|  |  |
| --- | --- |
| **Exit Date** | **ServicePoint**  **(HoH) ID:** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Project Name**   |  | | --- | |  | | | | |
| **Head of Household Name**   |  | | --- | |  |   first middle last suffix | | | **SSN Last four digits**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |

**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 Situations** | | **Institutional Situations** | **Temporary Housing Situations** | **Permanent Housing Situation** | **Other** |
| Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter  Safe Haven | | Foster care home or foster care 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 | Transitional housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria  Hotel or motel paid for without emergency shelter voucher  Host Home (non-crisis)  Staying or living with family, temporary tenure (e.g., room, apartment, or house)  Staying or living with friends, temporary tenure (e.g., room, apartment, or house)  Moved from one HOPWA funded project to HOPWA TH | Staying or living with family, permanent tenure  Staying or living with friends, permanent tenure  Moved from one HOPWA funded project to HOPWA PH  Rental by client, no ongoing housing subsidy  Rental by client, with ongoing housing subsidy (if yes, choose type):   * GPD TIP housing subsidy * VASH housing subsidy * RRH or equivalent subsidy * HCV voucher (tenant or project based) (not dedicated) * Public housing unit * Rental by client, with other ongoing housing subsidy * Housing Stability Voucher * Family Unification Program Voucher (FUP) * Foster Youth to Independence Initiative (FYI) * Permanent Supportive Housing * Other permanent housing dedicated for formerly homeless persons   Owned by client, with ongoing housing subsidy  Owned by client, no ongoing housing subsidy | No exit interview completed  Other  Deceased  Client doesn’t know  Client prefers not to answer  Data not collected |

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| **Health Insurance** |
| No  Client doesn’t know  Yes (identify source below)  Client prefers not to answer |
| **Source** |
| Medicaid  Medicare  State Children’s Health Insurance (KCHIP)  Veteran’s Health Administration (VHA)  Employer-Provided Health Insurance  Health Insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disability** | | | | | | |
| **Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**  No  Yes (indicate type(s) below)  Client doesn’t know  Client prefers not to answer | | | | | | |
|  | | | | | | |
|  | **Physical** | **Mental Health** | **Chronic Health Condition** | **Alcohol**  **Drugs**  **Both** | **Developmental** | **HIV/AIDS** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

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| **Income** | |
| No/None at all  Yes (identify source and amounts)  Client doesn’t know  Client prefers not to answer | |
| **Source** | **Amount:** |
| Earned income (i.e., employment income) | $ . 00 |
| Unemployment Insurance | $ . 00 |
| Supplemental Security Income (SSI) | $ . 00 |
| Social Security Disability Income (SSDI) | $ . 00 |
| Retirement Income from Social Security | $ . 00 |
| VA Service-Connected Disability Compensation | $ . 00 |
| VA Non-Service-Connected Disability Pension | $ . 00 |
| Worker’s Compensation | $ . 00 |
| Temporary Assistance for Needy Families (TANF) | $ . 00 |
| General Assistance (GA) | $ . 00 |
| Private disability Insurance | $ . 00 |
| Pension or retirement income from a former job | $ . 00 |
| Child Support | $ . 00 |
| Alimony or other spousal support | $ . 00 |
| Other source: | $ . 00 |
| **Total Monthly Income:** | **$** |

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| **Non-Cash Benefits** |
| No/None at all  Yes (Identify source below)  Client doesn’t know  Client prefers not to answer |
| **Source** |
| Supplemental Nutrition Assistance Program (SNAP)  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)  TANF Child Care services  TANF transportation services  Other TANF-funded services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SOAR Connection** |
| **Connection with SOAR**  No  Yes  Client doesn’t know  Client prefers not to answer |

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| **Employed?** |
| No  Yes  Client doesn’t know  Client prefers not to answer |
| **If yes,Type of Employment** |
| Full-Time  Seasonal/sporadic (including day labor)  Part-Time  Data not collected |
| **In No, Why not Employed** |
| Looking for work  Not looking for work  Unable to work  Data not collected |