

HDAP Exit Form

Client Name: _____ SSN: _____	Date of Birth: ____/____/____
Agency or Program Name: _____	Date Effective: ____/____/____
Case Manager Name: _____	Email: _____
	Phone: () _____

Housing Status

- Category 1 – Homeless (i.e. streets, shelter, transitional housing) Category 3 – Homeless only under other federal statutes At risk of homelessness
 Category 2 – At imminent risk of losing housing (within 14 days) Category 4 – Fleeing domestic violence Stably Housed

Exit Data

Reason for leaving

- Lost Contact
 Violence
 Received final denial/Ineligible for HDAP
 Completed Program

HDAP Outcome

- Exited with Benefits
 Exited with Housing
 Exited with both benefits and housing

If not housed, discharged to what city? If housed, city housed?

Housing Move-in Date:
 ____/____/____

Destination:

- Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher.
 Specify shelter: _____
 Transitional housing for homeless persons (including homeless youth)
 Specify program: _____
 Permanent housing (other than RRH) for formerly homeless persons:
 Destination Home Garden Park Apartments
 Shelter plus Care (all S+C programs) Permanent Step
 CCIH – ACCESS Project Thrive
 Tabora Gardens Permanent Connections
 Hotel or motel paid for without emergency shelter voucher
 Foster care home or foster care group home
 Psychiatric hospital or other psychiatric facility
 Hospital or other residential non-psychiatric medical facility
 Long-term care facility or nursing home
 Substance abuse treatment facility or detox center
 Jail, prison or juvenile detention facility
 New Permanent Housing Street Address _____

- Residential project or halfway house with no homeless criteria
 Moved from one HOPWA funded project to HOPWA PH
 Moved from one HOPWA funded project to HOPWA TH
 Owned by client, no ongoing housing subsidy
 Owned by client, with ongoing housing subsidy
 Rental by client, no housing subsidy
 Rental by client, VASH Subsidy
 Rental by client, GPD TIP housing subsidy
 Rental by client, with RRH or equivalent subsidy
 Rental by client, with other ongoing subsidy
 Staying or living with family, permanent tenure
 Staying or living with family, temporary tenure
 Staying or living with friends, permanent tenure
 Staying or living with friends, temporary tenure
 Other _____
 Safe Haven
 Deceased
 Client doesn't know
 Client refused
 No exit interview completed

Monthly Income

	Received in Past 30 Days?		Received in Past 30 Days?
\$ _____ Earned income (i.e. employment income)	Yes / No	\$ _____ VA service-connected disability compensation	Yes / No
\$ _____ Pension from a former job (including military retirement pay)	Yes / No	\$ _____ VA non service-connected disability pension	Yes / No
\$ _____ Private disability insurance	Yes / No	\$ _____ Alimony or other spousal support	Yes / No
\$ _____ Child support	Yes / No	\$ _____ SSI	Yes / No
\$ _____ Unemployment insurance	Yes / No	\$ _____ SSDI	Yes / No
\$ _____ Worker's compensation	Yes / No	\$ _____ General Assistance	Yes / No
\$ _____ Retirement income from Social Security	Yes / No	\$ _____ TANF	Yes / No
		\$ _____ Other income source: _____	Yes / No

Non Cash Benefits

	Received in Past 30 Days?		Received in Past 30 Days?
- Supplemental Nutrition Assistance Program (Food stamps)	Yes / No	- Other TANF-funded services	Yes / No
- TANF Child Care Services	Yes / No	- WIC	Yes / No
- TANF Transportation Services	Yes / No	- Other _____	Yes / No

Health Insurance

	Currently Covered?	HOPWA: If no, reason?		Currently Covered?	HOPWA: If no, reason?
Medicaid/Medi-Cal	Yes / No	_____	Health insurance obtained through COBRA	Yes / No	_____
MEDICARE	Yes / No	_____	Private Pay Health Insurance	Yes / No	_____
State Children's Health Insurance Program (SCHIP)	Yes / No	_____	State Health Insurance for Adults	Yes / No	_____
Veteran's Administration (VA) Medical Services	Yes / No	_____	Indian Health Services Program	Yes / No	_____
Employer-provided Health Insurance	Yes / No	_____	Other _____	Yes / No	_____

Disabilities (please answer Yes or No to each of the following)

Physical	Yes / No	Long Term?	Yes / No	Mental health problem	Yes / No	Long term?	Yes / No
Developmental	Yes / No			Alcohol abuse	Yes / No	Long term?	Yes / No
Chronic health condition	Yes / No	Long Term?	Yes / No	Drug abuse	Yes / No	Long term?	Yes / No
HIV/AIDS	Yes / No			Both Alcohol and Drug Abuse	Yes / No	Long term?	Yes / No

Do you have a disabling condition? This means: Do you have a condition of long and indefinite duration that substantially limits your ability to live on your own?

- Yes No Client doesn't know Client refused

Well-Being - Use the scale provided below. You may also use Client doesn't know (DK) or Client refused(R)

Strongly disagree (0), Somewhat disagree (1), Neither agree or disagree (2), Somewhat agree (3), Strongly agree (4),	Client perceives their life has value and worth _____
	Client perceives they have support from others who will listen to problems _____
	Client perceives they have a tendency to bounce back after hard times _____
Not at all (0), Once a month (1), Several times a month (2), Several times a week (3), At least every day (4)	Client's frequency of feeling nervous, tense, worried, frustrated, or afraid _____
Poor (0), Fair (1), Good (2), Very Good (3), Excellent (4)	Client's General Health Status _____