

Agency Name: _____



San Francisco ONE System: HUD-CoC PROJECT EXIT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

		/			/				
Month			Day			Year			

DESTINATION *[All Clients]*

<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/> Staying or living with family, permanent tenure
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Staying or living with friends, permanent tenure
<input type="radio"/> Safe Haven	<input type="radio"/> Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with on-going housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no on-going housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> No exit interview completed
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Other (specify):
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Deceased
<input type="radio"/> Host Home (non-crisis)	<input type="radio"/> Client doesn't know
<input type="radio"/> Staying or living in a friend's room, apartment, or house	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Staying or living in a family member's room, apartment or house	<input type="radio"/> Data not collected
<input type="radio"/> Moved from one HOPWA funded project to HOPWA TH	<input type="radio"/> Specify Other Exit Destination:
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:	
<input type="radio"/> GPD TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI) <input type="radio"/> Permanent Supportive Housing <input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> Rental by client, with other ongoing housing subsidy	

HOUSING ASSESSMENT AT EXIT [Homeless Prevention Only]

<input type="radio"/>	Able to maintain the housing they had at project entry	<input type="radio"/>	Jail/prison
<input type="radio"/>	Moved to new housing unit	<input type="radio"/>	Deceased
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Data not collected
<input type="radio"/>	Client became homeless – moving to a shelter or other place unfit for human habitation		
IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT			
Subsidy Information			
<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an on-going subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy
IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT			
Subsidy Information			
<input type="radio"/>	With on-going subsidy	<input type="radio"/>	Without an on-going subsidy

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]

<input type="radio"/>	No	<input type="radio"/>	Yes
IF “YES” TO PERMANENT HOUSING			
Housing Move-In Date:*		____/____/____	
*If client moved into permanent housing, make sure to update on the enrollment screen .			

DISABLING CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
IF “YES” TO PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
IF “YES” TO PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

HIV-AIDS [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know		
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer		
	<input type="radio"/> Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> CalWORKS	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> CAAP	

<input type="checkbox"/>	Supplemental Security Income (SSI)		<input type="checkbox"/>	Retirement income from Social Security	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)		<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	VA Service-Connected Disability Compensation		<input type="checkbox"/>	Child support	
<input type="checkbox"/>	VA Non-Service-Connected Disability Pension		<input type="checkbox"/>	Alimony and other spousal support	
<input type="checkbox"/>	Private disability insurance		<input type="checkbox"/>	Other income source (<i>specify</i>):	
<input type="checkbox"/>	Worker's Compensation				
Total Monthly Income for Individual:					

RECEIVING NON-CASH BENEFITS [*Head of Household and Adults*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="checkbox"/>	CalFresh	<input type="checkbox"/>	CalWORKs Child Care Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	CalWORKs Transportation Services
<input type="checkbox"/>	Other (<i>specify</i>):	<input type="checkbox"/>	CalWORKs TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	Medi-Cal	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Health Insurance Obtained Through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (<i>specify</i>):	<input type="checkbox"/>	Indian Health Services Program

YOUTH EDUCATION STATUS [*For CoC: YHDP funded programs – Head of Household*]

<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 and attending regularly (when school or the course is in session)	<input type="checkbox"/>	Data not collected
IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS			
<input type="checkbox"/>	K12: Graduated from high school	<input type="checkbox"/>	Higher education: Pursuing a credential but not currently attending
<input type="checkbox"/>	K12: Obtained GED	<input type="checkbox"/>	Higher education: Dropped out
<input type="checkbox"/>	K12: Dropped out	<input type="checkbox"/>	Higher education: Obtaining a credential/degree
<input type="checkbox"/>	K12: Suspended	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	K12: Expelled	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS			

<input type="radio"/> Pursuing a high school diploma or GED	<input type="radio"/> Pursuing other post-secondary credential
<input type="radio"/> Pursuing Associate's Degree	<input type="radio"/> Client doesn't know
<input type="radio"/> Pursuing Bachelor's Degree	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Pursuing Graduate Degree	<input type="radio"/> Data not collected

CONTACT INFORMATION *[Optional – can be entered in Contact Tab]*

Contact Type										
Email										
Phone (#1)										
Phone (#2)										
Active Contact	<input type="radio"/>	Yes				<input type="radio"/>	No			
Private	<input type="radio"/>	Yes				<input type="radio"/>	No			
Contact Date										
Note										

CURRENT ADDRESS (IF APPLICABLE) *[Optional – can be entered in Location Tab]*

Street			
City			
Street		Zip Code	

 Signature of applicant stating all information is true and correct

Date