

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 _____

Housing Status at Exit	<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
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Income at Exit::		Non-Cash Benefits at Exit::	
Income Received in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Non-Cash Benefits Received in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Monthly Income	<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	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 No, 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"/> Don't Know <input type="checkbox"/> Temporary <input type="checkbox"/> Refused <input type="checkbox"/> Seasonal

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
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 <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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::			
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	