

Gulf Coast Partnership CIS Project EXIT – All Projects

This form can be used by all HUD project types. Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member. Each household member may have separate exit dates, destinations, etc.

PROJECT EXIT DATE (e.g., 08/24/2017)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

CLIENT ID

Indicate here if no exit interview was completed:

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DESTINATION

Which of the following most closely matches where the client will be staying right after leaving this project?

Homeless Situations	<input type="checkbox"/> Place not meant for habitation	Continuum PH	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher		<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
	<input type="checkbox"/> Safe Haven		<input type="checkbox"/> (not applicable for CoC-funded projects) To HOPWA PH from a HOPWA project
	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <i>(not applicable for CoC-funded projects) To HOPWA TH from a HOPWA project</i>	Rent/Own with Subsidy	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with VASH housing subsidy		
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy		
Non-Homeless Temporary Situations	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment, or house)	Rent/Own no Subsidy	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment, or house)		<input type="checkbox"/> Rental by client, no ongoing housing subsidy
Institutional Situations	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	Other Permanent	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
	<input type="checkbox"/> Substance abuse treatment facility or detox center		<input type="checkbox"/> Staying or living with family, permanent tenure
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	Other	<input type="checkbox"/> Staying or living with friends, permanent tenure
	<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Deceased
	<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Other
	<input type="checkbox"/> Long-term care facility or nursing home		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client refused	

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Private disability insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Worker's Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Child support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Other source If yes, specify source: _____	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Total monthly income from all sources		\$. 0 0

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

- No
 Client doesn't know
 Yes
 Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?
Supplemental Nutrition Assistance Program (SNAP)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No <input type="checkbox"/> Yes <input type="checkbox"/>
TANF Child Care services (or use local name)	No <input type="checkbox"/> Yes <input type="checkbox"/>
TANF transportation services (or use local name)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other TANF-Funded Services (or use local name)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other source If yes, specify source: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>

HEALTH INSURANCE

Is the client currently covered by health insurance?

- No
 Client doesn't know
 Yes
 Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

PHYSICAL DISABILITY

Does the client currently have a physical disability?

No
 Yes

Client doesn't know
 Client refused



[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

No
 Yes

Client doesn't know
 Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No
 Yes

Client doesn't know
 Client refused



[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

No
 Yes

Client doesn't know
 Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No
 Yes

Client doesn't know
 Client refused



[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

No
 Yes

Client doesn't know
 Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

No
 Yes

Client doesn't know
 Client refused



[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

No
 Yes

Client doesn't know
 Client refused

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- No
- Yes

- Client doesn't know
- Client refused



[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- No
- Alcohol abuse
- Drug abuse
- Both alcohol and drug abuse

- Client doesn't know
- Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused

HOMELESS INFORMATION

DATE OF CONTACT (e.g., 08/24/2017)

		/			/				
Month			Day			Year			

STAYING ON STREET OR EMERGENCY SHELTER?

- Yes
- No
- Worker unable to determine

HOUSING ASSESSMENT AT EXIT

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

[IF YES for able to maintain the housing they had at project entry] Subsidy Information

- Without a subsidy
- With the subsidy they had at project entry
- With an on-going subsidy acquired since project entry
- Only with financial assistance other than a subsidy

[IF YES for moved to a new housing unit] Subsidy Information

- With an ongoing subsidy
- Without an ongoing subsidy