### PROJECT EXIT

| PROJECT NAME |________________________________________________________|
| CLIENT'S NAME |________________________________________________________|
| PROJECT EXIT DATE |________ |________ |________ |

#### Destination (Check only one)
- [ ] Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- [ ] Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- [ ] Safe Haven
- [ ] 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
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Transitional housing for homeless persons (including homeless youth)
- [ ] Host Home (non-crisis)
- [ ] Staying or living with friends, temporary tenure (e.g., room apartment or house)
- [ ] Staying or living with family, temporary tenure (e.g., room, apartment or house)
- [ ] Staying or living with family, permanent tenure
- [ ] Staying or living with friends, permanent tenure
- [ ] Moved from one HOPWA funded project to HOPWA PH
- [ ] Moved from one HOPWA funded project to HOPWA TH
- [ ] Rental by client, with GPD TIP housing subsidy
- [ ] Rental by client, with VASH housing subsidy
- [ ] Permanent housing (other than RRH) for formerly homeless persons
- [ ] Rental by client, with RRH or equivalent subsidy
- [ ] Rental by client, with HCV voucher (tenant or project based)
- [ ] Rental by client in a public housing unit
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with other ongoing housing subsidy
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Owned by client, no ongoing housing subsidy
- [ ] No exit interview completed
- [ ] Other: Specify Other Exit Destination: ____________________________
- [ ] Deceased
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

#### Housing Assessment at Exit (Required only for Homelessness Prevention projects)
- [ ] Able to maintain the housing they had at project entry
- [ ] Moved to new housing unit
- [ ] Moved in with family/friends on a temporary basis
- [ ] Moved in with family/friends on a permanent basis
- [ ] Client became homeless – moving to a shelter or other place unit for human habitation
- [ ] Client went to jail/prison
- [ ] Client died
- [ ] Client doesn’t know

Revised 3/4/20
### DISABLING CONDITIONS AND BARRIERS

**Do you have a physical disability?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**If yes for Physical Disability,**

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

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a developmental disability?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a chronic health condition?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**If yes for Chronic Health Condition,**

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

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Have you been diagnosed with AIDS or have you tested positive for HIV?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a mental health problem?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**If yes for Mental Health Problem,**

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

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

**Do you have a substance abuse problem?**

- [ ] No
- [ ] Alcohol Abuse
- [ ] Drug Abuse
- [ ] Both Alcohol and Drug
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected
If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

| Yes | No | Client doesn’t know | Client refused | Data not collected |

MONTHLY INCOME AND SOURCES

| Income from Any Source | No | Yes | Client doesn’t know | Client refused | Data not collected |

IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

<table>
<thead>
<tr>
<th>Income Source (Check all that apply)</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td></td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td></td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td></td>
</tr>
<tr>
<td>Pension or retirement income from a former job</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td></td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td></td>
</tr>
<tr>
<td>Alimony or other spousal support</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td>Other Cash Income (Specify:______________ )</td>
<td></td>
</tr>
</tbody>
</table>

NON-CASH BENEFITS

| Receiving Non-Cash Benefits | No | Yes | Client doesn’t know | Client refused | Data not collected |

IF “YES” TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY

| Supplemental Nutrition Assistance Program (SNAP) | TANF Transportation Services |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | Other TANF-funded services |
| TANF Childcare Services | Other Non-Cash Benefits (Specify Source):_________________ |

HEALTH INSURANCE

| Covered by Health Insurance | No | Yes | Client doesn’t know | Client refused | Data not collected |

IF “YES” TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY

| MEDICAID | Insurance Obtained through COBRA |
| MEDICARE | Private Pay Health Insurance |
| State Children’s Health Insurance Program | State Health Insurance for Adults |
| Veteran’s Administration (VA) Medical Services | Indian Health Services Program |
| Employer-provided Health Insurance | Other Health Insurance (Specify Source): |
OC CUSTOM QUESTIONS – Only for PSH, OPH, and RRH Projects

For data entry personnel only,
Why wasn’t this client placed in a permanent housing unit?

☐ Unable to meet landlord requirements
☐ Transferred to another project
☐ Certificate expired (PSH/OPH)
☐ Funds not available (RRH)
☐ Lost contact with the household
☐ Needs could not be met by project
☐ Housed outside of project (PSH/OPH only)
☐ Non-compliance with project
☐ Data not collected

I certify that the information above is correct to the best of my knowledge.

______________________________________________________________  _________________
Client Signature                                                   Date

______________________________________________________________  _________________
Agency Staff Signature                                            Date

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: _____/_____/_____

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the hard copy exit form completely filled out correctly?</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

Staff Name (verifying completion of Data Entry): _________________________________