Complete a separate form for each Adult. [All Clients = Adults & Children]

**Please carefully READ the instructions before answering these questions.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name**: |  | **Middle:** |  | **First:** |  |
| **Social Security #**: |  | **Date of Birth**: |  |
| **Project Name**: |  | **Project Exit Date**: |  |
| **Case Manager**: |  | **Head of Household**: |  |

**HOUSING STATUS AT EXIT** *[ALL Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | Category 1 – Homeless (Will sleep tonight in an Emergency Shelter or Place Not Meant For Habitation) | *[ ]*  | Stably Housed |
| *[ ]*  | Category 2 - At Imminent Risk of Losing Housing | *[ ]*  | At-risk of homelessness | *[ ]*  | Data Not Collected |
| *[ ]*  | Fleeing domestic violence | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |

**DESTINATION** *[ALL Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | Deceased | *[ ]*  | Rental by client, with VASH subsidy |
| *[ ]*  | Emergency shelter, including hotel or motel paid for with emergency shelter voucher | *[ ]*  | Rental by client, with GPD TIP subsidy |
| *[ ]*  | Foster care home or group home | *[ ]*  | Rental by client, with other ongoing Housing subsidy |
| *[ ]*  | Hospital or other residential non-psychiatric medical facility | *[ ]*  | Residential project or halfway house With no homeless criteria |
| *[ ]*  | Hotel or motel paid for without emergency shelter voucher | *[ ]*  | Staying or living *with family,* permanent tenure (e.g. room, apartment or house) |
| *[ ]*  | Jail, prison or juvenile detention facility | *[ ]*  | Staying or living *with family,* temporary tenure (e.g. room, apartment or house) |
| *[ ]*  | Long-term care facility or nursing home | *[ ]*  | Staying or living *with friends,* permanent tenure (e.g. room, apartment or house) |
| *[ ]*  | Owned by client, NO ongoing housing subsidy | *[ ]*  | Staying or living *with friends,* temporary tenure (e.g. room, apartment or house) |
| *[ ]*  | Owned by client, WITH ongoing housing subsidy | *[ ]*  | Substance abuse treatment facility or detox center |
| *[ ]*  | Permanent housing for formerly homeless persons (such as: CoC project) | *[ ]*  | Transitional housing for homeless persons (including homeless youth) |
| *[ ]*  | Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station, airport or anywhere outside) | *[ ]*  | Other (**Specify “Other**”)

|  |
| --- |
|  |

 |
| *[ ]*  | Psychiatric hospital or other psychiatric facility | *[ ]*  | No exit interview completed |
| *[ ]*  | Rental by client, NO ongoing housing subsidy | *[ ]*  | Client doesn’t know |
| *[ ]*  | Client refused |

**Reason for LEaVING** [*ALL Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *[ ]*  | Left for a housing opportunity before completing program | *[ ]*  | Criminal activity/destruction of property / violence | *[ ]*  | Death |
| *[ ]*  | Completed Program | *[ ]*  | Reached maximum time allowed by program | *[ ]*  | Client doesn’t know |
| *[ ]*  | Non-payment of rent / occupancy charge | *[ ]*  | Needs could not be met by program | *[ ]*  | Unknown / disappeared |
| *[ ]*  | Non-compliance with program | *[ ]*  | Disagreement with rules/person | *[ ]*  | Other |

**RESIDENTIAL MOVE-IN DATE (ESG and RRH Programs *ONLY*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HAS THE CLIENT MOVED INTO PERMANENT HOUSING? | *[ ]*  | No | *[ ]*  | Yes |
| If “YES”, Date Of Residential Move-In: |  |  | / |  |  | / |  |  |  |  |

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | No | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY**  |
| Receiving services for physical disability | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | No | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY** |
| Receiving services for developmental disability | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the developmental disability expected to substantially impair ability to live independently? | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | No | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY**  |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO HIV-AIDS – SPECIFY**  |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to substantially impair ability to live independently? | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**MENTAL HEALTH PROBLEMS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY** |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**SUBSTANCE ABUSE PROBLEMS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Both alcohol and drug abuse |
| *[ ]*  | Alcohol abuse | *[ ]*  | Client doesn’t know |
| *[ ]*  | Drug abuse | *[ ]*  | Client refused |
| **IF “YES” TO ALCOHOL ABUSE, DRUG ABUSE OR BOTH – SPECIFY** |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**DISABLING CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |
| **IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS** |
| *[ ]*  | MEDICAID (aka Medi-Cal) | *[ ]*  | Obtained through COBRA |
| *[ ]*  | MEDICARE | *[ ]*  | Private Pay Health Insurance |
| *[ ]*  | VA Medical | *[ ]*  | Indian Health Services Program |
| *[ ]*  | Employer Provided | *[ ]*  | Other: (Specify) |  |

**EMPLOYMENT**

*[All Clients,* ***For Age 16 & Over****]*

|  |
| --- |
| **IS CLIENT EMPLOYED** |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |
| **If “Yes” To Employed** |
| *[ ]*  | Permanent | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | Temporary | *[ ]*  | Client Refused |
| *[ ]*  | Seasonal | Hours Worked Last Week: |  |
| **If “No” To Employed – Are You Seeking Employment?** |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |

**EDUCATION**

*[All Clients,* ***For Age 5 & over****]*

|  |
| --- |
| **IS CLIENT CURRENTLY ENROLLED IN SCHOOL** |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |
| **Highest Educational Level Completed:** |
| *[ ]*  | No School Completed | *[ ]*  | 10th Grade | *[ ]*  | Postsecondary School |
| *[ ]*  | Nursery School to 4th Grade | *[ ]*  | 11th Grade | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | 5th or 6th Grade | *[ ]*  | 12th Grade, No Diploma | *[ ]*  | Client Refused |
| *[ ]*  | 7th or 8th Grade | *[ ]*  | High School Diploma | *[ ]*  |  |
| *[ ]*  | 9th Grade | *[ ]*  | GED | *[ ]*  |  |
| **Name of School Enrolled:** |  |
| **Type of School:** | *[ ]*  | Public | *[ ]*  | Parochial or Other Private School |
| **Is Child Connected To The Homeless Liaison?** |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |

|  |
| --- |
| **If NOT Enrolled:** |
| Date Of Their Last Enrollment: |  |
| **Barrier To Enrolling Child In School:****:** |
| *[ ]*  | None | *[ ]*  | Lack Of An Available Preschool Program |
| *[ ]*  | Residency Requirements | *[ ]*  | Immunization Requirements |
| *[ ]*  | Availability Of School Records | *[ ]*  | Physical Examination Records |
| *[ ]*  | Birth Certificate | *[ ]*  | Other |
| *[ ]*  | Legal Guardianship Required | *[ ]*  | Don’t Know |
| *[ ]*  | Transportation | *[ ]*  | Refused |