# PROJECT EXIT

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
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<tbody>
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<table>
<thead>
<tr>
<th>CLIENT’S NAME</th>
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<tbody>
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<table>
<thead>
<tr>
<th>PROJECT EXIT DATE</th>
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<tbody>
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</tbody>
</table>

### 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
## DISABLING CONDITIONS AND BARRIERS

**Do you have a physical disability?**

- □ No
- □ Yes

*If yes for Physical Disability,*

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

- □ No
- □ Yes

**Do you have a developmental disability?**

- □ No
- □ Yes

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

- □ No
- □ Yes

*If yes for Chronic Health Condition,*

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

- □ No
- □ Yes

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

- □ No
- □ Yes

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

- □ No
- □ Yes

*If yes for Mental Health Problem,*

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

- □ No
- □ Yes

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

- □ No
- □ Alcohol Abuse
- □ Drug Abuse
- □ Both Alcohol and Drug

*If you have any Substance Abuse Problem,*

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

- □ No
- □ Yes

## MONTHLY INCOME AND SOURCES

**Income from Any Source**

- □ No
- □ Yes
### Income Source (Check all that apply) - Monthly Amount

<table>
<thead>
<tr>
<th>Income Source</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

<table>
<thead>
<tr>
<th>Receiving Non-Cash Benefits</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td></td>
<td></td>
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<tr>
<td>TANF Transportation Services</td>
<td></td>
<td></td>
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<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
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<td></td>
</tr>
<tr>
<td>Other TANF-funded services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF Childcare Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Non-Cash Benefits (Specify Source):______________________________________________</td>
<td></td>
<td></td>
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</tbody>
</table>

### Health Insurance

<table>
<thead>
<tr>
<th>Covered by Health Insurance</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAID</td>
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<tr>
<td>Insurance Obtained through COBRA</td>
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<tr>
<td>MEDICARE</td>
<td></td>
<td></td>
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<tr>
<td>Private Pay Health Insurance</td>
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<tr>
<td>State Children’s Health Insurance Program</td>
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<tr>
<td>State Health Insurance for Adults</td>
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<tr>
<td>Veteran’s Administration (VA) Medical Services</td>
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<tr>
<td>Indian Health Services Program</td>
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<td></td>
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<tr>
<td>Employer-provided Health Insurance</td>
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<tr>
<td>Other Health Insurance (Specify Source):______________________________________________</td>
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</table>
### HUD-VASH EXIT INFORMATION

**Case Management Exit Reason**  
(Required for Veterans, Head of Household, in Permanent Supportive Housing Projects)

- Accomplished goals and/or obtained services and no longer needs CM  
- Transferred to another HUD-VASH program site  
- Found/chose other housing  
- Did not comply with HUD-VASH CM  
- Eviction and/or other housing related issues  
- Unhappy with HUD-VASH housing  
- No longer financially eligible for HUD-VASH voucher  
- No longer interested in participating in this program  
- Veteran cannot be located  
- Veteran too ill to participate at this time  
- Veteran is incarcerated  
- Veteran is deceased  
- Other  

If ‘Other’ for ‘Case Management Exit Reason’, Specify Other Case Management Exit Reason

______________________________________________________________

### ADDITIONAL INFORMATION

**Last Grade Completed**

- Less than Grade 5  
- Grades 5-6  
- Grades 7-8  
- Grades 9-11  
- Grade 12  
- School program does not have grade levels  
- GED  
- Some College  
- Associates degree  
- Bachelor’s degree  
- Graduate degree  
- Vocational certification  
- Client doesn’t know  
- Client refused  
- Data not collected  

**Employed**

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

If No for Employed, Why not employed?

- Looking for work  
- Unable to work  
- Not looking for work  

If Yes for Employed, What type of employment do you have?

- Full-time  
- Part-time  
- Seasonal / sporadic (including day labor)  

**General Health Status**

- Excellent  
- Very Good  
- Good  
- Fair  
- Poor  
- Client doesn’t know  
- Client refused  
- Data not collected
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): ____________________________________________________________