

HHS PATH Exit 2020

Please complete one sheet for each person served, whether they are an individual or a family member

Project Start Date: ____/____/____ **Project Name:** _____

ServicePointClient ID _____

First Name: _____ **MI:** _____ **Last Name:** _____ **Suffix:** _____

Exit Date: ____/____/____

Reason for Leaving:

- | | |
|--|--|
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Completed program |
| <input type="checkbox"/> Non-Payment of rent/occupancy charge | <input type="checkbox"/> Non-Compliance with program |
| <input type="checkbox"/> Criminal activity/violence | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Death | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Left for housing opportunity | <input type="checkbox"/> Aged Out (youth only) |
| <input type="checkbox"/> Found Placement (youth only) | <input type="checkbox"/> Reunification |
| <input type="checkbox"/> Other (Specify) _____ | |

Destination or residence at program exit:

-HOMELESS SITUATION-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- 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

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential Project or Halfway House with no Homeless Criteria
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Transitional Housing for Homeless Persons (includes homeless youth)
- 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, with GPD TIP Subsidy
- Rental by Client, with VASH Subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- Rental by Client, with RRH or Equivalent Subsidy
- 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

HHS PATH Exit 2020

-OTHER-

- No Exit interview completed
- Other
- Deceased
- Client Doesn't Know
- Client Refused
- Data Not Collected

Income from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Monthly Income

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$
	Total Monthly Income	\$

Non-Cash Benefit from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Non-Cash Benefits

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$

HHS PATH Exit 2020

Covered by Health Insurance? Yes No Client Doesn't Know Client Refused Data Not Collected

Health Insurance

Covered	Health Insurance Type <i>(Check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAID
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Children's Health Insurance Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer-Provided Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance obtained through COBRA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pay Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Health Insurance for Adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify: _____

Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Physical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Developmental <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	Not Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	Not Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Mental Health Problem <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Alcohol Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Both Alcohol and Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

HHS PATH Exit 2020

Current Living Situation

Start Date: _____/_____/_____

End Date: _____/_____/_____

Information Date: _____/_____/_____

Current Living Situation:

-HOMELESS SITUATIONS-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- 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

-OTHER-

- Other
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

Date of PATH Status Determination: _____/_____/_____

Client Became Enrolled in PATH: Yes No

If no, reason not enrolled: Client was found ineligible for PATH
 Client was not enrolled for other reason(s)
 Unable to locate Client

Connection with SOAR: Yes No Client Doesn't Know Client Refused Data Not Collected