Project Exit Assessment – ES, TH
This form should be used for every client exiting Emergency Shelter and Transitional Housing projects. (children pages 1-3; all adults pages 1-5; heads of household pages 1-6)

ANSWER FOR ALL HOUSEHOLD MEMBERS

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DAT	E OF	PRO	DJEC	T EX	IT													
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]					self-re		1)			No longer needs service				agreer			ompli	anco
					o anot			,		No longer wants service				ety co			ompiia	ance
					nger a				ш	No longer wants service	. 		Sait	ety co	icem	5/115K		
	(weat	her de	epend	ent, e	nded)					Mutually agreed progra	am exit		Unk	nown	/ disap	peare	ed	
	Leavii	ng for	institu	ution						Reached maximum tim	e allowed		Dea	ath				
Des	tinati	on -	Wher	e will	the c	ient s	tay/s	leep i	mmed	liately after leaving this	s project?							
		T	Pla	ace no	ot mea	nt for	habita	tion (e.g., a	vehicle, an abandoned	buildina. bu	ıs/train/	/subw	av sta	tion/ai	rport	or any	where
Hom	eless		out	tside)												-		
				nerger elter	ncy sh	elter, i	includ	ing ho	tel or	motel paid for with emer	gency shel	ter vou	cher,	or RH	Y-fund	ded H	ost Ho	ome
					are ho	me or	foste	r care	group	home								
			Но	spital	or oth	er res	identia	al non	-psyc	hiatric medical facility								
Instit	tutiona	al 🗆	Jai	il, pris	on, or	juveni	le det	entior	n facili	ty								
			Lo	ng-ter	m car	e facili	ty or r	nursin	g hom	ne								
			Ps	ychiat	tric ho	spital o	or oth	er psy	chiatr	ic facility								
			Su	bstan	ce abı	ıse tre	atme	nt faci	lity or	detox center								
			Tra	ansitio	nal ho	using	for ho	mele	ss pei	sons (including homeles	s youth)							
			Re	siden	tial pro	oject o	r halfv	way h	ouse v	vith no homeless criteria								
Tem	porary	, 🗀	Но	tel or	motel	paid f	or <i>witi</i>	hout e	merg	ency shelter voucher								
10111	porary	<u> </u>	Но	st Ho	me (no	on-cris	is)											
			Sta	aying	or livin	g with	famil	y, tem	porar	y tenure (e.g., room, apa	rtment, or	house)						
										ry tenure (e.g., room, ap	artment, or	house)					
										ect to HOPWA TH								
										nt tenure								
										ent tenure								
D		<u>, </u>								ect to HOPWA PH								
rerr	nanen									subsidy								
 □ Rental by client, with other ongoing housing subsidy (Please Specify) □ GPD TIP housing subsidy □ Housing Stability Voucher 																		

Family Unification Program Voucher (FUP)

