



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

HUD Program Data

Exit Destination*

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

a) 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

b) Documentation of the disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the disability and severity on File: No Yes

c) 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
- Indian Health Services Program
- Other _____