**ServicePoint Client ID for Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_**

This is the cover page for EXIT data that needs to be collected when a household exits from MHT Rapid-Rehousing or MHT Housing Choice Voucher.

In addition to this page, the information on the following pages was collected at program entry and will need to be updated if there have been any changes for each member of the household. Make additional copies as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exit from which provider?** | 🞏 Shelter Diversion RRH | | 🞏 Shelter Diversion Prevention | |
| **EXIT Date:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | | |
| **Reason for Leaving:**  🞏 Completed Program  🞏 Criminal Activity/Violence  🞏 Death  🞏 Disagreement with Rules/Persons | 🞏 Left for housing opportunity before completing program  🞏 Needs could not be met  🞏 Non-compliance with program  🞏 Non-payment of rent | | | 🞏 Reached maximum time allowed  🞏 Unknown/Disappeared  🞏 Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Destination:**  🞏 Place not meant for habitation  🞏 Emergency Shelter, including hotel or motel paid for with emergency shelter voucher  🞏 Safe Haven  🞏 Foster care home or foster care group home  🞏 Hospital or other residential non-psychiatric medical facility  🞏 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  🞏 Residential project or halfway house with no homeless criteria  🞏 Hotel or motel paid for without emergency shelter voucher  🞏 Transitional housing for homeless persons (including homeless youth)  🞏 Host Home (non-crisis)  🞏 Staying or living with friends, temporary  🞏 Staying or living with family, temporary | | 🞏 Staying or living with family, permanent  🞏 Staying or living with friends, permanent  🞏 Rental by client, with GPD TIP Subsidy  🞏 Rental by client, with VASH subsidy  🞏 Permanent Housing (other than RRH) for formerly homeless person  🞏 Rental by client, with RRH or equivalent  🞏 Rental by client, with HCV Voucher (tenant or project based)  🞏 Rental by client in a public housing unit  🞏 Rental by client, no ongoing housing subsidy  🞏 Rental by client, with other ongoing housing subsidy  🞏 Owned by client, with ongoing housing subsidy  🞏 Owned by client, no ongoing housing subsidy  🞏 No Exit Interview Completed  🞏 Deceased  🞏 Client Doesn’t Know  🞏 Client Refused  🞏 Data not collected  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**HEAD OF HOUSEHOLD (HoH) EXIT Data** (page 1 of 1)

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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Disability Type at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse 🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental  🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Health Insurance at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Continuous and Ongoing Non-Cash Benefits at Exit**  (Select all that apply) | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Supplemental Nutrition Assistance (SNAP) 🞏WIC 🞏TANF Child Care Services  🞏TANF Transportation Services 🞏Other TANF-Funded Services  🞏Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Continuous and Ongoing Income at Exit** (Fill in all that apply. Do not count if one time, ended, or ending soon):  🞏None 🞏Client Refused 🞏Client Doesn’t Know  Monthly Amount Monthly Amount  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony or Other Spousal Suport $\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI)  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Earned Income (wages, salary, etc) $\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance  $\_\_\_\_\_\_\_\_\_\_\_\_\_ General Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Non-Service Connected Disability Pension  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension or retirement income $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Service Connected Disability Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Private Disability Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker’s Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Retirement Income from Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Insurance (SSDI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Head of Household (page 1 of 1)

For each additional adult in the household, please make copies of this section.

**OTHER ADULT (18+ yrs of age) EXIT Data** (page 1 of 1)

|  |  |  |
| --- | --- | --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Disability Type at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse  🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental  🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Health Insurance at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Continuous and Ongoing Non-Cash Benefits at Exit**  (Select all that apply) | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Supplemental Nutrition Assistance (SNAP) 🞏WIC 🞏TANF Child Care Services  🞏TANF Transportation Services 🞏Other TANF-Funded Services  🞏Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Continuous and Ongoing Income at Exit** (Fill in all that apply. Do not count if one time, ended, or ending soon):  🞏None 🞏Client Refused 🞏Client Doesn’t Know  Monthly Amount Monthly Amount  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony or Other Spousal Suport $\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI)  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Earned Income (wages, salary, etc) $\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance  $\_\_\_\_\_\_\_\_\_\_\_\_\_ General Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Non-Service Connected Disability Pension  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension or retirement income $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Service Connected Disability Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Private Disability Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker’s Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Retirement Income from Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Insurance (SSDI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Adult (page 1 of 1)

For additional children in the household, please make copies of this page.

**CHILD (under 18 years of age) EXIT Data** (page 1 of 1)

|  |  |
| --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Disability Type at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse  🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental  🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Health Insurance at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Child (page 1 of 1)

**CHILD (under 18 years of age) EXIT Data** (page 1 of 1)

|  |  |
| --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Disability Type at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse  🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental  🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Health Insurance at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CHILD (under 18 years of age) EXIT Data** (page 1 of 1)

|  |  |
| --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Disability Type at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse  🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental  🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Health Insurance at Exit:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |