|  |  |
| --- | --- |
| **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)**

|  |  |
| --- | --- |
| **Name of Client(s) Exiting** | **Client ID** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

**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 Health Administration (VHA) |  | 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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |