

Name: ID: Date: **Destination**

- Deceased (HUD)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUC)
- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Jail, prison or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Moved from one HOPWA funded project to HOPWA PH (HUD)
- Moved from one HOPWA funded project to HOPWA TH (HUD)
- Owned by client, no ongoing housing subsidy (HUC)
- Owned by client, with ongoing housing subsidy (HUD)
- Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOWPA PH) (HUD)
- Place not meant for habitation (e.g., vehicle, abandoned building, bus/train station or anywhere outside) (HUC)
- Psychiatric hospital or other psychiatric facility (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with VASH subsidy (HUD)
- Rental by client, with GPD TIP subsidy (HUD)
- Rental by client, with other ongoing housing subsidy (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Safe Haven (HUD)
- Staying or living with family, permanent tenure (HUD)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house) (HUD)
- Staying or living with friends, permanent tenure (HUD)
- Staying or living with friends, temporary tenure (e.g., room apartment, or house) (HUD)
- Substance abuse treatment facility or detox center (HUD)
- Transitional housing for homeless persons (including homeless youth) (HUD)
- Other (HUD)
- No exit interview completed (HUD)
- Client Doesn't Know (HUD)
- Client Refused (HUD)
- Data not collected (HUD)

If Other for "Destination" then specify: **Reason for Leaving**

- | | |
|--|--|
| <input type="checkbox"/> Left for Housing opp. before completing program | <input type="checkbox"/> Needs could not be met |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Criminal activity / violence | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reached maximum time allowed | |

Name: ID# Date Of Exit: **Education (ALL)**

- No schooling completed 9th grade High School Diploma
 Nursery School - 4th grade 10th grade GED
 5th grade or 6th grade 11th grade Post- secondary school
 7th grade or 8th grade 12th grade, no diploma Client doesn't know Client refused Data Not Collected

Income (Complete for adults only)**Income received from any source at time of assessment? If yes, complete the following question.**
 NO YES Data NOT Collected
Income Sub-Assessment

Earned income (Wages)	<input type="text"/>	Temporary Assistance for Needy Families (TANF)	<input type="text"/>
Unemployment Insurance	<input type="text"/>	General Assistance (GA)	<input type="text"/>
Supplemental Security Income	<input type="text"/>	Retirement Income from Social Security	<input type="text"/>
Social Security Disability Income (SSDI)	<input type="text"/>	Pension or retirement income from a former job	<input type="text"/>
VA Service-Connected Disability Comp	<input type="text"/>	Child support	<input type="text"/>
VA NonService-Connected Disability Pension	<input type="text"/>	Alimony or other spousal support	<input type="text"/>
Private disability insurance	<input type="text"/>	Other source	<input type="text"/>
Worker's Compensation	<input type="text"/>	Specify (if Other)	<input type="text"/>

Employment (Complete for adults only)**Employed?**
 NO YES Client doesn't know Client refused Data Not Collected
If YES, Employment Status

- Permanent Temporary Seasonal
 Client doesn't know Client refused Data Not Collected

If NO, Why not Employed?

- Looking for Work Not Looking for Wor Unable to Work Data NOT Collected

Non-Cash (Complete for Adults only)**Non-cash benefit received at time of assessment?**
 NO YES Data NOT Collected
Non-Cash Sub-Assessment

- Supplemental Nutrition Assistance Program (SNAP) Section 8, public housing/other ongoing rental assistance
 Supplemental Nutrition Program for Women, Infants, and Children (WIC) Other source
 TANF Child Care Services Temporary rental assistance
 TANF transportation services Specify (if Other)
 Other TANF-funded services

Name:

Health Insurance Coverage (ALL)

Covered by insurance? NO YES Client Doesn't Know Client Refused Data Not Collected

Health Insurance Sub-Assessment

Medicaid	<input type="checkbox"/> NO <input type="checkbox"/> YES	Employer Health Insurance	<input type="checkbox"/> NO <input type="checkbox"/> YES
Medicare	<input type="checkbox"/> NO <input type="checkbox"/> YES	COBRA	<input type="checkbox"/> NO <input type="checkbox"/> YES
Child Health Plus	<input type="checkbox"/> NO <input type="checkbox"/> YES	Private Pay Health Insurance	<input type="checkbox"/> NO <input type="checkbox"/> YES
VA Medical Services	<input type="checkbox"/> NO <input type="checkbox"/> YES	Family Health Plus	<input type="checkbox"/> NO <input type="checkbox"/> YES

Disability (ALL)

Does the client have a disabling condition?
 NO Client Doesn't Know
 YES Client Refused
 Data Not Collected

Disability Sub-Assessment	Expected to be of long-continued & indefinite duration & substantially impairs ability to live independently	Documentation re: disability/severity on file	Currently receiving services/treatment for disability
Physical Disability <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Developmental Disability <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Chronic Health Condition <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
HIV/AIDS <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Mental Health Problem <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Substance Abuse

Alcohol abuse <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Drug abuse <input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> YES <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Name:

Housing Assessment at Exit (ALL)

- Able to maintain the housing they had at project entry (HUD)
- Moved to new housing unit (HUD)
- Moved in with family/friends on a temporary basis (HUD)
- Moved in with family/friends on a permanent basis (HUD)
- Moved to a transitional or temporary housing facility or program (HUD)
- Client became homeless – moving to a shelter or other placed unfit for human habitation (HUD)
- Client went to jail/prison (HUD)
- Client died (HUD)
- Client Doesn't Know (HUD)
- Client Refused (HUD)
- Data not collected (HUD)

If Able to maintain housing at entry, Subsidy Information

- Without a subsidy (HUD)
- With the subsidy they had at project entry (HUD)
- With an on-going subsidy acquired since project entry (HUD)
- Only with financial assistance other than a subsidy (HUD)
- Data not collected (HUD)

If Moved to new housing, Subsidy Information

- With on-going subsidy (HUD)
- Without an on-going subsidy (HUD)
- Data not collected (HUD)

Permanent Housing Status (ALL)

In Permanent Housing? NO YES

If YES,

Move-In Date: