

\*Last Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ \*Exit Date: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*SSN (last 4 digits): \_\_\_\_\_ \*Project: \_\_\_\_\_

**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

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

Other Exit Destination:

- Deceased
- No exit interview completed
- Other, please specify \_\_\_\_\_
- Client doesn't know
- Client prefers not to answer

Permanent Housing Situation:

- Rental by client, *no* ongoing housing subsidy
- Rental by client, *with* ongoing housing subsidy\*\*
- 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
- 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

## Disabling Conditions

*Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently*

<u>Physical Disability:</u>	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know	<u>**If yes, long term?</u>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> No
 <u>Developmental Disability</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer		
 <u>Chronic Health Condition</u>	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know	<u>**If yes, long term?</u>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> No
 <u>HIV - AIDS</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer		
 <u>Mental Health Disorder</u>	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know	<u>**If yes, long term?</u>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> No
 <u>Substance Use Disorder</u>		<input type="checkbox"/> Client doesn't know	<u>**If yes, long term?</u>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Alcohol use** <input type="checkbox"/> Both **	<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> No
	<input type="checkbox"/> Drug use** <input type="checkbox"/> Neither			
 <u>Domestic Violence Survivor</u>	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client prefers not to answer	<u>**When DV experience occurred:</u>	
	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Less than 3 months	
			<input type="checkbox"/> 3 months - less than 6 months	
			<input type="checkbox"/> 6 months - less than a year	
			<input type="checkbox"/> 1 year or more	
			<input type="checkbox"/> Client doesn't know	
			<input type="checkbox"/> Client prefers not to answer	

## HUD Financial Assessment

Income From Any Source?     Yes\*\*     Client doesn't know  
     No     Client prefers not to answer

**\*\*If yes, select all that apply, and enter the amount earned per MONTH.**

<input type="checkbox"/> \$____ Unemployment	<input type="checkbox"/> \$____ TANF
<input type="checkbox"/> \$____ Earned Income (employment)	<input type="checkbox"/> \$____ General Assistance
<input type="checkbox"/> \$____ SSI <input type="checkbox"/> \$____ SSDI	<input type="checkbox"/> \$____ Retirement Income from Social Security
<input type="checkbox"/> \$____ VA Service Connected Disability Compensation	<input type="checkbox"/> \$____ Pension/Retirement from a former job
<input type="checkbox"/> \$____ VA non-service Connected Disability Compensation	<input type="checkbox"/> \$____ Child Support
<input type="checkbox"/> \$____ Private Disability Insurance	<input type="checkbox"/> \$____ Alimony/Spousal support
<input type="checkbox"/> \$____ Worker's Compensation	<input type="checkbox"/> \$____ Other income source, specify below

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
- Health Insurance Obtained Through COBRA
- MEDICARE
- Private Pay Health Insurance
- State Children's Health Insurance Program
- State Health Insurance for Adults
- Veteran's Administration (VA) Medical Services
- Indian Health Services Program
- Employer-Provided Health Insurance
- Other Health Insurance