

\*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, specify 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
- 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?

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

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

- 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

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

Name of Medical Insurer: \_\_\_\_\_

\*Reason for Exit:

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

Forwarding Address:  
\_\_\_\_\_  
\_\_\_\_\_

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

Additional VA Information

- Connection with SOAR?
- Yes
  - No
  - Client doesn't know
  - Client prefers not to answer