

# ICA Maine - VASH Exit (FY2026)

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 ( <u>select subsidy type</u> ) | <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)**

**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              | <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.

## Employment Information (HUD)

### Employed? (HUD)

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

### If Yes, Type of Employment

- Full-time
  Seasonal/sporadic (including day labor)
  Part-time

### If No, Why Not Employed

- Looking for work
  Not looking for work
  Unable to work

### Last Grade Completed (HUD)

- Less than Grade 5
  Associate's degree
  Grades 5 – 6
  Bachelor's degree
  Grades 7 – 8
  Graduate degree
  Grades 9 – 11
  Vocational certification
  Grade 12 / High school diploma
  Client doesn't know
  School program does not have grade levels
  Client prefers not to answer
  GED
  Some college

### General Health Status

- Excellent
  Poor
  Very good
  Client doesn't know
  Good
  Client prefers not to answer
  Fair

## 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: \$ _____ | ⓘ HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each. |
| 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: \$ _____ | ⓘ <b>Data Entry Tip:</b><br>Remember to end date old records and create new records each time a source of non-cash benefit changes.    |
| Other (specify): _____   | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |  |

**ANSWER FOR HEAD OF HOUSEHOLD ONLY**

**HUD-VASH Voucher Tracking**

- |                       |  |   |   |
|-----------------------|--|---|---|
| <b>Voucher Change</b> | <input type="checkbox"/> Referral package forwarded to PHA | <input type="checkbox"/> Voucher in use – veteran moved into housing      | <input type="checkbox"/> Veteran exited – voucher was returned              |
|                       | <input type="checkbox"/> Voucher denied by PHA             | <input type="checkbox"/> Voucher was posted locally                       | <input type="checkbox"/> Veteran exited – family maintained the voucher     |
|                       | <input type="checkbox"/> Voucher issued by PHA             | <input type="checkbox"/> Voucher was administratively absorbed by new PHA | <input type="checkbox"/> Veteran exited – prior to ever receiving a voucher |
|                       | <input type="checkbox"/> Voucher revoked or expired        | <input type="checkbox"/> Voucher was converted to Housing Choice Voucher  | <input type="checkbox"/> Other  |

If other, please specify \_\_\_\_\_

**Case Management Exit Reason**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accomplished goals and/or obtained services and no longer needs case management | <input type="checkbox"/> Unhappy with HUD-VASH housing                         | <input type="checkbox"/> Veteran too ill to participate at this time |
| <input type="checkbox"/> Transferred to another HUD-VASH program site                                    | <input type="checkbox"/> No longer financially eligible for HUD-VASH voucher   | <input type="checkbox"/> Veteran is incarcerated                     |
| <input type="checkbox"/> Found/chose other housing   | <input type="checkbox"/> No longer interested in participating in this program | <input type="checkbox"/> Veteran is deceased                         |
| <input type="checkbox"/> Did not comply with HUD-VASH case management                                    | <input type="checkbox"/> Veteran cannot be located                             | <input type="checkbox"/> Other                                       |
| <input type="checkbox"/> Eviction and/or other housing-related issues                                    |  |  |

If other, please specify \_\_\_\_\_

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

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