |
| **Homeless Situation** | **Institutional Situation** | **Transitional/Permanent Housing Situation** | **Other** |
| [ ]  Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).[ ]  Emergency shelter, including hotel/motel voucher paid for with ES, or RHY funded host home shelter[ ]  Safe Haven | [ ]  Foster care home or foster group home[ ]  Hospital or other residential non-psychiatric medical facility[ ]  Jail, prison or juvenile detention facility[ ]  Long-term care facility or nursing home[ ]  Psychiatric hospital or other psychiatric facility[ ]  Substance abuse treatment facility or detox center  | [ ]  Residential project or halfway house with no homeless criteria[ ]  Hotel or motel paid for without emergency shelter voucher[ ]  Transitional housing for homeless persons (including homeless youth)[ ]  Host Home (non-crisis)[ ]  Staying or living in a friend’s - temporary[ ]  Staying or living with family – temporary[ ]  Staying or living with family – permanent[ ]  Staying or living in a friend’s – permanent [ ]  Moved from one HOPWA funded project to HOPWA PH[ ]  Moved from one HOPWA funded project to HOPWA TH[ ] Rental by client, with GPD TIP housing subsidy[ ]  Rental by client, with VASH housing subsidy[ ]  Permanent housing (other than RRH) for formerly homeless persons[ ]  Rental by client, with RRH or equivalent subsidy[ ]  Rental by client, with HCV voucher (tenant or project based)[ ]  Rental by client in a public housing unit[ ]  Rental by client, no ongoing housing subsidy[ ] Rental by client with other ongoing housing subsidy[ ]  Owned by client, with ongoing housing subsidy[ ]  Owned by client, no ongoing housing subsidy | [ ]  Client doesn’t know[ ]  Client refused[ ]  Deceased |

**Any Adult in the Household currently receiving income?** **[ ]  Yes** *(identify below)***[ ]  No**

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| --- | --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Recipient(s)** | **Source** | **Amount** | **Recipient(s)** |
| [ ]  Alimony or other spousal support | $ |  | [ ]  Social Security Income (SSI) | $ |  |
| [ ]  Cash assistance/TANF | $ |  | [ ]  Social Sec Disability Income (SSDI) | $ |  |
| [ ]  Child Support | $ |  | [ ]  Unemployment | $ |  |
| [ ]  Earned Income | $ |  | [ ]  VA Service Connected Disability | $ |  |
| [ ]  Pension from a former job | $ |  | [ ]  Veteran’s Pension | $ |  |
| [ ]  Retirement from Social Security | $ |  | [ ]  Worker’s Compensation | $ |  |
| [ ]  Private Disability Insurance | $ |  | [ ]  General Assistance | $ |  |
| [ ]  Other Sources? Source \_\_\_\_\_\_\_\_\_ | $ |  | [ ]  Other Sources? Source \_\_\_\_\_\_\_\_\_ | $ |  |
| **Total Monthly Income****(record separately for each adult)** | **$** |  | **Total Monthly Income****(record separately for each adult)** | **$** |  |

**Any adult in the Household currently receiving Non-Cash Benefits?** **[ ]  Yes** **[ ]  No**

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| --- | --- | --- | --- |
| **Source**  | **Recipient(s)** | **Source** | **Recipient(s)** |
| [ ]  Supplemental Nutrition Assistance Program (SNAP/CalFresh) |  | [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| [ ]  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) |  |  |
| [ ]  TANF transportation services  |  |
| [ ]  Other TANF-funded services |  |

