

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

HIV / AIDS

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

Health Insurance Assessment (if yes to health insurance)

- Medicaid
- Medicare
- State Children's Health Insurance
- VA-Veteran's Administration Medical Services
- Employer-Provided Health Insurance
- Health Insurance through Cobra
- State Health Insurance for Adults
- Private Insurance
- Indian Health Services Program
- Other _____