Data for Children

FORM TYPE:

Project Exit ☐ **Annual Review** ☐ **No Exit Interview Completed** ☐

CLIENT (name or other identifier)

PROJECT EXIT DATE:

		/			/				
Month			Day			Year			

EXIT DESTINATION:

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

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.

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

----------***Begin HIPAA Assessment***----------

DISABLING CONDITION

Does the client have a disabling condition that is long-term and impairs their ability to live independently?

☐ No ☐ Client doesn't know

☐ Yes ☐ Client refused

↓

[IF YES] Answer 'Yes' or 'No' for each Disability Type.

No	Yes	Disability Type	[IF YES], expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐	☐	Physical Disability	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Developmental Disability	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Chronic Health Condition	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	HIV/AIDS	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Mental Health Problem	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Substance Abuse: ☐Drug ☐Alcohol ☐Both Drug & Alcohol	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Other If Yes, specify source: _____	☐No ☐Yes ☐Doesn't Know ☐Refused

Pregnant?:

☐ No ☐ Client doesn't know

☐ Yes ☐ Client refused

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Projected Due Date:

		/			/				

Month Day Year

Birth Weight:

----------*End HIPAA Assessment*----------

HOUSING MOVE-IN DATE (e.g., 08/24/2017)

The Housing Move-In Date is the day the client moved into a Permanent Housing unit.

		/			/				
		Month			Day			Year	

HOUSING ASSESSMENT AT EXIT (Prevention Only)

- ☐ Able to maintain the housing they had at project entry → **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
- ☐ Moved to new housing unit → **[IF YES for moved to a new housing unit] Subsidy Information**
  - ☐ With an ongoing subsidy
  - ☐ Without an ongoing subsidy
- ☐ 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

Staff Signature:_____ **Date:**_____