

\*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

Physical Disability:       Yes\*\*                       Client doesn't know                      \*\*If yes, long term?     Yes  
     No                                       Client prefers not to answer                       No

Developmental Disability       Yes                       Client doesn't know  
     No                                       Client prefers not to answer

Chronic Health Condition       Yes\*\*                       Client doesn't know                      \*\*If yes, long term?     Yes  
     No                                       Client prefers not to answer                       No

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

Mental Health Disorder  Yes\*\*                       Client doesn't know                      \*\*If yes, long term?     Yes  
     No                                       Client prefers not to answer                       No

Substance Use Disorder                       Client doesn't know                      \*\*If yes, long term?     Yes  
      Alcohol use\*\*     Both \*\*                       Client prefers not to answer                       No  
      Drug use\*\*         Neither

Domestic Violence Survivor       Yes\*\*                       Client prefers not to answer                      \*\*When DV experience occurred:  
     No                                       Client doesn't know                       Less than 3 months  
     3 months - less than 6 months  
Currently Fleeing DV       Yes\*\*                       Client prefers not to answer                       6 months - less than a year  
     No                                       Client doesn't know                       1 year or more  
     Client doesn't know                       Client prefers not to answer

## Health Insurance

Covered by Health Insurance?

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

- 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 \_\_\_\_\_