

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”**  
**Fill out separate form for each household member and attach to project entry template.**

**PROJECT ENTRY DATE** (e.g., 10/01/2017) [All clients]

		/			/				
<i>Month</i>			<i>Day</i>			<i>Year</i>			

**CLIENT** (name or other identifier)

**REASON FOR LEAVING (check one):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Completed program              | <input type="checkbox"/> Criminal Activity/Violence                                 | <input type="checkbox"/> Death               |
| <input type="checkbox"/> Disagreement with rules/person | <input type="checkbox"/> Left for housing opportunity before completing the program |  |
| <input type="checkbox"/> Needs could not be met         | <input type="checkbox"/> Non-compliance with program                                | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Reached maximum time allowed   | <input type="checkbox"/> Unknown/Disappeared  | <input type="checkbox"/> Other: _____        |

**DESTINATION** [Head of household and adults]

<b>THIS IS A CRUCIAL FIELD. PLEASE DO YOUR BEST TO GET YOUR CLIENT’S EXIT DESTINATION.</b>	___ Rental by client, with RRH or equivalent
___ Deceased	___ Rental by client, with VASH subsidy
___ Emergency shelter, including hotel/motel paid for with emergency shelter voucher	___ Rental by client, with GPD TIP housing subsidy
___ Foster care home or foster care group home	___ Rental by client, with other ongoing housing subsidy
___ Hospital or other residential non-psychiatric medical facility	___ Residential project or halfway house with no homeless criteria
___ Hotel/motel paid for without emergency shelter voucher	___ Safe Haven
___ Jail, prison, or juvenile detention facility	___ Staying or living with family, permanent tenure
___ Long-term care facility or nursing home	___ Staying or living with family, temporary tenure (e.g. room, apartment, or house)
___ Moved from one HOPWA funded project to HOPWA PH	___ Staying or living with friends, permanent tenure
___ Moved from one HOPWA funded project to HOPWA TH	___ Staying or living with friends, temporary tenure
___ Owned by client, no ongoing housing subsidy	___ Substance abuse treatment facility or detox center

___ Owned by client with ongoing housing subsidy	___ Transitional housing for homeless persons (including homeless youth)
___ Permanent housing (other than RRH) for formerly homeless persons	___ Other (please describe destination):
___ Place not meant for habitation	___ No exit interview completed
___ Psychiatric hospital or other psychiatric facility	___ Client doesn't know
___ Rental by client, no ongoing housing subsidy	___ Client refused

**Income from any source?**  Yes  No  Client doesn't know  Client refused

**Total Monthly Income:** \$ \_\_\_\_\_

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	No
Alimony or other spousal support	\$	
Child support	\$	
Earned income (i.e. employment income)	\$	
General Assistance (GA)	\$	
Other source (if yes, specify):	\$	
Pension or retirement income from former job	\$	
Private disability insurance	\$	
Retirement income from Social Security	\$	
Supplemental Security Income (SSI)	\$	
Social Security Disability Income (SSDI)	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Unemployment Insurance	\$	
VA Non-Service-Connected Disability Pension	\$	
VA Service-Connected Disability Compensation	\$	
Worker's Compensation	\$	

**Non-cash benefit from any source?**  Yes  No  Client doesn't know  Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	No
Special Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	Amount: \$	
Special Supplemental Nutrition Assistance Program for WIC		
TANF Child Care Services (or use local name):		
TANF transportation services (or use local name):		
Other TANF-Funded services (or use local name)		
Other Source		

**Covered by health insurance?**

Yes     No

Client doesn't know

Client refused

*[Indicate 'yes' or 'no' for each health insurance type with an "x". Answer "no" for sources that are not currently active]*

Health Insurance Type	Covered?	
	YES	NO
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate):		

**Does the client have a disabling condition?** *[All clients]*     Yes     No     Client doesn't know     Client refused

[Mark "x" for all disabilities and respond to last four columns with "yes/no", and a start date]

Disability Type	Disability Determination						
	Yes	No	Client doesn't know	Client refused	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Long term condition?	Approximate Start Date of condition(s)
Alcohol Abuse (only)							
Both Alcohol and Drug abuse							
Chronic Health Condition							
Developmental Condition							
Drug Abuse (only)							
HIV or AIDS							
Mental Health Problem							
Physical Condition							

**Assessment Disposition**

- Referred to ES/SH     Referred to RRH     Referred to PSH     Referred to HP     Referred to Street Outreach
- Referred to other continuum project type
- Referred to a homeless diversion program
- Unable to refer/accept within continuum; ineligible for continuum projects
- Unable to refer/accept within continuum; continuum services unavailable
- Referred to other community project (non-continuum)
- Applicant declined referral/acceptance                       Applicant terminated assessment prior to completion
- Other Assessment Disposition, specify: \_\_\_\_\_

**Housing Assessment at Exit**

- 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
- Moved to a transitional or temporary housing facility or program
- Client became homeless—moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died
- Client Doesn't Know
- Client Refused

**If Able to maintain housing at entry, Subsidy Information**

- Without a subsidy
- With the subsidy they had at project entry
- With an on-going subsidy acquired since project entry
- Only with financial assistance other than a subsidy
- Data Not Collected

**If Moved to new housing unit, Subsidy Information**

- With an on-going subsidy
- Without an on-going subsidy
- Data Not Collected