

*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 _____
- 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

- Receiving Non-Cash Benefits? Yes** No Client doesn't know Client prefers not to answer
- If yes, select all that apply: SNAP TANF Childcare Other TANF Services
- WIC TANF Transportation Other non-cash benefit source

- Covered by Health Insurance? Yes** No Client doesn't know Client prefers not to answer

If yes, 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 _____

Medical Assistance

Receiving AIDS Drug Assistance Program (ADAP)

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

** If you answered No to any questions above, please specify the reason:

- Applied, Decision pending
- Applied, client not eligible
- Client did not apply
- Insurance type N/A for client
- Client doesn't know
- Client prefers not to answer

Receiving Ryan White-Funded Medical or Dental Assistance

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

- Applied, Decision pending
- Applied, client not eligible
- Client did not apply
- Insurance type N/A for client
- Client doesn't know
- Client prefers not to answer

T-cell (CD4) and Viral Load

*T-cell (CD4) Count Available

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

**T-cell Count (integer between 0 – 1500)

**How Was the Information Obtained

- Medical report
- Client report
- Other

*Viral Load Information Available

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

**Count (integer between 0 – 1500)

**How Was the Information Obtained

- Medical report
- Client report
- Other

Prescribed Anti-Retroviral

- *Has the participant been prescribed anti-retroviral drugs? Yes** Client doesn't know
- No Client prefers not to answer