



1. Additional Adult Household Member (AAHM) Information

Name	
Client ID (HMIS Assigned)	Household ID (HMIS Assigned)
An exit assessment must be completed for each <i>adult</i> household member.	

2. Exit Information

Exit Date	Exit Staff Name
_____ / _____ / _____ MM DD YYYY	_____

3. Exit Destination

Exit Destination If client's exit destination is a permanent housing situation, the client must have a Housing Move-In Date entered.	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Homeless Situations <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home Shelter <input type="checkbox"/> Safe Haven Temporary Housing Situations <input type="checkbox"/> Transitional housing for homeless persons (including youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH </td> <td style="width: 50%; vertical-align: top;"> Institutional Situations <input type="checkbox"/> Foster care home or FC group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psych facility <input type="checkbox"/> Substance abuse treatment facility or detox center Permanent Housing Situations <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client: <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy Subsidy Type: _____ <input type="checkbox"/> Owned by client: <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy Subsidy Type: _____ Other <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </td> </tr> </table>	Homeless Situations <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home Shelter <input type="checkbox"/> Safe Haven Temporary Housing Situations <input type="checkbox"/> Transitional housing for homeless persons (including youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	Institutional Situations <input type="checkbox"/> Foster care home or FC group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psych facility <input type="checkbox"/> Substance abuse treatment facility or detox center Permanent Housing Situations <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client: <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy Subsidy Type: _____ <input type="checkbox"/> Owned by client: <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy Subsidy Type: _____ Other <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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4. Income Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Monthly Income at Exit	If Yes, indicate the amount of income from each source:	Amount
Does the client have income from any source? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Earned Income (i.e., employment income)	
	<input type="checkbox"/> Unemployment Insurance	
	<input type="checkbox"/> Supplemental Security Income (SSI)	
	<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
	<input type="checkbox"/> VA Non-Service-Connected Disability Pension	
	<input type="checkbox"/> Private disability insurance	
	<input type="checkbox"/> Worker's Compensation	
	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
	<input type="checkbox"/> General Assistance (GA)	
	<input type="checkbox"/> Retirement from Social Security	
	<input type="checkbox"/> Pension or retirement income from a former job	
	<input type="checkbox"/> Child support	
	<input type="checkbox"/> Alimony or other spousal support	
	<input type="checkbox"/> Other source – Specify:	
Total Monthly Income:		\$ _____

5. Non-Cash Benefits Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Non-Cash Benefits at Exit	If Yes, indicate all sources that apply:
Does the client have non-cash benefits from any source? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <i>Previously known as Food Stamps</i>
	<input type="checkbox"/> Special Supplemental Nutrition Program Women, Infants, and Children (WIC)
	<input type="checkbox"/> TANF Childcare Services
	<input type="checkbox"/> TANF Transportation Services
	<input type="checkbox"/> Other TANF-funded services
	<input type="checkbox"/> Other source – Specify:

6. Insurance Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Health Insurance at Exit	If Yes, indicate all sources that apply:
Is the client covered by Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> MEDICAID
	<input type="checkbox"/> MEDICARE
	<input type="checkbox"/> State Children's Health Insurance Program
	<input type="checkbox"/> Veteran's Health Administration (VHA)
	<input type="checkbox"/> Employer-Provided Health Insurance
	<input type="checkbox"/> Health Insurance obtained through COBRA
	<input type="checkbox"/> Private Pay Health Insurance
	<input type="checkbox"/> State Health Insurance for Adults
	<input type="checkbox"/> Indian Health Services Program
	<input type="checkbox"/> Other source - Specify:



7. Disability Information

Disability Information at Intake	If yes, indicate all that apply: (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)	Is the disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?
Does the client have a disabling condition?	<input type="checkbox"/> Physical Disability	<input type="checkbox"/>
<input type="checkbox"/> No	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/>
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/>
<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/>
	<input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/>

Signatures

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Client Signature: _____ Date: ___ / ___ / ___

Exit Worker Signature: _____ Date: ___ / ___ / ___