|  |  |
| --- | --- |
| **Last Name\*** | **First Name\*** |
| **Exit Date\*** | **Alias** |
| **Project (Program)\*** | |
| **Case Worker** | **Last 4 digits of SSN** |

**HUD Program Data**

**Exit Destination\***

|  |  |
| --- | --- |
| ☐ Emergency shelter including hotel or motel paid with emergency shelter voucher | ☐ Safe Haven  ☐ Rental by client, VASH subsidy |
| ☐ Transitional housing for homeless persons (including homeless youth) | ☐ Rental by client, other ongoing housing subsidy (Public Housing, low-income housing, Section 8 |
| ☐ Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH) | ☐ Owned by client, with housing subsidy  ☐ Staying or living with family, permanent tenure |
| ☐ Psychiatric hospital or other psychiatric facility | ☐ Staying or living with friends, permanent tenure |
| ☐ Substance abuse treatment facility or detox center | ☐ Deceased |
| ☐ Hospital or residential medical facility (non-psychiatric) | ☐ Long-term care facility or nursing home |
| ☐ Jail, prison, or juvenile detention facility | ☐ Moved from HOPWA funded project to HOPWA PH |
| ☐ Rental by client, no on-going housing subsidy | ☐ Moved from HOPWA funded project to HOPWA TH |
| ☐ Owned by client, no on-going housing subsidy | ☐ Rental by client, GPD TIP housing subsidy |
| ☐ Staying or living with family, temporary tenure | ☐ Residential project or halfway house; no homeless criteria |
| ☐ Staying or living with friends, temporary tenure | ☐ No exit interview completed |
| ☐ Hotel/motel paid for without emergency shelter voucher | ☐ Other |
| ☐ Foster care home or foster care group home | ☐ Client doesn't know |
| ☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc. | ☐ Client refused  ☐ Data not collected |

**Health Insurance\***

*Are you covered by health insurance?*

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

**Disabling Condition**

**Substance Abuse\*** (If “NO” selected, skip to Mental Health)

☐ 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

**Mental Health Problem\*** (If “NO” selected, skip to 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

**HUD Program Data (Continued)**

**Developmental Disability\*** (If “NO” selected, skip to 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

**Chronic Health Condition\*** (If “NO” selected, skip to 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

**HIV / AIDS\*** (If “NO” selected, skip to 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

**Physical Disability\*** (If “NO” selected, skip to Health Insurance Assessment)

☐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 | ☐ Health Insurance through Cobra |
| ☐ Medicare | ☐ State Health Insurance for Adults |
| ☐ State Children’s Health Insurance | ☐ Private Insurance |
| ☐ VA-Veteran’s Administration Medical Services | ☐ Indian Health Services Program |
| ☐ Employer-Provided Health Insurance | ☐ Other |