

*Last Name: _____ *DOB: _____ *Exit Date: _____

*First Name: _____ *SSN (last 4 digits): _____ *Project: _____

Current Living Situation

- 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, or Host Home Shelter
- Safe Haven
- Worker unable to determine
- Other

Location details: _____

Services Data entry: Only select Case Management or Outreach services on this form. All PATH services and referrals must be recorded on those specific forms from the PATH Dashboard.

- Case management
- Housing minor renovation
- Re-engagement
- Clinical Assessment
- Housing moving assistance
- Residential supportive services
- Community mental health
- Housing eligibility determination
- Screening/assessment
- Habilitation/rehabilitation
- One-time rent for eviction prevention
- Security deposits
- Substance use treatment

*Referrals

Referral Date

Community Mental Health	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Educational Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Employment Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Housing Placement Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Income Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Job Training	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Medical Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Primary Health Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Relevant Housing Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Substance Use Treatment	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained

Exit Destination

*Homeless Situation:

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter
- Place not meant for habitation
- Safe Haven

Institutional Situation:

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance use treatment facility or detox center

Other Exit Destination:

- Deceased
 - No exit interview completed
 - Client doesn't know
 - Client prefers not to answer
 - Other
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Transitional Housing Situation:

- 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 in a friend's room, apartment, or house,
- Staying or living in a family member's room, apartment or house

Permanent Housing Situation:

- Rental by client, *no* ongoing housing subsidy
- Rental by client, *with* ongoing housing subsidy** (*please select rental subsidy type below*)
- Owned by client, *no* ongoing housing subsidy
- Owned by client, *with* ongoing housing subsidy

**Rental
Subsidy
Type:

- GPD TIP housing subsidy
- VASH Housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public Housing Unit
- Housing Stability Voucher
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independent subsidy
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Receiving Non-Cash Benefits?

- Yes** Client doesn't know
- No Client prefers not to answer

If receiving Non-Cash benefits, select all that apply:

- SNAP
- TANF Transportation
- WIC
- Other TANF Services
- TANF Childcare
- Other non-cash benefit source

Covered by Health Insurance?

- Yes** Client doesn't know
- No Client prefers not to answer

**If covered by insurance, 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 Health Insurance

If currently working, # of hours worked in the past week: _____

Name of Medical Insurer: _____

*Reason for Exit:

- Unknown/disappeared/abandoned unit
- Successfully moved into housing
- Completed program
- Nonpayment of rent/program fees
- Noncompliance with program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program
- Needs could not be met by program
- Disagreement with rule/persons
- Needs could not be met by program
- Disagreement with rule/persons
- Deceased
- Institutionalized: Jail, Hospital, SA treatment
- Moved out of state: mainland
- Moved out of state: Compact of Free Association
- Moved out of state: out of country
- Moved to different island within state
- Other: _____

Forwarding Address:

Exit Destination: If ES, TH, or PH, which programs?

HUD PATH

*Date of Status Determination: _____

**Reason Not Enrolled

*Client Became Enrolled in PATH

- Yes No**

- Client was found ineligible for PATH
- Client was not enrolled for other reasons
- Unable to locate client