

Agency Name: _____



San Francisco ONE System: HUD-HOPWA 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 [All Clients]

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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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 DEVELOPMENTAL 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 HIV-AIDS – 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

SURVIVOR OF DOMESTIC VIOLENCE *[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 SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED	
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected

<input type="radio"/> One year ago or more			
Are you currently fleeing?	<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="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal support	
<input type="radio"/> Private disability insurance		<input type="radio"/> Other income source (<i>specify</i>):	
<input type="radio"/> Worker's Compensation			

Total Monthly Income for Individual:

RECEIVING NON-CASH BENEFITS [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 NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> CalFresh	<input type="radio"/>	CalWORKs Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	CalWORKs Transportation Services
<input type="radio"/> Other (<i>specify</i>):	<input type="radio"/>	CalWORKs TANF-funded services

COVERED BY HEALTH INSURANCE [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 HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
<input type="radio"/>	Medi-Cal	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Employer Provided Health Insurance	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Health Insurance Obtained through COBRA	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Private Pay Health Insurance	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible

		<input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/>	State Health Insurance for Adults	<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/>	Indian Health Services Program	<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/>	Other Health Insurance (specify)	

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

<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 "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON			
<input type="radio"/>	Applied; decision Pending	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Applied; client not eligible	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Client did not apply	<input type="radio"/>	Data not collected
<input type="radio"/>	Insurance type N/A for this client		

Receiving Ryan White-funded Medical or Dental Assistance

<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 "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON			
<input type="radio"/>	Applied; decision pending	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Applied; client not eligible	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Client did not apply	<input type="radio"/>	Data not collected
<input type="radio"/>	Insurance type N/A for this client		

T-cell (CD4) Count Available

<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

T-cell Count (Integer between 0-1500): _____
How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

Viral Load Information Available

<input type="radio"/>	Not available	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Available	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Undetectable	<input type="radio"/>	Data not collected

Count (Integer between 0-999999): _____
How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

Has the participant been prescribed anti-retroviral drugs?

<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

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