VASH housing subsidy

		□ RR	H or equivalent subsidy			Foster `	Youth to Independer	nce Initia	ative (FY	/ I)			
☐ Hou			using Choice Voucher (HCV	/)			ent Supportive Hou		- : - :				
		□ Pub	olic housing unit				ermanent housing d ss persons	ledicated	d for forr	merly			
			ntal by client, with other ong sing subsidy	going			- Ference						
		Owned by	client, no ongoing housing	subsidy									
		Owned by	client, with ongoing housir	ng subsid	у								
		No exit int	terview completed										
		Other (spe	ecify):										
Other		Deceased	1										
Other		Don't kno	W										
		Prefer not	to answer										
		Data not o	collected										
Exit Notes	s – Re	eason or De	estination details										
Disability	Stati	ıs - Do voi	ı have a disabling conditi	on?									
☐ Yes		Do you	□ No		☐ Don't know		☐ Prefer not to answer	□ Da	ata not c	collected			
			ility to live independently.		nued and indefin								
For Office F	HMIS	Users Only:	ility to live independently. If the client identifies Yes factorials as Yes. The disability type	for any di e's Start D	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an art Date.	nd <i>Long</i> ·	-Continu	ued or			
For Office F	HMIS Ouratio	Users Only:	: If the client identifies Yes f	for any di e's Start [sability type, ma	rk <i>Disabi</i> Project St	lity Determination ar art Date.	nd <i>Long</i>	-Continu	ued or			
For Office Indefinite D	HMIS Ouratio	Users Only:	: If the client identifies Yes f	for any di e's Start <u>C</u>	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an art Date.	nd <i>Long</i>					
For Office Indefinite D	HMIS Ouration	Users Only: on questions	: If the client identifies Yes f	for any di e's Start <u>C</u>	sability type, ma	rk <i>Disabi</i> Project St	lity Determination ar art Date.	nd Long	Yes	No			
For Office Indefinite D Disability T Physical	HMIS Ouration	Users Only: on questions	: If the client identifies Yes f	for any di e's Start E	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an	nd Long	Yes	No			
For Office Handefinite D Disability T Physical Chronic Hea	HMIS Ouration Type	Users Only: on questions	: If the client identifies Yes f	for any di	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an	nd Long	Yes	No 🗆			
Physical Chronic Hea HIV/AIDS	HMIS Duration Type alth Contal	Users Only: on questions ondition	: If the client identifies Yes f	for any di	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an	nd Long	Yes	No -			
Physical Chronic Hea HIV/AIDS Developmen	TMIS Duration Type alth Countal Diso	Users Only: on questions ondition	: If the client identifies Yes f	for any di	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an	nd Long	Yes	No			
Physical Chronic Hea HIV/AIDS Developmen Alcohol Use	HMIS Ouration Type alth Countal Diso Use Diso Use D	Users Only: on questions ondition rder	: If the client identifies Yes f	for any di	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an	nd Long	Yes	No -			
Physical Chronic Hea HIV/AIDS Developmen Alcohol Use Substance I	HMIS Ouration Type alth Countal Diso Use Diso Use D	Users Only: on questions ondition rder	: If the client identifies Yes f	for any di	sability type, ma	rk <i>Disabi</i> Project St	lity Determination an	nd Long	Yes	No			
Physical Chronic Hea HIV/AIDS Development Alcohol Use Substance II Mental Hea	Type alth Contal Diso Use Diso Use Diso Use Diso	users Only: on questions ondition rder oisorder sorder	: If the client identifies Yes f	s's Start E	sability type, ma Date will be the F	rk <i>Disabi</i>	lity Determination an	nd Long	Yes	No			
Physical Chronic Hea HIV/AIDS Development Alcohol Use Substance II Mental Hea	Type alth Contal Diso Use Diso Use Diso Use Diso	users Only: on questions ondition rder oisorder sorder	: If the client identifies Yes f	s's Start E	sability type, ma Date will be the F	rk <i>Disabi</i>	lity Determination and art Date. □ Prefer not to answer		Yes	No			
Por Office Handefinite D Disability T Physical Chronic Heather HIV/AIDS Development Alcohol Use Substance Use Mental Heather Health Ins Yes Answer 'Yes Answer 'Yes Answer 'No	Type alth Contain Diso Use Diso Use Diso Use Diso Use Diso Use Diso Ith Dis Suran	ondition rder bisorder sorder 'No' for ea any source ources that Jsers Only:	to If the client identifies Yes for as Yes. The disability type as Yes. The disability type ou currently covered by h	nealth ins	sability type, ma Date will be the F Surance? Don't know	the past.	□ Prefer not to answer	□ Da	Yes	No			
Physical Chronic Hea HIV/AIDS Developmen Alcohol Use Substance U Mental Hea Health Ins Yes Answer 'Yes Answer 'No For Office H	alth Contained and the Disourant of the	ondition ondition rder bisorder sorder ce - Are years 'No' for ears any source ources that Jsers Only:	ou currently covered by h No ch health insurance source that is currently received, have been terminated, even	nealth ins	sability type, ma Date will be the F Surance? Don't know	the past.	□ Prefer not to answer	□ Da	Yes	No			
Physical Chronic Health Ins Health Ins Health Ins Answer 'Yeal Answ	alth Contain Disouration Type alth Contain Disouration Bes' or set of the contain D	ondition ondition rder bisorder sorder ce - Are years 'No' for ears any source ources that Jsers Only:	ou currently covered by h No ch health insurance source that is currently received, have been terminated, even	nealth ins	sability type, ma Date will be the F Surance? Don't know	the past.	□ Prefer not to answer	□ Da	Yes	No Ollected			
Physical Chronic Health Inserting Yes Answer 'Yes Answer 'No For Office Health Insurance Insura	alth Contain Disouration Type alth Contain Disouration Bes' or set of the contain D	ondition ondition rder bisorder sorder ce - Are years 'No' for ears any source ources that Jsers Only:	ou currently covered by h No ch health insurance source that is currently received, have been terminated, even	nealth ins	sability type, ma Date will be the F Surance? Don't know	the past.	□ Prefer not to answer	□ Da	Yes	No Ollected No			

