**Agency:** **Exit Date:**

**Program:** **Case Manager:**

**First Name\*:**  **Last Name:**

**Middle Name:**

**HUD Program Data**

1. ***Exit Destination\****

☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc.

☐ Emergency shelter including hotel or motel paid with emergency shelter voucher

☐ Safe Haven

☐ Foster care home or foster care group home

☐ Hospital or residential medical facility (non-psychiatric)

☐ Jail, prison, or juvenile detention facility

☐ Long-term care facility or nursing home

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center

☐ Hotel or motel paid for without emergency shelter voucher

☐ Staying or living with family, temporary tenure

☐ Staying or living with friends, temporary tenure

☐ Moved from HOPWA funded project to HOPWA TH

☐ Transitional housing for homeless persons (TH)

☐ Moved from HOPWA funded project to HOPWA PH

☐ Owned by client, no housing subsidy

☐ Owned by client, with housing subsidy

☐ Permanent housing for formerly homeless persons (PH)

☐ Rental by client, GPD TIP housing subsidy

☐ Rental by client, no housing subsidy

☐ Rental by client, other ongoing housing subsidy (Public Housing, low-income housing, Section 8

☐ Rental by client, VASH subsidy

☐ Residential project or halfway house - no homeless criteria

☐ Staying or living with family, permanent tenure

☐ Staying or living with friends, permanent tenure

☐ Other

☐ No exit interview completed

☐ Client doesn't know

☐ Client refused

☐ Data not collected

1. ***Health Insurance\****

Are you covered by health insurance?

 ☐ No ☐ Yes ☐Client doesn’t know ☐Client Refused ☐ Data not collected

1. ***Disabling Condition\****

**SUBSTANCE ABUSE\***

 ☐ No ☐ Alcohol Abuse ☐ Drug Abuse

 ☐ Both Alcohol and Drug Abuse ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **How Confirmed\***

☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report

☐ Confirmed through assessment and clinical evaluation

**MENTAL HEALTH PROBLEM\***

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **How Confirmed\***

☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report

☐ Confirmed through assessment and clinical evaluation

1. **Serious mental illness (SMI) and, if SMI, how confirmed*\**** *(major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder)*

☐ No, not SMI ☐Confirmed through assessment and clinical evaluation

☐ Unconfirmed; presumptive or self-report ☐Client doesn’t know

☐ Confirmed by prior evaluation ☐Client Refused

**DEVELOPMENTAL DISABILITY\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**CHRONIC HEALTH CONDITION\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**HIV / AIDS\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**PHYSICAL DISABILITY\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**Health Insurance Assessment** (*if yes to health insurance)*

☐Medicaid

☐Medicare

☐State Children’s Health Insurance

 ☐VA-Veteran’s Administration Medical Services

☐Employer-Provided Health Insurance

☐Health Insurance through Cobra

☐State Health Insurance for Adults

☐Private Insurance