

PARTNERS IN CARE**Current Living Situation**

*Last Name: _____

*DOB: _____

*Exit Date: _____

*First Name: _____

*SSN (last 4 digits): _____

*Project: _____

*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

Other Exit Destination:

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

*If "Homeless Situation" or "Other Situation" are selected, skip to end*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

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

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

Is client going to have to leave their current living situation within 14 days?

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

****If yes, answer remaining questions. If no, skip to end**

Has a subsequent residence been identified?

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

Does individual or family have resources or support networks to obtain other permanent housing?

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

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

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

Has the client moved 2 or more times in the last 60 days?

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

Updated address?

Street Address: _____

City, State, Zip: _____

- Full address reported
- Incomplete or estimated address reported
- Client doesn't know
- Client prefers not to answer