Veteran's Health Administra	tion (VHA)									
Employer-Provided Health Insurance										
Health insurance obtained th										
Private Pay Health Insurance										
State Health Insurance for A	dults									
Indian Health Services Prog										
Other If Yes, specify source:										
NC County Of Service										
In which NC county are yo	u receiving this projec	ct's services?								
ANSWER THESE QU	ESTIONS FOR H	EAD OF HOUSEHO	LD A	ND O	THER ADU	JLTS				
Income and Sources - D	o you currently have a	any income from any sour	ce?							
□ Yes	□ No	□ Don't know		□ Pre	efer not to	☐ Data not co	ollected			
					swer					
To complete the table belo										
Answer 'Yes' only if the inco			e. not te	rminate	d). Children's ii	ncome (except e	earned			
income) can be included und Answer 'No' for sources that			in the n	aet						
If the response for any sou					ow.					
For Office HMIS Users Only	: If the client identifies Y	es for any income source, t	he sour	ce's Sta	rt Date will be	the Project Start	t Date.			
					If ves. m	nonthly amount				
Source of Income			Yes	No	source (r	nonthly amount	from			
Earned income (i.e., employ	ment income)				source (r		from			
Earned income (i.e., employ Unemployment Insurance					source (r		from			
Earned income (i.e., employ Unemployment Insurance Supplemental Security Incor	me (SSI)				source (r		from			
Earned income (i.e., employ Unemployment Insurance Supplemental Security Incor Social Security Disability Inc	me (SSI) ome (SSDI)				source (r		from			
Earned income (i.e., employ Unemployment Insurance Supplemental Security Incor Social Security Disability Inc VA Service-Connected Disa	ne (SSI) ome (SSDI) bility Compensation				\$ \$ \$ \$ \$ \$ \$		from			
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Earned income (i.e., employ Unemployment Insurance Supplemental Security Incor Social Security Disability Inc VA Service-Connected Disa VA Non-Service-Connected Private disability insurance Worker's Compensation Temporary Assistance for N General Assistance (GA) Retirement Income from Soc Pension or retirement incom Child support Alimony or other spousal su Other source:	me (SSI) ome (SSDI) bility Compensation Disability Pension eedy Families (TANF) cial Security e from a former job pport al monthly income fro				\$ source (r		from dollar)			
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Earned income (i.e., employ Unemployment Insurance Supplemental Security Incor Social Security Disability Inc VA Service-Connected Disa VA Non-Service-Connected Private disability insurance Worker's Compensation Temporary Assistance for N General Assistance (GA) Retirement Income from Soc Pension or retirement incom Child support Alimony or other spousal su Other source: Tot Non-Cash Benefits - Do Yes To complete the table belo Answer 'Yes' only if the non-	me (SSI) ome (SSDI) bility Compensation Disability Pension eedy Families (TANF) cial Security e from a former job poport al monthly income fro you have any non-cas w, you must answer of the course of the co	h benefits from any source □ Don't know Yes' or 'No' for each non- at and received as of today of	cash be	enefit.	source (r	round to nearest	from dollar)			
Earned income (i.e., employ Unemployment Insurance Supplemental Security Incor Social Security Disability Inc VA Service-Connected Disa VA Non-Service-Connected Private disability insurance Worker's Compensation Temporary Assistance for N General Assistance (GA) Retirement Income from Soc Pension or retirement incom Child support Alimony or other spousal su Other source: Tot Non-Cash Benefits - Do Yes	me (SSI) ome (SSDI) bility Compensation Disability Pension eedy Families (TANF) cial Security e from a former job poport al monthly income fro you have any non-cas cash benefit is recurrent enefit that have been termined.	Don't know Yes' or 'No' for each non- at and received as of today of minated, even if they were	cash be	enefit.	source (r	round to nearest	from dollar)			

