

PATH Exit

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 No Yes
- Medicare No Yes
- State Children's Health Insurance Program No Yes
- Veteran's Health Administration (VHA) No Yes
- Employer-Provided Health Insurance No Yes
- Health Insurance obtained through COBRA No Yes
- Private Pay Health Insurance No Yes
- State Health Insurance for Adults No Yes
- Indian Health Services Program No Yes
- Other (specify): _____ No 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.


Current Living Situation – this should match exit destination

Date: _____/_____/_____

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

- 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, or RHY funded host home shelter
- Safe haven
- Other (specify): _____
- Worker unable to determine

PATH Status – *these fields must be complete prior to or upon exit!*

 Record the date on which the client’s eligibility for PATH was determined, as well as the details about that determination.

Date of Status Determination _____/_____/_____

Client Became Enrolled in PATH No Yes

- If no, reason not enrolled**
- Client was found ineligible for PATH
 - Client was not enrolled for other reason(s)
 - Unable to locate client

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Connection with SOAR No Yes Client doesn’t know Client prefers not to answer