

# HDAP Exit Form

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

**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**

<p><b>HDAP Reason for leaving:</b></p> <input type="checkbox"/> Lost Contact <input type="checkbox"/> Violence <input type="checkbox"/> Received final denial/Ineligible for HDAP <input type="checkbox"/> Completed Program <p><b>HDAP Outcome</b></p> <input type="checkbox"/> Exited with Benefits <input type="checkbox"/> Exited with Housing <input type="checkbox"/> Exited with both benefits and housing <p><b>If not housed, discharged to what city? If housed, city housed?</b></p> <p>_____</p> <p><b>Housing Move-in Date:</b></p> <p>____/____/____</p>	<p><b>Destination:</b></p> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher. Specify shelter: _____ <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) Specify program: _____ <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Residential project or halfway house with no homeless criteria <p><b>New Permanent Housing Street Address</b></p> <p>_____ City _____</p> <p>State _____ Zip _____</p>	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Rental by client, without ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> With GPD TIP housing subsidy <input type="checkbox"/> With VASH housing subsidy <input type="checkbox"/> With RRH or equivalent subsidy <input type="checkbox"/> With Housing Choice Voucher (HCV) <input type="checkbox"/> In a public housing unit <input type="checkbox"/> With other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Permanent Supportive Housing Specify: _____ <input type="checkbox"/> Other permanent housing for formerly homeless persons <input type="checkbox"/> Other destination _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> No exit interview completed
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**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?		Currently Covered?		
		HOPWA: If no, reason?			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	Yes / No	_____	State Health Insurance for Adults	Yes / No	_____
Veteran's Health Administration (VHA)	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 prefers not to answer