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DV Bonus Rapid Rehousing Projects Adult & HoH Exit Assessment

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

Client Name: _____
(optional)

HMIS Client ID#: _____

Exit Date: _____

Reason for Leaving:

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

Destinations:

Homeless Situations

- Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
 Place not meant for human habitation
 Safe Haven (*note: no safe havens exist in the CoC coverage area.*)

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 Housing Situations:

- Transitional housing for homeless persons (including homeless youth)
 Residential project or halfway house with no homeless criteria
 Hotel or motel paid without emergency voucher
 Host Home (non-crisis)
 Staying in family member's room/apartment/house
 Staying in friend's room/apartment/house

Permanent Housing Situations:

- Owned by client, no on-going housing subsidy
 Owned by client, with on-going housing subsidy
 Rental by client, no ongoing housing subsidy
 Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
 GPD TIP housing subsidy



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- VASH housing subsidy
- RRH or equivalent
- HCV voucher (tenant or project based)(not dedicated)
- Public Housing Unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Other Destinations

- No Exit Interview Completed (*Select if contact attempts have been made and client location could not be determined*)
- Deceased
- Other (*Do not select without consulting HMIS staff*): _____
- Client Doesn't Know (*Do not select without consulting HMIS staff*)
- Client Prefers Not to Answer (*Only select if client chooses not to complete assessment*)
- Data Not Collected (*Do not select without consulting HMIS staff*)

Disabling Condition:

Do you have a DISABILITY of long duration? Yes No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:

- Yes LCI Alcohol Use Disorder Yes LCI BOTH Alcohol & Drug Use Disorder Yes LCI Drug Use Disorder
- Yes LCI Chronic Health Condition Yes LCI Developmental Yes LCI HIV/AIDS
- Yes LCI Mental Health Disorder Yes LCI Physical Health

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? Yes No

Source of Health Insurance/ Medical Assistance:

- Medicaid Medicare
- State Children's Health Insurance Program Veteran's Health Administration (VHA)
- Employer – Provided Health Insurance Health Insurance obtained through COBRA
- State Health Insurance for Adults
- Indian Health Care Other

Medicaid ID# _____

Medicaid Insurance Company: Total Care Blue Cross Blue Shield Fidelis
 United Healthcare Molina Healthcare

Income:

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

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



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\$ _____ 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: _____