

**1. Exit Summary**

Exit Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Staff Name: \_\_\_\_\_

Agency Name \_\_\_\_\_ Program Name: \_\_\_\_\_

**2. Exit Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Client ID (Computer Generated) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Household Members Exiting \_\_\_\_\_

<b>Housing Status at Exit</b>	<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing their housing <input type="checkbox"/> Unstably housed & at-risk of losing housing		<input type="checkbox"/> Stably housed <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<b>Income at Exit</b>		<b>Non-Cash Benefits at Exit</b>		
<b>Income Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<b>Monthly Income</b>	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Supplemental Security Income/SSI <input type="checkbox"/> Social Security Disability Income/SSDI <input type="checkbox"/> A veteran's disability payment <input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Retirement income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source		<b>Non-Cash Benefits</b> <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	
<b>Destination at Exit</b>	<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			