

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

**HUD Program Data**

**Exit Destination\***

**A. HOMELESS SITUATION**

- Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter
- Safe Haven
- Place not meant for habitation – unsheltered, living on the street, beach, part, etc.

**B. INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**C. TEMPORARY HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Host home (non-crisis)
- Moved from one HOPWA funded project to HOPWA TH
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria

**D. PERMANENT HOUSING SITUATION**

- Staying or living with family, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client, no ongoing housing subsidy
- Rental by client, ongoing housing subsidy\*** (select below):
  - \* **Subsidy type**  Housing stability voucher
  - Family unification program voucher (FUP)
  - Foster Youth to Independence Initiative (FYI)
  - HCV voucher (tenant or project based)
  - GIP TPD housing subsidy
  - Other permanent housing dedicated for formerly homeless persons
  - Permanent supportive housing
  - Public housing unit
  - Rental by client, with other ongoing housing subsidy
  - RRH or equivalent
  - VASH housing subsidy
- Staying or living with friend’s, permanent tenure
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

**E. OTHER**

- Client doesn’t know
- Client prefers not to answer
- Deceased (\*Please update the client demographic form with the deceased date)
- No exit interview completed
- Data not collected
- Other \_\_\_\_\_

**Health Insurance\***

*Are you covered by health insurance?*

- No     Yes     Client doesn’t know     Client prefers not to answer     Data not collected

**HUD Program Data (Continued)**

**Disabling Condition**

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

- No                       Drug Use Disorder                       Both Alcohol and Drug Use Disorder  
 Alcohol Use Disorder    Client doesn't know                       Client prefers not to answer                       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 prefers not to answer                       Data not collected

**Mental Health Disorder\*** (If “NO” selected, skip to Developmental Disability)

- No                       Yes                       Client doesn't know                       Client prefers not to answer                       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 prefers not to answer                       Data not collected

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

- No     Yes                       Client doesn't know                       Client prefers not to answer                       Data not collected

**Chronic Health Condition\*** (If “NO” selected, skip to HIV / AIDS)

- No     Yes                       Client doesn't know                       Client prefers not to answer                       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 prefers not to answer                       Data not collected

**HIV / AIDS\*** (If “NO” selected, skip to Physical Disability) *(as applicable)*

- No                       Yes                       Client doesn't know                       Client prefers not to answer                       Data not collected

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

- No     Yes                       Client doesn't know                       Client prefers not to answer                       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 prefers not to answer                       Data not collected

**Health Insurance Assessment** *(if yes to health insurance)*

- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid                              | <input type="checkbox"/> Health Insurance through Cobra    |
| <input type="checkbox"/> Medicare                              | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children's Health Insurance     | <input type="checkbox"/> Private Insurance                 |
| <input type="checkbox"/> Veteran's Health Administration (VHA) | <input type="checkbox"/> Indian Health Services Program    |
| <input type="checkbox"/> Employer-Provided Health Insurance    | <input type="checkbox"/> Other _____                       |