Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Project **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Services Client ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Exit Date: *\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_***

**Reason for Leaving:**

 Completed Program  Non-Payment of Rent  
 Criminal activity/violence  Other, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Death  Reached maximum time allowed   
 Disagreement with Rules/Persons  Disagreement with rules/persons   
 Left For Housing Opp. Before Completing the Program  Time Allowed Expired

 Needs Could Not Be Met  Transfer to Another Program

 Non-Compliance With Program  Unknown/Disappeared

**Destination or residence at program exit:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel or motel paid for with ES voucher, or RHY-funded Host Home Shelter

 Safe Haven

**-INSTITUTIONAL SITUATIONS-**

 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

**-TEMPORARY HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATIONS-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

 GPD TIP Housing Subsidy

 VASH Housing Subsidy

 RRH or Equivalent Subsidy

* + HCV voucher (tenant or project based) (Not Dedicated)
  + Public Housing Unit
  + Rental by Client With Other Ongoing Subsidy
  + Housing Stability Voucher
  + Family Unification Program Voucher (FUP)
  + Foster Youth of Independence Initiative (FYI)
  + Permanent Supportive Housing
  + Other Permanent Housing Dedicated for Formerly Homeless Persons

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

 No exit interview completed

 Other

 Deceased

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**Income from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Alimony | $ |
| Yes  No | Alimony or Other Spousal Support | $ |
| Yes  No | Annuities | $ |
| Yes  No | Child Support | $ |
| Yes  No | Contributions From Other People | $ |
| Yes  No | Dividends (Investments) | $ |
| Yes  No | Earned Income | $ |
| Yes  No | General Assistance | $ |
| Yes  No | Interest | $ |
| Yes  No | Other | $ |
| Yes  No | Pension/Retirement | $ |
| Yes  No | Pension or Retirement Income from Another Job | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Railroad Retirement | $ |
| Yes  No | Rental Income | $ |
| Yes  No | Retirement Disability | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | Self-Employment Wages | $ |
| Yes  No | SSDI | $ |
| Yes  No | SSI | $ |
| Yes  No | State Disability | $ |
| Yes  No | TANF | $ |
| Yes  No | Unemployment Insurance | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | VA Service Connected Disability Compensation | $ |
| Yes  No | Worker’s Compensation | $ |
| Yes  No | Other – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | **Total Monthly Income** | **$** |

**Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Receiving Income Source? :** Yes No Data Not Collected

**End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount**  *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (Food Stamps) | $ |
| Yes  No | Special Supplemental Nutrition Program for WIC | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Receiving Benefit?:** Yes No Data Not Collected

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Covered by Health Insurance?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE |
| Yes  No | Veteran’s Health Administration (VHA) |
| Yes  No | State Children’s Health Insurance Program |
| Yes  No | Employer-Provided Health Insurance |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_**

**Health, Substance Use, and Disabilities**

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Alcohol Use Disorder**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **Both Alcohol and Drug Use Disorder**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **Chronic Health Condition**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **Developmental**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | **Not Required**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **Drug Use Disorder**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | Yes  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **HIV/AIDS**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | **Not Required**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **Mental Health Disorder**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |
| **Physical/Medical**  Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC | Yes No  Client Doesn’t Know  Client Prefers Not to Answer  DNC |

**Disability Determination:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Current school enrollment and attendance:**

 Not currently enrolled in any school or educational course

 Currently enrolled but NOT attending regularly (when school or the course is in session)

 Currently enrolled and attending regularly (when school or the course is in session)

 Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**School Status:**

 Attending School Regularly  Suspended 

 Attending School Irregularly  Expelled

 Graduated High School  Client Doesn’t Know

 Obtained GED  Client Prefers Not to Answer

 Dropped Out  Data Not Collected

**General Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

 Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Dental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

 Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Mental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

 Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Project Completion Status:**

Completed Project Client voluntarily left early

Client was expelled or otherwise involuntarily discharged from project

**If Client was expelled orotherwise involuntarily discharged, what is the major reason?**

Criminal Activity/destruction of property/violence Non-compliance with Project rules

Non-payment of rent/occupancy charge Reached maximum time allowed by Project

Project Terminated Unknown/Disappeared

**Exit destination safe – as determined by the Client:**

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Exit destination safe – as determined by the Project/Caseworker:**

Yes No Worker Doesn’t Know

**Client has permanent positive adult connections outside of Project:**

Yes No Worker Doesn’t Know

**Client has permanent positive peer connections outside of Project:**

Yes No Worker Doesn’t Know

**Client has permanent positive community connections outside of Project:**

Yes No Worker Doesn’t Know