|  |  |
| --- | --- |
| **Exit Date** | **ServicePoint****(HoH) ID:**  |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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 |
| **Project Name**

|  |
| --- |
|  |

 |
| **Head of Household Name**

|  |
| --- |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

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

|  |  |
| --- | --- |
| **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[ ]  |  |

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