### Project Exit Assessment - HOPWA

This form should be used by HOPWA funded projects for every client.

<table>
<thead>
<tr>
<th>DATE OF PROJECT EXIT</th>
<th>HMIS CLIENT ID - For HMIS Users only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month / Day / Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>HMIS CLIENT ID - For HMIS Users only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### REASON FOR LEAVING – Why is the client leaving this project?

Required for NC-502 Durham; recommended for NC-503 Balance of State and NC-513 Orange

- □ Completed program
- □ Criminal activity / violence
- □ Death
- □ Disagreement with rules/persons
- □ Left for housing opp. before completing program
- □ Needs could not be met
- □ Does not or no longer qualifies for program
- □ Non-compliance with program
- □ Non-payment of rent
- □ Other (specify):
  - □ Reached maximum time allowed
  - □ Unknown/Disappeared

#### DESTINATION - Where will the client stay/sleep immediately after leaving this project?

<table>
<thead>
<tr>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</td>
</tr>
<tr>
<td>□ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutional</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Foster care home or foster care group home</td>
</tr>
<tr>
<td>□ Hospital or other residential non-psychiatric medical facility</td>
</tr>
<tr>
<td>□ Jail, prison, or juvenile detention facility</td>
</tr>
<tr>
<td>□ Long-term care facility or nursing home</td>
</tr>
<tr>
<td>□ Psychiatric hospital or other psychiatric facility</td>
</tr>
<tr>
<td>□ Substance abuse treatment facility or detox center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temporary and Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Residential project or halfway house with no homeless criteria</td>
</tr>
<tr>
<td>□ Hotel or motel paid for without emergency shelter voucher</td>
</tr>
<tr>
<td>□ Transitional housing for homeless persons (including homeless youth)</td>
</tr>
<tr>
<td>□ Host Home (non-crisis)</td>
</tr>
<tr>
<td>□ Staying or living in friends, temporary tenure (e.g. room, apartment or house)</td>
</tr>
<tr>
<td>□ Staying or living with family, temporary tenure (e.g. room, apartment or house)</td>
</tr>
<tr>
<td>□ Staying or living with family, permanent tenure</td>
</tr>
<tr>
<td>□ Staying or living in friends, permanent tenure</td>
</tr>
<tr>
<td>Temporary and Permanent (cont.)</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>□ Moved from one HOPWA funded project to HOPWA PH</td>
</tr>
<tr>
<td>□ Moved from one HOPWA funded project To HOPWA TH</td>
</tr>
<tr>
<td>□ Rental by client, with GPD TIP housing subsidy</td>
</tr>
<tr>
<td>□ Rental by client, with VASH housing subsidy</td>
</tr>
<tr>
<td>□ Permanent housing (other than RRH) for formerly homeless persons</td>
</tr>
<tr>
<td>□ Rental by client, with RRH or equivalent subsidy</td>
</tr>
<tr>
<td>□ Rental by client, with HCV voucher (tenant or project based)</td>
</tr>
<tr>
<td>□ Rental by client in a public housing unit</td>
</tr>
<tr>
<td>□ Rental by client, no ongoing housing subsidy</td>
</tr>
<tr>
<td>□ Rental by client, with other ongoing housing subsidy</td>
</tr>
<tr>
<td>□ Owned by client, no ongoing housing subsidy</td>
</tr>
<tr>
<td>□ Owned by client, with ongoing housing subsidy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No exit interview completed</td>
<td></td>
</tr>
<tr>
<td>□ Other (specify):</td>
<td></td>
</tr>
<tr>
<td>□ Deceased:</td>
<td></td>
</tr>
<tr>
<td>□ Client doesn’t know</td>
<td></td>
</tr>
<tr>
<td>□ Client refused</td>
<td></td>
</tr>
<tr>
<td>□ Data not collected</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES – Reason or Destination details**
<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Yes</th>
<th>No</th>
<th>Disability Determination</th>
<th>Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?</th>
<th>Start Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>Chronic Health Con</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>Developmental</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>Drug Abuse</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>Both Alcohol &amp; Drug Abuse</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
<tr>
<td>Mental Health Prob.</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td>☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC</td>
<td></td>
</tr>
</tbody>
</table>
HEALTH INSURANCE - Is the client currently covered by health insurance?

- [ ] Yes
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

Answer ‘Yes’ or ‘No’ for each health insurance source.
Answer ‘Yes’ for any source that is currently received.
Answer ‘No’ for sources that have been terminated, even if they were received in the past.
If the client selects ‘Yes’ for any insurance type, complete the shaded section below.

<table>
<thead>
<tr>
<th>Health Insurance Type</th>
<th>Yes</th>
<th>No</th>
<th>Start Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Children’s Health Insurance Program (or use local name)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Administration (VA) Medical Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer-Provided Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance obtained through COBRA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Pay Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Health Insurance for Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Health Services Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other If Yes, specify source:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If NOT covered by Health Insurance, reason not covered?

- [ ] Applied; decision pending
- [ ] Applied; client not eligible
- [ ] Client didn’t apply
- [ ] Insurance Type N/A for this client
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE?

- [ ] Yes
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused

If NO, reason not receiving public HIV/AIDS medical assistance?

- [ ] Applied; decision pending
- [ ] Applied; client not eligible
- [ ] Client didn’t apply
- [ ] Insurance Type N/A for this client
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

RECEIVING PUBLIC HIV/AIDS DRUG ASSISTANCE PROGRAM (ADAP)?

- [ ] Yes
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused

If NO, reason not receiving public HIV/AIDS drug assistance program?

- [ ] Applied; decision pending
- [ ] Applied; client not eligible
- [ ] Client didn’t apply
- [ ] Insurance Type N/A for this client
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected
**INCOME AND SOURCES - Does the client currently have any income from any source?**

- Yes
- No
- Client doesn’t know
- Client refused
- Data not collected

To complete the table below, you must answer ‘Yes’ or ‘No’ for each income source.

Answer ‘Yes’ only if the income source is recurrent and received as of today (i.e. not terminated).
Answer ‘No’ for sources that have been terminated, even if they were received in the past.

**If the response for any source is ‘Yes’, complete the shaded sections below.**

Enter the start date and monthly amount received. If unsure of the exact amount, enter the client’s best estimate.

Children’s income (except earned income) can be included under the Head of Household’s information.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Yes</th>
<th>No</th>
<th>If yes, monthly amount from source (round to nearest dollar)</th>
<th>Start Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned income (i.e., employment income)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Private disability insurance</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Pension or retirement income from a former job</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child support</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Alimony or other spousal support</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other source:</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total monthly income from all sources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NON-CASH BENEFITS - Does the client have any non-cash benefits from any source?**

- Yes
- No
- Client doesn’t know
- Client refused
- Data not collected

To complete the table below, you must answer ‘Yes’ or ‘No’ for each non-cash benefit.

Answer ‘Yes’ only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
Answer ‘No’ for non-cash benefit that have been terminated, even if they were received in the past.

**If the response for any non-cash benefit is ‘Yes’, complete the shaded section.**

<table>
<thead>
<tr>
<th>Source of Non-Cash Benefit</th>
<th>Yes</th>
<th>No</th>
<th>If yes, monthly amount from source (round to nearest dollar)</th>
<th>Start Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TANF Child Care services <em>(or use local name)</em></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TANF transportation services <em>(or use local name)</em></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other TANF-Funded Services <em>(or use local name)</em></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other source:</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>