



www.hhccny.org
hhc@unitedway-cny.org
f facebook.com/hhccny
t @hhcofcny

Transitional Housing, Rapid Rehousing, and all other Projects

(complete this form for ALL Adults and Head of Household)

Client Name: _____

HMIS Client ID#: _____

(optional)

Exit Date: _____

Reason for Leaving:

- Completed Program
- Criminal Activity/Violence
- Death
- Disagreement with Rules
- Does not meet criteria for program
- Goal Achieved
- Goal Not Achieved
- Left for housing opportunity before completing program
- Needs could not be met
- Non-compliance
- Non payment of rent
- Reached maximum time allowed
- Unknown/ Disappeared
- Other: _____

Destination:

-----Homeless Situations -----

- Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
- Place not meant for human habitation
- Save Haven

----- Institutional Situations -----

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric facility
- Jail, prison, or juvenile detention
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance Abuse treatment facility or detox center

----- Temporary and Permanent Housing Situations -----

- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- No exit interview completed
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Hotel/ Motel paid for without emergency shelter voucher
- Host Home (non-crisis)



www.hhccny.org
hhc@unitedway-cny.org
f facebook.com/hhccny
t @hhcofcny

Income:

Do you have income? ___ Yes ___ No **Total Monthly Income** \$ _____

Income Source and amount: (please write in the monthly amount below for each source)

\$ _____ Alimony/ Spousal Support	\$ _____ Child Support
\$ _____ Earned Income	\$ _____ General Assistance
\$ _____ Pension/Retirement income from a job	\$ _____ Private Disability Insurance
\$ _____ Retirement Income from Social Security	\$ _____ Social Security Disability Income (SSDI)
\$ _____ Social Security Income (SSI)	\$ _____ Temporary Assist for Needy Families TANF
\$ _____ Unemployment Insurance	\$ _____ VA Non-Service-Connected Disability Pension
\$ _____ VA Service-Connected Disability Compensation	\$ _____ Worker's Compensation

Non-Cash Benefits:

Do you have Non-Cash Benefits? ___ Yes ___ No

Source of Non-Cash Benefits:

_____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
_____ Special supplemental Nutrition Program for (WIC) (HUD)
_____ TANF Child Care Services (HUD)
_____ TANF Transportation Services (HUD)
_____ Other TANF-Funded Services (HUD); If "Other" Specify: _____