

# Universal Project Exit – RRH/PSH/OPH

*\*to be used for CoC, ESG(ESHAP), YHDP, and local funds*

Project Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

Client \_\_\_\_\_  
Name \_\_\_\_\_ Client ID \_\_\_\_\_

## Reason for Leaving

- |  |   |
|--|---|
| <input type="checkbox"/> Completed program                               | <input type="checkbox"/> Non-compliance with program  |
| <input type="checkbox"/> Criminal activity / violence                    | <input type="checkbox"/> Non-payment of rent          |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Other (specify): _____       |
| <input type="checkbox"/> Disagreement with rules/persons                 | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Unknown/disappeared          |
| <input type="checkbox"/> Needs could not be met                          | <input type="checkbox"/> Aged Out (Youth Only)        |
| <input type="checkbox"/> Found Placement (Youth Only)                    | <input type="checkbox"/> Reunification                |

## 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

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

### Temporary housing situations

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

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

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

### Other

- |  |   |
|--|---|
| <input type="checkbox"/> No exit interview completed | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Other (specify): _____      | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Deceased                    |   |

**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**

<b>Covered by Health Insurance</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 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	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> 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)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other TANF-funded services	<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 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.

**ANSWER FOR HEAD OF HOUSEHOLD ONLY**

**Housing Move In Date** – *Only one housing move in date per enrollment*

Housing Move-In Date (**CANNOT** be prior to *Project Start Date*): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Youth Education Status** - *These questions only required for YHDP funded projects*

**Current School Enrollment & Attendance:**

- |   |   |
|---|---|
| <input type="checkbox"/> Not currently enrolled in any school or educational course                               | <input type="checkbox"/> Client Doesn't Know          |
| <input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session) | <input type="checkbox"/> Client Prefers not to Answer |
| <input type="checkbox"/> Currently enrolled & attending regularly (when school or the course is in session)       | <input type="checkbox"/> Data not collected           |

**Most Recent Educational Status:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> K12: Graduated high school | <input type="checkbox"/> Higher Education: pursuing a credential but not currently attending | <input type="checkbox"/> Client Doesn't Know          |
| <input type="checkbox"/> K12: Obtained GED          | <input type="checkbox"/> Higher Education: dropped out                                       | <input type="checkbox"/> Client Prefers not to Answer |
| <input type="checkbox"/> K12: Dropped out           | <input type="checkbox"/> Higher Education: obtained a credential/degree                      | <input type="checkbox"/> Data not collected           |
| <input type="checkbox"/> K12: Suspended             |  |   |
| <input type="checkbox"/> K12: Expelled              |  |   |

**Current Educational Status:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pursuing a diploma or GED                | <input type="checkbox"/> Client Doesn't Know          |
| <input type="checkbox"/> Pursuing associate's degree              | <input type="checkbox"/> Client Prefers not to Answer |
| <input type="checkbox"/> Pursuing bachelor's degree               | <input type="checkbox"/> Data not collected           |
| <input type="checkbox"/> Pursuing graduate degree                 |   |
| <input type="checkbox"/> Pursuing other post-secondary credential |   |