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?   ☐ MHT Rapid Re-Housing   ☐ MHT Housing Choice Voucher

EXIT Date: _____/_____/_____

Reason for Leaving:

☐ Completed Program
☐ Criminal Activity/Violence
☐ Death
☐ Disagreement with
   Rules/Persons

☐ Non-payment of rent
☐ Reached maximum time allowed
☐ Left for housing opportunity before
   completing program
☐ Needs could not be met

☐ Non-compliance with program
☐ 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)

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

$_____ Alimony or Other Spousal Suport

$_____ Child Support

$_____ Earned Income (wages, salary, etc)

$_____ General Assistance

$_____ Pension or retirement income

$_____ Private Disability Insurance

$_____ Retirement Income from Social Security

$_____ Social Security Disability Insurance (SSDI)

Monthly Amount

$_____ Supplemental Security Income (SSI)

$_____ TANF

$_____ Unemployment Insurance

$_____ VA Non-Service Connected Disability Pension

$_____ VA Service Connected Disability Compensation

$_____ Worker's Compensation

$_____ Other:

_____

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		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 (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: _____