Source of N	on-C	eash Benefit	Yes	No	If y	es, mo (ro	nthly und to	amou neare	nt fro	m so lar)	urce		
Supplementa	al Nu	trition Assistance Program (SNAP)			\$								
Special Supp Children (WI		ental Nutrition Program for Women, Infants, and			\$								
		services (or use local name)			\$								
		ion services (or use local name)			\$								
Other TANF-	Fund	ded Services (or use local name)			\$								
Other source	e:				\$								
Current Liv		Situation ontact with you?		/	'		/						
		nt Living Situation - Where were you living during this san Institutional, Temporary, or Permanent situation, fo			ons a	re liste	d belo	w.					
Hamalaaa		Place not meant for habitation (e.g., a vehicle, an abandon outside)	ed buil	ding, bus	/train/	subway	statio	on/airp	ort or	anyw	here		
Homeless		Emergency shelter, including hotel or motel paid for with enshelter	merger	ncy shelte	er voud	cher, or	RHY	funde	d Hos	t Hon	ne		
		Foster care home or foster care group home											
Institutional		Jail, prison, or juvenile detention facility											
		Long-term care facility or nursing home											
		Psychiatric hospital or other psychiatric facility											
		Substance abuse treatment facility or detox center											
		☐ Transitional housing for homeless persons (including homeless youth)											
Temporary													
		Host Home (non-crisis)											
		Staying or living in a friend's room, apartment, or house											
		Staying or living in a family member's room, apartment, or	house										
		Rental by client, no ongoing housing subsidy											
		Rental by client, with other ongoing housing subsidy (Pleas	se Spe	cify)									
		☐ GPD TIP housing subsidy ☐] H	ousing St	tability	Vouch	er						
		□ VASH housing subsidy □] Fa	amily Uni	ficatio	n Progr	am Vo	ouche	r (FUF	")			
		□ RRH or equivalent subsidy □] Fo	oster You	th to I	ndepen	dence	Initia	tive (F	-YI)			
Permanent		☐ Housing Choice Voucher (HCV) ☐		ermanent				•	•				
		□ Public housing unit □		ther perm omeless p			ng ded	icated	I for fo	rmerl	у		
		Rental by client, with other ongoing housing subsidy											
		Owned by client, with ongoing housing subsidy											
		Other (specify):											
Other		Don't know											
		Prefer not to answer											
11.1		Data not collected											
		n verified by: agency and project											

