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| On the Exit Assessment, the health insurance coverage, disability information, monthly income, and / or non-cash benefits only need to be answered if there has been a change in the client’s / household’s information since Project Start Date or the most recent Interim Review / Annual Assessment. |

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| **Reason for Leaving** |
| [ ]  Advanced to new project[ ]  Aged out of project[ ]  Completed program[ ]  Criminal activity / violence[ ]  Death[ ]  Disagreement with rules / persons[ ]  Housed[ ]  Ineligible for project[ ]  Left for housing before completing program[ ]  Lowered BrAC | [ ]  Needs could not be met[ ]  Non-compliance with program[ ]  Non-payment of rent[ ]  Reached maximum time allowed[ ]  Relocated outside of community[ ]  Unknown / Disappeared[ ]  Violation of probation / parole[ ]  Voluntary break in shelter stay[ ]  Voluntary checkout[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Destination** |
| [ ]  Deceased[ ]  Emergency shelter, including hotel paid for with voucher[ ]  Foster care home or foster care group home[ ]  Hospital or other residential non-psychiatric medical facility[ ]  Hotel paid for without voucher[ ]  Jail, prison, or juvenile detention facility[ ]  Long-term care facility or nursing home[ ]  Moved from HOPWA-funded project to HOPWA PH[ ]  Moved from HOPWA-funded project to HOPWA TH[ ]  Owned by client, no housing subsidy[ ]  Owned by client, ongoing housing subsidy[ ]  Permanent housing (not RRH) for homeless persons[ ]  Psychiatric hospital or other psychiatric facility[ ]  Rental by client, no ongoing subsidy | [ ]  Rental by client, VASH subsidy[ ]  Rental by client, RRH or equivalent subsidy[ ]  Rental by client, GPD TIP subsidy[ ]  Rental by client, other housing subsidy[ ]  Residential project / hallway house, no homeless criteria[ ]  Staying with family [ ]  Permanent tenure [ ]  Temporary Tenure[ ]  Staying with friends [ ]  Permanent tenure [ ]  Temporary Tenure[ ]  Substance abuse treatment / detox center[ ]  Transitional housing for homeless persons[ ]  No exit interview completed[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Date of contact with client:** | **\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Is the client staying on the streets or in shelter?** |  [ ]  Yes [ ]  No [ ]  Unknown |
| **Contact comments:** |  |

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| **Health Insurance** (Check all that apply.) |
| **Is the client covered by health insurance?**[ ]  Yes [ ]  No[ ]  Client doesn’t know [ ]  Client refused | [ ]  Medicaid[ ]  Medicare[ ]  State Children’s Health Insurance Program[ ]  Veteran’s Administration Medical Services[ ]  Employer-Provided Health Insurance | [ ]  Health Insurance obtained through COBRA[ ]  Private Pay Health Insurance[ ]  State Health Insurance for Adults[ ]  Indian Health Services Program[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disabilities** (Check all that apply.) |
| **Does the client have a disabling condition?**[ ]  Yes [ ]  No[ ]  Client doesn’t know [ ]  Client refused | **Disability Type** | **Long-Continued and Indefinite Duration?** |
| [ ]  Alcohol Abuse | [ ]  Yes | [ ]  No |
| [ ]  Both Alcohol & Drug Abuse  | [ ]  Yes | [ ]  No |
| [ ]  Chronic Health Condition | [ ]  Yes | [ ]  No |
| [ ]  Developmental | [ ]  Yes | [ ]  No |
| [ ]  Drug Abuse  | [ ]  Yes | [ ]  No |
| [ ]  HIV/AIDS | [ ]  Yes | [ ]  No |
| [ ]  Mental Health Problem | [ ]  Yes | [ ]  No |
| [ ]  Physical | [ ]  Yes | [ ]  No |

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| **For Permanent Housing Projects—including Rapid Rehousing Projects—*only***Please note that if you are completing this for a project that is not a permanent housing project and this data element is filled in on the Entry Assessment in HMIS for this client, remove it on the Entry Assessment. |
| **Housing Move-In Date:** | **\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Monthly Income** (Select the specific sources and specify the monthly amount of each source.) |
| **Does the client have a source of income?**[ ]  Yes [ ]  No[ ]  Client doesn’t know [ ]  Client refused**If yes**, what is the total monthly income?$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Alimony or other spousal support | $ | [ ]  SSDI | $ |
| [ ]  VA service connected disability compensation | $ | [ ]  SSI | $ |
| [ ]  VA non-service connected disability pension | $ | [ ]  General assistance | $ |
| [ ]  Worker’s Compensation | $ | [ ]  Unemployment insurance | $ |
| [ ]  Retirement income from social security | $ | [ ]  TANF | $ |
| [ ]  Pension or retirement income from another job | $ | [ ]  Child support | $ |
| [ ]  Private disability insurance | $ | [ ]  Earned income | $ |

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| **Non-Cash Benefits** (Check all that apply.) |
| **Does the client receive** **non-cash benefits?**[ ]  Yes [ ]  No[ ]  Client doesn’t know [ ]  Client refused |  [ ]  TANF Child Care Services [ ]  TANF Transportation Services [ ]  Other TANF-Funded Services | [ ]  SNAP (Food Stamps)[ ]  Special Supplemental Nutrition Program for WIC[ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Domestic Violence Victim / Survivor** |
| “Are you a victim or survivor of domestic violence?” |  [ ]  Yes [ ]  No [ ]  Client doesn’t know [ ]  Client refused |
| **If yes**, when did the last experience occur? |  [ ]  Within the last 3 months  [ ]  6 to 12 months ago  [ ]  More than a year ago | [ ]  Client doesn’t know [ ]  Client refused |
| **If yes**, is the client currently fleeing the DV situation? |  [ ]  Yes [ ]  No [ ]  Client doesn’t know [ ]  Client refused |