ESG Exit Form

Date of Exit: _____/_____/_____ **Staff Member:** _____

Name:_____ Date of Birth:_____/_____/_____
(First) (Last)

Exit all Household members from the program? ☐ Yes ☐ No

If no, what members are staying in the program:_____

Destination Residence: *Answer according to the type of residence the client is in at time of program exit.*

___ Place not meant for habitation (a vehicle, an abandoned building, bus/train/anywhere outside)
___ Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
___ Safe haven
___ Foster care home or foster care group home
___ Hospital (non-psychiatric)
___ 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)
___ Residential project or halfway house with no homeless criteria
___ Hotel Paid for without emergency shelter voucher (self pay)
___ Host Home (non-crisis)
___ Staying or living in a friend's room, apartment or house, temporary
___ Staying or living in a family member's room, apartment or house, temporary
___ Moved from HOPWA funded project to HOPWA TH
___ Staying or living with family, permanent tenure
___ Staying or living with friends, permanent tenure
___ Rental by client, no ongoing housing subsidy
___ Rental by client, with ongoing housing subsidy

If yes, Rental Subsidy Type:

___ GPD TIP Housing Subsidy
___ RRH or Equivalent subsidy
___ Public housing unit
___ Rental by client w/other ongoing subsidy
___ Family Unification Voucher (FUP)
___ VASH housing subsidy
___ HCV voucher(not dedicated)
___ Emergency Housing Voucher
___ Permanent Supportive Housing
___ Foster Youth to Independence (FYI)
___ Other permanent housing formerly homeless

___ Owned by client, with ongoing housing subsidy
___ Owned by client, no ongoing housing subsidy
___ No Exit Interview Completed
___ Deceased
___ Client Doesn't Know
___ Client Prefers not to answer

Exit Reason - *Why did the client leave the program*

___ Left for housing before completing program
___ Completed program
___ Non-payment of rent/occupancy change
___ Non-compliance with project
___ Criminal action/Property Destruction
___ Max time allowed in project
___ Needs could not be met by project
___ Disagreement with rules/persons
___ Death
___ Unknown/disappeared
___ Other:_____

Health Insurance Coverage: ___ Yes ___ No ___ Client Doesn't Know ___ Prefers not to answer
If YES, answer "Yes" or "No" for each health insurance source. (Answer no for sources that have been terminated, even if they were receive in the past)

No	**Yes**	
___	___	Private
___	___	Private - Employer
___	___	Private - Individual
___	___	Medicare
___	___	Medicaid
___	___	State Children's Health Insurance Program (S-CHIP)
___	___	Veteran's Health Administration (VHA)
___	___	State Funded
___	___	Combined Children's Health Insurance/Medicaid Program
___	___	Indian Health Services (IHS)
___	___	Other

Income Information: ___ Income from Any Source ___ Non-Cash Benefits
If Yes to Earned Income, type of income:

___ Earned Income Mo. Amt: $_____
___ Unemployment Insurance Mo. Amt: $_____
___ Supplemental Security Income Mo. Amt: $_____
___ Social Security Disability Income Mo. Amt: $_____
___ Veterans Disability Payment Mo. Amt: $_____
___ Private Disability Insurance Mo. Amt: $_____
___ Worker's Compensation Mo. Amt: $_____
___ TANF Mo. Amt: $_____
General Assistance Mo. Amt: $_____
Retirement (Soc Sec) Mo. Amt: $_____
Veteran's Pension Mo. Amt: $_____
Other Pension Mo. Amt: $_____
Child Support Mo. Amt: $_____
Alimony Mo. Amt: $_____
Other Income Mo. Amt: $_____

If Yes to Non-Cash Benefits, type of benefit(s) received:

___ Food Stamps Monthly Amount: $_____
___ Medicaid
___ Medicare
___ State CHIP
___ Special Supplemental Nutrition Program for Women, Infants & Children (SNAP)
____ VA Administration Medical Svcs
____ TANF Child's Care Svcs
____ TANF Transportation Service
____ Other TANF-funded Svcs
____ Other Resources

Client Signature:_____ Date:_____

Staff Name:_____ Date:_____