

Exit Data

MAKE SURE TO EXIT CLIENT FROM ANY SERVICES RECEIVED IN SERVICEPOINT, ALSO REMOVE CLIENT FROM BED IN SERVICEPOINT IF APPLICABLE BEFORE EXITING CLIENT FROM SERVICEPOINT.

Exit Date:

Reason for Leaving

- Left for housing opportunity before completing program
- Completed Program
- Non-Payment of rent/occupancy charge
- Non-compliance with program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program

- Needs could not be met by program
- Disagreement with rules/persons
- Death
- Unknown/disappeared
- Other

Destination

- Emergency Shelter, including hotel/motel paid for with voucher
- Transitional housing for homeless persons
- Permanent Supportive housing for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no housing subsidy
- Owned by client, no housing subsidy
- Staying or living with family, permanent tenure
- Deceased

- Staying or living with family, temporary tenure
- Staying or living with friends, temporary tenure
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation
- Other
- Safe Haven
- Rental by client, VASH Subsidy
- Rental by client, other (non-VASH) housing subsidy
- Owned by client, with housing subsidy
- Staying or living with friends, permanent tenure

Don't Know

Refused

EXIT MONTHLY INCOME SUB-ASSESSMENT (BY SOURCE) Note: If no income, select "No financial resources"

	(1)	(2)	(3)	(4)
Income Source (from below)				
Last 30 day income	\$ _____ /mo	\$ _____ /mo	\$ _____ /mo	\$ _____ /mo
Start Date (required)	___/___/___	___/___/___	___/___/___	___/___/___
End Date (if applicable)	___/___/___	___/___/___	___/___/___	___/___/___

Source of Income:

Cash income source: (Indicate source by number)

Alimony or other spousal support (HUD)*	Retirement income from social security (HUD)	State Disability
No Financial Resources (HUD)	A Veteran's disability payment (HUD)	Contributions from other people*
Pension from a former job (HUD)*	TANF (HUD)	Dividends(Investments)
Private Disability Insurance (HUD)*	Unemployment insurance (HUD)	Interest(Bank)*
Veteran's pension (HUD)	Worker's compensation (HUD)*	Annuities
Child support (HUD)*	Pension/Retirement	Railroad Retirement
Earned Income (HUD)	Alimony*	Rental Income
General Assistance (HUD)	Retirement Disability	Other (HUD)* _____
Supplemental Security Income (SSI) (HUD)	Self Employment Wages	SSDI (HUD)

Note to HUD-funded programs: (*) indicates income source that will be reported as "other" on current HUD Annual Progress Report.

Non-cash benefit received in the past 30 days: Yes No Don't Know Refused

EXIT Non-Cash Benefits:

Supplemental Nutrition Assistance Program (Food Stamps)(HUD)	TANF Child Care Services (HUD)
MEDICAID (HUD)	TANF transportation services (HUD)
MEDICARE (HUD)	Other TANF funded sources (HUD)
SCHIP (HUD)	Section 8, Public Housing or rental assistance (HUD)
Special Supplemental Nutrition Program for WIC (HUD)	Other (HUD)* _____
Veteran's Administration (VA) Medical Services (HUD)	