

\*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

\*Reason for exit from program after being housed \_\_\_\_\_

\*Reason for exit from program prior to moving in

- |   |  |
|---|--|
| <input type="checkbox"/> Client did not show up or call     | <input type="checkbox"/> Disagreement with rules               |
| <input type="checkbox"/> No contact from Provider of Record | <input type="checkbox"/> Needs could not be met by program     |
| <input type="checkbox"/> Lack of Eligibility                | <input type="checkbox"/> Full Capacity / No Availability       |
| <input type="checkbox"/> Falsification of Documents         | <input type="checkbox"/> Referral time expired                 |
| <input type="checkbox"/> Self-resolved -- Client Housed     | <input type="checkbox"/> Contract ended                        |
| <input type="checkbox"/> Client out of Jurisdiction         | <input type="checkbox"/> Client previously received service    |
| <input type="checkbox"/> Client Deceased                    | <input type="checkbox"/> Denied by landlord / property manager |
| <input type="checkbox"/> Client refused services            | <input type="checkbox"/> Other                                 |

Project Completion Status

- Completed project
- Client voluntarily left early
- Client was expelled or otherwise involuntary discharged from project\*\*

\*\*Involuntary Discharge reason:

- Criminal activity/destruction or property / violence
- Non-compliance with project rules
- Non-payment of rent/occupancy charge
- Reached maximum time allowed by project
- Project terminated
- Unknown / Disappeared

**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**<br><input type="checkbox"/> No                 | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer | <u>**If yes, long term?</u>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| <u>Developmental Disability</u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                   | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer |   |  |
| <u>Chronic Health Condition</u> | <input type="checkbox"/> Yes**<br><input type="checkbox"/> No                 | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer | <u>**If yes, long term?</u>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| <u>HIV - AIDS</u>               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                   | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer |   |  |
| <u>Mental Health Disorder</u>   | <input type="checkbox"/> Yes**<br><input type="checkbox"/> No                 | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer | <u>**If yes, long term?</u>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| <u>Substance Use Disorder</u>   | <input type="checkbox"/> Alcohol use**<br><input type="checkbox"/> Drug use** | <input type="checkbox"/> Both **<br><input type="checkbox"/> Neither                                  | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer | <u>**If yes, long term?</u><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |

Domestic Violence Survivor

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

*\*\*Currently Fleeing DV?*

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

*\*\*When experience occurred*

- Less than 3 months
- 3 months - less than 6 months
- 6 months - less than a year
- 1 year or more
- Client doesn't know
- 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<br>_____ |

Receiving Non-Cash Benefits?

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

If yes, select all that apply:

- SNAP
- Section 8, Public Housing, or Rental Assistance
- WIC
- Temporary Rental Assistance
- TANF Childcare
- Other non-cash benefit source  
\_\_\_\_\_
- TANF Transportation
- Other TANF Services  
\_\_\_\_\_

Covered by Health Insurance?

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

\*\*If yes, select all that apply:

- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Health Administration (VHA)
- Employer-Provided Health Insurance

General Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Dental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Mental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Pregnancy Status *(Required for street outreach)*

- Yes --Due Date \_\_\_\_\_
- No
- Client doesn't know
- Client prefers not to answer

School Status

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client doesn't know
- Client prefers not to answer

Safe and Appropriate Exit

- \*Exit destination safe --- as determined by client  No  Yes  Client doesn't know  Client prefers not to answer
- \*Exit destination safe --- as determined by project / caseworker  No  Yes  Client doesn't know  Client prefers not to answer
- \*Client has permanent positive adult connections outside of project  No  Yes  Worker doesn't know
- \*Client has permanent positive peer connections outside of project  No  Yes  Worker doesn't know
- \*Client has permanent positive community connections outside of project  No  Yes  Worker doesn't know

# Youth Education Status

## \*Current educational enrollment/attendance

- Not currently enrolled in any school or educational course
- Currently enrolled but NOT attending school regularly (when course is in session)\*\*
- Currently enrolled and attending school regularly (when course is in session)\*\*
- Client doesn't know
- Client prefers not to answer

## \*\*If currently enrolled, Current educational status

- Pursuing a high school diploma or GED
- Pursuing Associate Degree
- Pursuing Bachelor's Degree
- Pursuing Graduate Degree
- Pursuing other post-secondary credential

## \*\*If NOT currently enrolled, Most recent educational status

- K12: Graduated from High School
- K12: Obtained GED
- K12: Dropped out
- K12: Suspended
- K12: Expelled
- Higher Education: pursuing a degree/credential, but not currently attending
- Higher Education: Dropped out
- Higher Education: obtained degree/credential
- Client doesn't know
- Client prefers not to answer