Best Single Source Plus ESG-CARES [CV]
EXIT WORKSHEET

Client Name:_____ SP Unique ID#: _____

Entry Date: _____ Exit Date: _____

All questions below follow standard HUD responses and should be answered for ALL household members in ServicePoint.

Reason for Leaving:
❒ completed program ❒ criminal activity/violence ❒ death ❒ disagreement with rules/persons ❒ left for housing opportunity before completing program ❒ needs could not be met ❒ non-compliance with program ❒ non-payment of rent ❒ other:_____ ❒ reached maximum time ❒ Unknown/Disappeared

Destination:

Zip Code_____and City Council District_____ http://www.austintexas.gov/GIS/CouncilDistrictMap/ [Districts 1 – 10 or outside city limits] at Exit

❒ 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 medical non-psychiatric facility ❒ Hotel or motel paid for without emergency shelter voucher ❒ Jail, prison or 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 ongoing subsidy
❒ Owned by client, with ongoing housing subsidy ❒ Permanent housing [other than RRH] 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, VASH subsidy ❒Rental by client, with GPD TIP subsidy ❒ Rental by client, other ongoing housing subsidy
❒ Rental by client with RRH or equivalent subsidy ❒ Residential project or halfway house with no homeless criteria ❒ Staying or living with family, permanent tenure ❒ Staying or living with family, temporary tenure ❒ Safe Haven ❒ 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 ❒ Other ❒ No exit interview completed ❒Client doesn't know ❒ Client Refused
Case Manager should provide the most current information available about the client and household.

*Has your household received any income from any source in the past 30 days? *HUD verify**
❒ Yes: *If yes, identify sources, amounts, start dates and status*   ❒ No: *If no, skip the table below.*   ❒ Don't know   ❒ Same as at entry

Source of Income *DO NOT INCLUDE WHEN CALCULATING BSS+ ESG CARES INCOME	Household Member	Amount	Start Date	End Date
Earned Income (HUD)				
Earned Income (HUD)				
Alimony or Other Spousal Support (HUD)				
Child Support (HUD) *				
General Assistance (HUD) *				
Pension or retirement income from another job (HUD)				
Retirement Income From Social Security (HUD)				
SSDI (HUD)				
SSI (HUD)				
TANF (HUD)				
Unemployment Insurance (HUD)				
VA Service Connected Disability Compensation (HUD)*				
VA Non-Service Connected Disability Pension (HUD)*				
Worker's Compensation (HUD)				
VA Retirement Income:				
Other:				

Has your household received any non-cash benefits from any source in the past 30 days? *HUD verify

❏ **Yes:** If yes, identify sources, amounts, start dates and status ❏ No: If no, skip the table below ❏ Don't know ❏ Same as at entry

Source of Non-Cash Benefits	Household Member	Amount	Start Date	End Date
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)				
Special Supplemental Nutrition Programs for WIC (HUD)				
TANF Child Care Services (HUD)				
TANF Transportation Services (HUD)				
Other TANF- Funded Services (HUD)				
Other Source (HUD)				

Disability Type: □ Alcohol abuse □ Drug abuse
 □ Both alcohol & drug abuse □ Chronic health condition
 □ Developmental □ HIV/AIDS □ Mental health condition
 □ Physical

Disability Determination: □ Yes □ No
          □ Client Doesn't Know □ Client Refused
If Yes: Expected to be of long continued/indefinite duration & impair ability to live independently? □ Yes □ No
          □ Client Doesn't Know □ Client Refused

Start Date: _____
Is the above condition long term-term? □ Yes □ No
End Date: _____

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 □ Both alcohol & drug abuse □ Chronic health condition
 □ Developmental □ HIV/AIDS □ Mental health condition
 □ Physical

Disability Determination: □ Yes □ No
          □ Client Doesn't Know □ Client Refused
If Yes: Expected to be of long continued/indefinite duration & impair ability to live independently? □ Yes □ No
          □ Client Doesn't Know □ Client Refused

Start Date: _____
Is the above condition long term-term? □ Yes □ No
End Date: _____

Are members of your Household covered by Insurance? *HUD verify
❏ Yes: *If yes, identify type, start date and end date*   ❏ No: *If no, skip the table below.*   ❏ Don't know   ❏ Same as at entry

Health Insurance Type	Household Member	Start Date	End Date
Medicaid			
Medicare			
State Children's 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			
Indian Health Services Program			

Client enrolled in MAP?   ❏ Yes   ❏ No   ❏ Client Doesn't Know   ❏ Client Refused
Is Client in Permanent Housing?   Enter the Date the Client Physically Moved into Housing: _____
      ➤➤➤**Clients involuntarily terminated from services MUST be sent a written termination letter signed by Program Manager.**◀◀◀
                    See the BSS+ ESG CARES Involuntary Termination Policy for details.
Exit Summary: Provide an exit description below OR attach exit case note behind this form in the client file

_____
_____
_____
_____
_____