

# 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
- \_\_\_ Residential project or halfway house with no homeless requirement
- \_\_\_ Hotel or motel paid by self
- \_\_\_ Rental by client, VASH Subsidy
- \_\_\_ Transitional Housing for homeless persons (including homeless youth)
- \_\_\_ Host Home
- \_\_\_ 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
- \_\_\_ Permanent Housing (other than RRH) for formerly homeless person (i.e. SHP, S+C, SRO)
- \_\_\_ 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, with no ongoing subsidy
- \_\_\_ Rental by client with other ongoing housing subsidy
- \_\_\_ Owned by client, with ongoing subsidy
- \_\_\_ Owned by client, no housing subsidy
- \_\_\_ Deceased
- \_\_\_ Client Doesn't Know      \_\_\_ Client Refused

**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: \_\_\_\_\_

**Health Insurance Coverage:** \_\_\_ Yes \_\_\_ No \_\_\_ Client Doesn't Know \_\_\_ Client Refused  
 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)

- |           |            |   |
|-----------|------------|---|
| <b>No</b> | <b>Yes</b> |   |
| ___       | ___        | Private   |
| ___       | ___        | Private - Employer                                    |
| ___       | ___        | Private - Individual                                  |
| ___       | ___        | Medicare  |
| ___       | ___        | Medicaid  |
| ___       | ___        | State Children's Health Insurance Program (S-CHIP)    |
| ___       | ___        | Military Insurance                                    |
| ___       | ___        | Other Public  |
| ___       | ___        | 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: \$ _____ | General Assistance   | Mo. Amt: \$ _____ |
| ___ Unemployment Insurance            | Mo. Amt: \$ _____ | Retirement (Soc Sec) | Mo. Amt: \$ _____ |
| ___ Supplemental Security Income      | Mo. Amt: \$ _____ | Veteran's Pension    | Mo. Amt: \$ _____ |
| ___ Social Security Disability Income | Mo. Amt: \$ _____ | Other Pension        | Mo. Amt: \$ _____ |
| ___ Veterans Disability Payment       | Mo. Amt: \$ _____ | Child Support        | Mo. Amt: \$ _____ |
| ___ Private Disability Insurance      | Mo. Amt: \$ _____ | Alimony              | Mo. Amt: \$ _____ |
| ___ Worker's Compensation             | Mo. Amt: \$ _____ | Other Income         | Mo. Amt: \$ _____ |
| ___ TANF                              | 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
- \_\_\_ Veterans Administration Medical Services
- \_\_\_ TANF Child's Care Service
- \_\_\_ TANF Transportation Service
- \_\_\_ Other TANF-funded Services
- \_\_\_ Other Resources

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_