



1. Exit Summary

Exit Date MM/DD/YYYY Intake Staff Name

Program Name Client ID (Computer Generated)

2. Exit Information

First Name MI Last Name Suffix

Client ID (Computer Generated) SS#

Other Household Members Exiting

3. Detailed Client Information

Housing Status: Literally homeless, Imminently losing their housing, Unstably housed and at-risk of losing their housing, Stably housed, Don't Know, Refused

Barriers::

Substance Abuse Problem: No, Alcohol Abuse, Drug Abuse, Both Alcohol & Drug Abuse, Don't Know, Refused; Mental Health Problem: Yes, No, Don't Know, Refused

Physical Disability: Yes, No, Refused, Don't Know; Developmental Disability: Yes, No, Don't Know, Refused

HIV/AIDS: Yes, No, Refused, Don't Know; Chronic Health Condition: Yes, No, Don't Know, Refused

If yes to any above, received services or treatment while in the program: Physical Disability, Development Disability, Chronic Health Condition, HIV/AIDS, Mental Health, Substance Abuse, No, Don't Know, Refused

Income::

Income Received from Any Source in Last 30 Days: Yes, No, Don't Know, Refused

Monthly Income: A Veterans' Disability Payment, Alimony or Other Spousal Support, Child Support, Earned Income, General Assistance, No Financial Resources, Other, Pension from a Former Job, Private Disability Insurance, Retirement Income from Social Security, SSDI, SSI, TANF, Unemployment Income, Veteran's Pension, Worker's Compensation

Non-Cash Benefits Received in Last 30 Days: Yes, No, Don't Know, Refused



Non-Cash Benefits		<input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> SCHIP <input type="checkbox"/> Special Supplementation Nutritional Program for WIC	<input type="checkbox"/> VA Medical Services <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance <input type="checkbox"/> Other Source <input type="checkbox"/> Temporary Rental Assistance	
Employment (Adults and Unaccompanied Youth only)::				
Currently Employed	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	If Yes, Number of Hours Worked in Past Week	_____ hours	
If Not Working, is Client Looking for Work	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	Employment Tenure	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Education (Adults and Unaccompanied Youth only)::				
Currently in School	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	Received Vocational Training or Apprenticeship Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	
Highest Level of School Completed	<input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Nursery School to 4 th Grade <input type="checkbox"/> 5 th or 6 th Grade <input type="checkbox"/> 7 th or 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade, No Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If client has received high school diploma, GED or enrolled in post secondary education, what degree(s) has the client earned	<input type="checkbox"/> None <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other Graduate/Professional Degree <input type="checkbox"/> Certificate/Advanced Training or Skilled Artisan <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Health (Adults and Unaccompanied Youth only)::				
General Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know		
Children's Education (for Children ages 5-17)::				
Currently Enrolled in School	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	If Yes, Name of Child's School	_____	
If yes, is/was child connected to the McKinney-Vento Homeless Assistance Act School Liaison	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	Type of School	<input type="checkbox"/> Public School <input type="checkbox"/> Parochial or Other Private School	
If Not Enrolled, Problems Enrolling Child	<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool <input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other	If Not Enrolled, Date of Last Enrollment	_____ / _____ / _____ MM DD YYYY	



Destination at Exit	<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional housing for homeless <input type="checkbox"/> Permanent supportive housing for formerly homeless persons <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Substance abuse treatment facility/detox <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Staying/living with family, temporary tenure <input type="checkbox"/> Staying/living with friends, temporary tenure <input type="checkbox"/> Hotel/motel paid without emergency voucher <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Staying/living with family, permanent tenure <input type="checkbox"/> Staying/living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Reason for Leaving	<input type="checkbox"/> Left for a housing opportunity before completing program <input type="checkbox"/> Completed program <input type="checkbox"/> Non-payment of rent/occupancy charges <input type="checkbox"/> Non-compliance with project <input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Reached maximum time allowed in project <input type="checkbox"/> Needs could not be met by project <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Death <input type="checkbox"/> Unknown/disappeared <input type="checkbox"/> Other
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