

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

HUD Program Data

Exit Destination*

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

INSTITUTIONAL SITUATIONS:

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

TEMPORARY AND PERMANENT SITUATIONS:

- Transitional housing for homeless persons (including homeless youth)
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no on-going housing subsidy
- Owned by client, no on-going housing subsidy
- Staying or living with family, temporary tenure
- Staying or living with friends, temporary tenure
- Hotel/motel paid for without emergency shelter voucher
- Rental by client with VASH housing subsidy
- Rental by client, other ongoing housing subsidy (Low-income housing, Section 8)
- Owned by client, with housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from HOPWA funded project to HOPWA PH
- Moved from HOPWA funded project to HOPWA TH
- Rental by client, GPD TIP housing subsidy
- Residential project or halfway house; no homeless criteria
- Rental by client, with RRH or equivalent subsidy
- Host Home non-crisis
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit

OTHER:

- No exit interview completed
- Deceased
- Other _____
- Client doesn't know
- Client refused
- Data not collected

Health Insurance*

Are you covered by health insurance?

- No Yes Client doesn't know Client Refused Data not collected

HUD Program Data (Continued)

Disabling Condition

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

- | | | |
|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Drug Use Disorder | <input type="checkbox"/> Both Alcohol and Drug Use Disorder |
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data not collected |

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

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

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

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

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

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

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

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

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

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

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> 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"/> VA-Veteran's Administration Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other _____ |