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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 | |