**Is anyone in the Household receiving Health Insurance?** **[ ]  Yes** **[ ]  No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Recipient(s)** | **Source** | **Recipient(s)** |
| [ ]  Medicaid |  | [ ]  Employer-provided Health Insurance |  |
| [ ]  Medicare |  | [ ]  Health insurance obtained through COBRA |  |
| [ ]  State Children’s Health Insurance Program (SCHIP) |  | [ ]  Private Pay Health Insurance |  |
| [ ]  Veteran’s Administration (VA) Medical Services |  | [ ]  State Health Insurance for Adults |  |
| [ ]  Indian Health Services Program |  | [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Disability Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Condition** | **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:** | **Expected to substantially impair ability to live independently:** |
|  | [ ]  Physical [ ]  Drug Abuse[ ]  Mental Health [ ]  Developmental[ ]  Alcohol [ ]  HIV/AIDS [ ]  Chronic Health Condition | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  | [ ]  Physical [ ]  Drug Abuse[ ]  Mental Health [ ]  Developmental[ ]  Alcohol [ ]  HIV/AIDS [ ]  Chronic Health Condition | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  | [ ]  Physical [ ]  Drug Abuse[ ]  Mental Health [ ]  Developmental[ ]  Alcohol [ ]  HIV/AIDS [ ]  Chronic Health Condition | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  | [ ]  Physical [ ]  Drug Abuse[ ]  Mental Health [ ]  Developmental[ ]  Alcohol [ ]  HIV/AIDS [ ]  Chronic Health Condition | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  | [ ]  Physical [ ]  Drug Abuse[ ]  Mental Health [ ]  Developmental[ ]  Alcohol [ ]  HIV/AIDS [ ]  Chronic Health Condition | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

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| **HOPWA Project: Medical Assistance** |
| **Receiving Public HIV/AIDS Medical Assistance?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ]  Client refused |
| **If No, reason (for not receiving HIV/AIDS medical assistance)?**[ ]  Applied; decision pending [ ]  Applied; client not eligible[ ]  Client did not apply [ ]  Insurance type N/A for this client[ ]  Client doesn’t know [ ]  Client refused |
| **Receiving AIDS Drug Assistance Program (ADAP)?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ] Client refused |
| **If No, reason (for not receiving ADAP)?**[ ]  Applied; decision pending [ ]  Applied; client not eligible[ ]  Client did not apply [ ]  Insurance type N/A for this client[ ]  Client doesn’t know [ ]  Client refused |

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| **HIV/AIDS** |
| **Start Date:**

|  |  |  |  |  |  |  |  |
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 | **End Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **/** |  |  | **/** |  |  |

 |
| If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available? | [ ]  Yes [ ]  No [ ]  Client refused |
| If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count? |  |
| If Yes for HIV/AIDs and a T-Cell (CD4) is recorded above, how was the information obtained? | [ ]  Medical report [ ]  Client report [ ]  Other |
| If Yes for HIV/AIDS, does the client have Viral Load Information available? | [ ]  Not Available [ ]  Available [ ]  Undetectable [ ]  Client doesn’t know[ ]  Client refused [ ]  Data not collected |
| If Yes for HIV/AIDS and Viral Load Information is available, what is the Viral Load? |  |
| If Yes for HIV/AIDS and Viral Load is recorded above, how was the information obtained? | [ ]  Medical report [ ]  Client report [ ]  Other |

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| **Housing Assessment at Exit** |
| Able to maintain the housing they had at project entry (answer applicable question below)[ ]  | Moved to new housing unit (answer applicable question below)[ ]  | Moved in with family/friends on a temporary basis[ ]  | Moved in with family/friends on a permanent basis[ ]  | Moved to a transitional or temporary housing facility or program[ ]  |
| Client became homeless – moving to a shelter or other place unfit for human habitation[ ]  | Client went to jail/prison[ ]  | Client died[ ]  | Client doesn’t know[ ]  | Client refused[ ]  |
| **→ If able to maintain the housing they had at project entry** selected above, answer the following questions: |
| **Subsidy information:** | Without a subsidy[ ]  | With the subsidy they had at project entry[ ]  | With an on-going subsidy acquired since project entry[ ]  | Only with financial assistance other than a subsidy[ ]  |
| If **Moved to a new housing** unit selected above, answer the following questions: | With on-going subsidy[ ]  | Without an on-going subsidy[ ]  |

**Standard Exit - HOPWA**