□ Yes	ing to nave to i	Bave your cur □ No	rent living situation	Don't know		□ Prefei	not to	□ Da	ata no	t collec	cted
						answe					
	YOU are going to	have to leav	e their current living	s situation within	14 days	.2"					
1 103 10,			been identified?	3 Situation Within	14 days	,,					
-	☐ Yes	□ No	□ Don't know		Prefer n	ot to answe	er 🗆	Data r	not co	lected	
Answer all	Do you or you	r family have	resources or suppor	rt networks to ob	tain oth	er perman	ent housi	ng?			
	□ Yes	□ No	☐ Don't know			ot to answe		Data r	not co	lected	
			nership interest in a								
	□ Yes	□ No	☐ Don't know		Prefer n	ot to answe	er 📗	Data r	not co	lected	
-	Have you move ☐ Yes	ed 2 or more t │ □ No	times in the last 60 o		Drofor n	ot to answe	er 🗆	Data r	oot co	lected	
<u> </u>	□ 163		□ Don't know		i ielei ii	ot to answe	i L	Data i	101 00	iecteu	
Current Liv	ing Situation -	Location deta	ils								
Coordina	ted Entry Ass	essment - F	or Staff Only								
Date Of A	ssessment					1	1				
Assessm	ent Location										
	□ CEF										
		Helpline									
	☐ HomeLin	nk									
Orange	☐ HomeLin	nk									
Orange CoC	☐ HomeLin ☐ IFC Com ☐ Jail	nmons									
Orange CoC	☐ HomeLin ☐ IFC Com ☐ Jail ☐ Medical	nmons Provider									
Orange CoC	□ HomeLin □ IFC Com □ Jail □ Medical □ Outreach	nmons Provider									
Orange CoC	□ HomeLin □ IFC Com □ Jail □ Medical □ Outreach □ Shelter	nk nmons Provider									
Orange CoC	□ HomeLin □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1	Provider			Regio						
Orange CoC	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1	Provider			Regi	on 9					
CoC	□ HomeLin □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1 □ Region 2 □ Region 3	Provider 1			Region Region	on 9 on 10					
Orange CoC BoS CoC	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1 □ Region 2 □ Region 3	Provider 1 2 3			Region Re	on 9 on 10 on 11					
CoC	□ HomeLin □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1 □ Region 2 □ Region 3 □ Region 5	Provider 1 2 3 4			Region Re	on 9 on 10 on 11 on 12					
CoC	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1 □ Region 2 □ Region 3 □ Region 5 □ Region 6	Provider 1 2 3 4 5 6			Region Re	on 9 on 10 on 11					
BoS CoC	□ HomeLin □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1 □ Region 2 □ Region 3 □ Region 5 □ Region 6 □ Region 7	Provider 1 2 3 4 5 6			Region Re	on 9 on 10 on 11 on 12					
CoC	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 1 □ Region 2 □ Region 3 □ Region 5 □ Region 6	Provider 1 2 3 4 5 6			Region Re	on 9 on 10 on 11 on 12 on 13					
BoS CoC Durham	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 2 □ Region 3 □ Region 4 □ Region 5 □ Region 6 □ Region 7 □ Durham	Provider 1 2 3 4 5 6			Region Re	on 9 on 10 on 11 on 12 on 13					
BoS CoC	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 2 □ Region 3 □ Region 4 □ Region 5 □ Region 6 □ Region 7 □ Durham	Provider 1 2 3 4 5 6			Region Re	on 9 on 10 on 11 on 12 on 13 Phone In Person					
BoS CoC Durham	□ HomeLir □ IFC Com □ Jail □ Medical □ Outreach □ Shelter □ Region 2 □ Region 3 □ Region 4 □ Region 5 □ Region 6 □ Region 7 □ Durham	Provider 1 2 3 4 5 6			Region Re	on 9 on 10 on 11 on 12 on 13					

			ing Ne	Needs Assessment									
Drioritiz	ation Status	☐ Placed on Prioritization List											
PHOHILIZ	ation Status			□ 1	Not P	laced	on Pric	oritiza	ation L	ist			
Coordin	ated Entry Event – For Staff Only												
Start Da	te / Date Of Event				/			/					
Event													
	☐ Referral to Prevention Assistance project												
Access	□ Problem Solving/Diversion/Rapid Resolution intervention or service Go to A												
Events	□ Referral to scheduled Coordinated Entry Crisis Needs Assessment												
	□ Referral to scheduled Coordinated Entry Housing Needs Assessment Go to B												
	☐ Referral to post-placement/follow-up case man	agement				•							
	☐ Referral to Street Outreach project or services												
	☐ Referral to Housing Navigation project or service	ces											
	☐ Referral to Non-continuum services: Ineligible for continuum services												
	□ Referral to Non-continuum services: No availability in continuum services												
	☐ Referral to Emergency Shelter bed opening												
Referral Events	☐ Referral to Transitional Housing bed/unit openi												
Lvoino	☐ Referral to Joint TH-RRH project/unit/resource												
	☐ Referral to RRH project resource opening						Go to C						
	☐ Referral to PSH project resource opening						00100						
	☐ Referral to Other PH project/unit/resource oper	ning											
	☐ Referral to emergency assistance/flex fund/furr												
	☐ Referral to a Housing Stability Voucher												
If 'Event'	answer was 'Problem Solving/Diversion/Rapid Re-	Housing inte	rventi	on or	serv	rice re	sult', ı	oleas	se ans	wer A	A :		
i	Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/rehoused in a safe alternative?	□ Yes					□ No	0					
If 'Event'	answer was 'Referral to post-placement/follow-up	case manag	ement	resul	t', pl	ease a	answe	r B:					
	Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	□ Yes □ No											
If 'Event'	answer was Referral to an ES, TH, Joint TH-RRH, R	RH, PSH, or	Other	PH o	peni	ng, pl	ease a	ınsw	er C-E	E :			
	Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)												
D.	Referral Result (if known)	Client accep			_	Client ejected							
E .	Date of Result (if known)		1				/						