

Universal Exit for SO

Project Exit Date: ____/____/____ Name of Head of Household: _____
Project Name (Enter Data As): _____

Client _____
Name _____ Client ID _____

Reason for Leaving

- Completed program
- Criminal activity / violence
- Death
- Disagreement with rules/persons
- Left for housing opp. before completing program
- Needs could not be met
- Non-compliance with program
- Non-payment of rent
- Other (specify): _____
- Reached maximum time allowed
- Unknown/disappeared

Destination

Homeless situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

Institutional situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Temporary housing situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- Moved from one HOPWA funded project to HOPWA TH

Permanent housing situations (if none of these options match, skip to "Other")

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (*select subsidy type*)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV Voucher (tenant or project based)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Other

- No exit interview completed
- Other (specify): _____
- Deceased
- Client doesn't know
- Client prefers not to answer

ANSWER FOR ALL CLIENTS (only if changes occurred)

Disabilities

i If one or more of the options below with an asterisk(*) has been selected, the answer to “disabling condition” must be “yes.”
If none of the answers below with an asterisk(*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

Health Insurance

Covered by Health Insurance No Yes Client doesn't know Client prefers not to answer

Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Veteran's Health Administration (VHA)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

i HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

i **Data Entry Tip:**
Remember to end date old records and create new records each time a source of health insurance changes.

ANSWER FOR ADULTS AND HEAD OF HOUSEHOLD (only if changes occurred)

Monthly Income

Income from Any Source No Yes Client doesn't know Client prefers not to answer

Total Monthly Income \$ _____

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

i HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

Non-Cash Benefits

Non-Cash Benefits from Any Source No Yes Client doesn't know Client prefers not to answer

- Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) No Yes
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) No Yes
- TANF Child Care services No Yes
- TANF transportation services No Yes
- Other TANF-funded services No Yes
- Other (specify): _____ No Yes

i HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of non-cash benefit changes.

Current Living Situation

i Record a Current Living Situation (CLS) every time contact is made with the client. The first CLS should always = Project Start Date!

Date: _____/_____/_____

Current living situation (Where is the client staying right now?)

Homeless situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

Skip to next data element.

Institutional situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Skip to "Is client going to have to leave their current living situation within 14 days?"

Temporary housing situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house

Skip to "Is client going to have to leave their current living situation within 14 days?"

Permanent housing situations (if none of these options match, skip to "Other")

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (*select subsidy type è*)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV Voucher (tenant or project based)
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- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
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- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Skip to "Is client going to have to leave their current living situation within 14 days?"

Other

- Other (specify): _____
- Worker unable to determine
- Client doesn't know
- Client prefers not to answer

Is client going to have to leave their current living situation within 14 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

If yes, continue. Otherwise, skip to next data element.

Has a subsequent residence been identified?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer