

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			

CLIENT LOCATION [only if multiple CoC's] _____

DESTINATION [All Clients]

<input type="radio"/> Deceased	<input type="radio"/> Rental by client, with RRH or equivalent subsidy
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="radio"/> Rental by client, with VASH housing subsidy
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Rental by client, with GPD TIP housing subsidy
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Rental by client, with other ongoing housing subsidy
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Residential project or halfway house with no homeless criteria
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Safe Haven
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Staying or living with family, permanent tenure
<input type="radio"/> Moved from one HOPWA funded project to HOPWA PH	<input type="radio"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="radio"/> Moved from one HOPWA funded project to HOPWA TH	<input type="radio"/> Staying or living with friends, permanent tenure
<input type="radio"/> Owned by client, no ongoing housing subsidy	<input type="radio"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)
<input type="radio"/> Owned by client, with ongoing 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"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/> Other (specify):
	<input type="radio"/> No exit interview completed
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Rental by client, no ongoing housing subsidy	<input type="radio"/> Data not collected

HOUSING ASSESSMENT AT EXIT [All Clients]

<input type="radio"/>	Able to maintain the housing they had at project entry	<input type="radio"/>	Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/>	Moved to new housing unit	<input type="radio"/>	Client went to jail/prison
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Client died
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an ongoing 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 ongoing subsidy	<input type="radio"/>	Without an ongoing subsidy
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IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF “YES” TO PERMANENT HOUSING

Housing Move-in Date	___/___/_____
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DISABLING CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<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 refused
		<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 refused
			<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 refused	
	<input type="radio"/> Data not collected	
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY		
Expected to substantially impair ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused	
	<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 refused
		<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 refused	
	<input type="radio"/> Data not collected	
IF "YES" TO HIV-AIDS – SPECIFY		
Expected to substantially impair ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

MENTAL HEALTH PROBLEM *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO MENTAL HEALTH PROBLEMS – 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 refused
		<input type="radio"/> Data not collected

SUBSTANCE ABUSE PROBLEM *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE"—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 refused
		<input type="radio"/> Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO DOMESTIC VIOLENCE WHEN EXPERIENCE OCCURRED		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
Are you currently fleeing?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused
		<input type="radio"/>	Data not collected
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source		Amount	Income Source
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>
<input type="radio"/>	Pension or retirement income from former job		<input type="radio"/>
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>
<input type="radio"/>	CalWORKs		<input type="radio"/>
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>
<input type="radio"/>	VA Non-Service Connected Disability Pension		Other (specify):
Total monthly amount:			

RECEIVING NONCASH 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 refused
		<input type="radio"/>	Data not collected
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	CalFresh	<input type="radio"/>	CalWORKs Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	CalWORKs Transportation Services
<input type="radio"/>	Other (Specify):	<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 refused
		<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 Refused
		<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 Refused
		<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 Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<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 Refused
		<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 Refused
		<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 Refused
		<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 Refused
		<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 Refused
		<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 Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Other Health Insurance (specify)		

T-cell (CD4) Count Available

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<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 Reported
<input type="radio"/>	Other (specify)

Viral Load Available

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

Viral Load (Integer between 0-999999): _____

How Was the Information Obtained?

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

CONTACT INFORMATION

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:				

Signature of applicant stating all information is true and correct

Date