



## HUD CoC and ESG Exit Assessment

This form is to be used in assisting case managers, intake workers, and HMIS users to record client level program specific data elements for input into Servicepoint for the purpose of HMIS and follows the Servicepoint workflow for ease of input. All information on this assessment is required to be completed and inputted into Servicepoint within 3 days of client exit for Emergency Shelters and Transitional Housing, and 7 days for Permanent Housing projects.

**Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Bed (ES&TH):** \_\_\_\_\_

- Reason for Leaving:**
- Completed program
  - Criminal activity/violence
  - Death
  - Disagreement with rules/persons
  - Left for housing opp. before completing program
  - Needs could not be met
  - Non-compliance with program
  - Non-payment of rent
  - Other: \_\_\_\_\_
  - Reached maximum time allowed
  - Unknown/Disappeared

- Destination:**
- Deceased
  - Emergency shelter, including hotel or motel paid for with emergency shelter voucher
  - 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
  - Owned by client, no ongoing housing subsidy
  - Owned by client, with ongoing housing subsidy
  - Permanent housing for formerly homeless persons
  - Place not meant for habitation
  - Psychiatric hospital or other psychiatric facility
  - Rental by client, no ongoing housing subsidy
  - Rental by client, with VASH subsidy
  - Rental by client, with GPD TIP subsidy
  - Rental by client, with other ongoing housing subsidy
  - Residential project or halfway house with no homeless criteria
  - Safe Haven
  - Staying or living with family, permanent tenure
  - Staying or living with family, temporary tenure
  - Staying or living with friends, permanent tenure
  - Staying or living with friends, temporary tenure
  - Substance abuse treatment facility or detox center
  - Transitional housing for homeless persons (including homeless youth)
  - Other: \_\_\_\_\_
  - No exit interview completed
  - Client doesn't know
  - Client refused
  - Data not collected



**Disability:**

- Alcohol Abuse
- Both alcohol and drug abuse
- Chronic Health Condition
- Developmental
- Drug Abuse
- HIV/AIDS
- Mental Health Problem
- Physical
- Physical/Medical

Disability Determination:

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

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

If Yes, Documentation of the disability and severity on file:

- Yes
- No

(If yes) Currently receiving services or treatment:

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

Note on Disability: \_\_\_\_\_

Above condition is going to be long term?

- Yes
- No

**Income from Any Source:**

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

**Source of Income:**

\$_____ Alimony or other spousal support	\$_____ Supplemental Security Income (SSI)
\$_____ Child support	\$_____ Temporary Assistance for Needy Families (TANF)
\$_____ Earned Income	\$_____ Unemployment Insurance
\$_____ General Assistance	\$_____ VA non-service-connected disability pension
\$_____ Other: _____	\$_____ VA service-connected disability compensation
\$_____ Pension or retirement from a former job	\$_____ Worker's compensation
\$_____ Private disability insurance	
\$_____ Retirement income from Social Security	
\$_____ Social Security Disability Income (SSDI)	

**Total Monthly Income:** \_\_\_\_\_

**Non-cash benefit from any source:**

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

**Source of Non-Cash Benefit:**

- \$\_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)
- \$\_\_\_\_\_ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- \$\_\_\_\_\_ TANF child care services
- \$\_\_\_\_\_ TANF transportation services
- \$\_\_\_\_\_ Other TANF-funded services
- \$\_\_\_\_\_ Section 8, public housing, or other ongoing rental assistance
- \$\_\_\_\_\_ Other: \_\_\_\_\_
- \$\_\_\_\_\_ Temporary rental assistance

Receiving Benefits?  Yes  No  Client refused



**Covered by Health Insurance:**

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

**Health Insurance Type:**

- MEDICAID
- MEDICARE
- State's Children Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- State Health Insurance for Adults
- Private Pay Health Insurance

**Covered?**  Yes  No  Data not collected

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