

ESG Exit Form

Date of Exit: ____/____/____

Staff Member: _____

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

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

- Deceased
- Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
- Foster Care Home or Foster Care Group Home
- Hospital or other residential non-psychiatric medical facility
- Hotel or Motel paid for without Emergency Shelter Voucher
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Owned by client, no housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent Housing for homeless person (such as CoC project; or HUD legacy programs; or HOPWA PH)
- Place not meant for habitation (a vehicle, abandoned building, bus/train/anywhere outside)
- Psychiatric Hospital or Other Psychiatric Facility
- Rental by Client, no housing subsidy
- Rental by client, VASH Subsidy
- Rental by client, other (non-VASH) ongoing housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Safe Haven
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, house)
- Substance Abuse Treatment or Detox Center
- Transitional Housing for homeless persons (including homeless youth)
- Other: _____
- Client doesn't know
- Client refused to provide

Reason For Leaving - 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
- Reached maximum time allowed
- Needs could not be met
- Disagreement with rules/persons
- Death
- Unknown/disappeared
- Other: _____

Exit all Household members from the program? Yes No

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

Health Insurance Coverage: No Yes Don't Know Refused

Employment Status - Check the appropriate employment status at the time of exit. If the client is employed, record the hours worked in the week prior to exit, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work. Complete the attached Income/Benefits Assessment Form.

Employed: Yes No

If No, are you looking for work: Yes No

If Yes, Hours worked in last week: _____ Employment Tenure: Permanent

Temporary

Seasonal

Client – Print Name

Client – Signature

Date

Staff Member – Print Name

Staff Member – Signature

Date