General Demographic Information and Exit Data

Name: ________________________________

Reason for Leaving:
- Completed program
- Criminal activity/violence
- Death
- Disagreement with rules/persons
- Left for housing opportunity before completing program
- Needs could not be met
- Does not or no longer qualifies for program
- Non-compliance with program
- Non-payment of rent
- Reached maximum time allowed
- Unknown/disappeared
- Other: ________________________________

Destination:

Homeless Situations
- Place not meant for habitation
- Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- Safe Haven

Institutional Situations
- 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

Temporary and Permanent Housing Situations
- 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 with friends, temporary tenure
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA-funded project to PH
- Moved from one HOPWA-funded project to 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 housing 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

Other
- Client doesn’t know
- Client refused
- Deceased
- Other: ________________________________
Housing Assessment at Exit:
- Able to maintain the housing they had at project entry
- Moved to new housing unit
- 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 housing at entry, subsidy information:
- Without a subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired since project entry
- Only with financial assistance other than a subsidy

If moved to new housing unit, subsidy information:
- With ongoing subsidy
- Without an ongoing subsidy

Health and Disability Information

Covered by Health Insurance:
- Yes (if yes, answer the following question)
- No (if no, skip the following question)
- Client doesn’t know
- Client refused

Health Insurance Type: (Select all that apply)
- MEDICAID
- MEDICARE
- State Children’s Health Insurance Program
- Veteran’s Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- Other: ________________________________

Does the client have a disabling condition?
- Yes (if yes, answer the following two questions)
- No (if no, skip the following two questions)
- Client doesn’t know
- Client refused

Disability Type: (Select all that apply)
- Physical
- Chronic Health Condition
- HIV/AIDS
- Developmental
- Alcohol Abuse
- Drug Abuse
- Both Alcohol and Drug Abuse
- Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
- Not applicable for HIV/AIDS and Developmental disabilities
- Yes
- No
- Client doesn’t know
- Client refused
Use the following two pages for a non-head of household client.

**General Demographic Information and Exit Data**

Name: __________________________

Reason for Leaving:
- Completed program
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- Death
- Disagreement with rules/persons
- Left for housing opportunity before completing program
- Needs could not be met
- Does not or no longer qualifies for program
- Non-compliance with program
- Non-payment of rent
- Reached maximum time allowed
- Unknown/disappeared
- Other: __________________________

Destination:

**Homeless Situations**
- Place not meant for habitation
- Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- Safe Haven

**Institutional Situations**
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
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- Rental by client, with RRH or equivalent housing subsidy
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- 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

**Other**
- Client doesn’t know
- Client refused
- Deceased
- Other: __________________________
Only answer the following three questions for HP projects.

Housing Assessment at Exit:
- Able to maintain the housing they had at project entry
- Moved to new housing unit
- 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 housing at entry, subsidy information:
- Without a subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired since project entry
- Only with financial assistance other than a subsidy

If moved to new housing unit, subsidy information:
- With ongoing subsidy
- Without an ongoing subsidy

Health and Disability Information

Covered by Health Insurance:
- Yes (if yes, answer the following question)
- No (if no, skip the following question)
- Client doesn’t know
- Client refused

Health Insurance Type: (Select all that apply)
- MEDICAID
- MEDICARE
- State Children’s Health Insurance Program
- Veteran’s Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- Other: ________________________________

Does the client have a disabling condition?
- Yes (if yes, answer the following two questions)
- No (if no, skip the following two questions)
- Client doesn’t know
- Client refused

Disability Type: (Select all that apply)
- Physical
- Chronic Health Condition
- HIV/AIDS
- Developmental
- Alcohol Abuse
- Drug Abuse
- Both Alcohol and Drug Abuse
- Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
(Not applicable for HIV/AIDS and Developmental disabilities)
- Yes
- No
- Client doesn’t know
- Client refused
## Income & Non-Cash Benefit Information

### Income from any source:
- [ ] Yes
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused

<table>
<thead>
<tr>
<th>Monthly Amount</th>
<th>Source of Income</th>
<th>Household Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Alimony and Other Spousal Support</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Child Support</td>
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</tr>
<tr>
<td>$</td>
<td>Earned Income</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>General Assistance</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Pension or retirement income from another job</td>
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</tr>
<tr>
<td>$</td>
<td>Private Disability Insurance</td>
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</tr>
<tr>
<td>$</td>
<td>Retirement Income from Social Security</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>SSDI (Social Security Disability Insurance)</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>SSI (Supplemental Security Income)</td>
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</tr>
<tr>
<td>$</td>
<td>TANF (Temporary Assistance for Needy Families)</td>
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<tr>
<td>$</td>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>VA Service Connected Disability Compensation</td>
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<tr>
<td>$</td>
<td>VA Non-Service Connected Disability Pension</td>
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</tr>
<tr>
<td>$</td>
<td>Worker’s Compensation</td>
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</tr>
<tr>
<td>N/A</td>
<td>No Financial Resources</td>
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</tr>
<tr>
<td>$</td>
<td>Other:</td>
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</tbody>
</table>

Total monthly income: $ ________________________________

### Non-cash benefit from any source:
- [ ] Yes
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused

<table>
<thead>
<tr>
<th>Source of Non-Cash Benefit</th>
<th>Amount</th>
<th>Household Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (Food Stamps)</td>
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<tr>
<td>Special Supplemental Nutritional Program for WIC</td>
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<tr>
<td>TANF Child Care Services</td>
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<td></td>
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<tr>
<td>TANF Transportation Services</td>
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</tr>
<tr>
<td>Other TANF-Funded Services</td>
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<td></td>
</tr>
<tr>
<td>Other Source</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Client’s Contact Information

Is there a phone number where someone can get in touch with you or leave a message? ________________________________

Email Address: __________________________________________

Emergency Contact’s Name: ________________________________

Contact Type (Relationship to Client): ____________________

Emergency Contact Phone Number: __________________________

Emergency Contact’s Street Address: _______________________

Primary Language Spoken: _______________________________