



## NEW HAMPSHIRE HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)



DATA ENTRY USE ONLY

### EXIT TOOL

CITY     STATE

Is this form for an ENTIRE HOUSEHOLD or for an INDIVIDUAL? (Circle one.)

CLIENT ID \_\_\_\_\_ Exit Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Reason for leaving (choose one):

- Completed program
- Criminal activity/violence/damage
- Disagreement with rules/persons
- Housing opportunity
- Moving outside program area
- Needs could not be met
- Non-compliance with program
- Non-payment of rent
- Reached maximum time allowed
- Requested to be discharged
- Time allowed expired
- Unknown/disappeared
- Other (specify)\_\_\_\_\_

#### Destination (choose one):

- Hospital (non-psychiatric)
- Emergency shelter, including hotel or motel with emergency shelter voucher ii
- Transitional housing for homeless persons (including homeless youth)
- Permanent supportive housing for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Jail, prison or juvenile detention facility
- Don't know
- Refused
- Rental by client, no housing subsidy
- Owned by client, no housing subsidy
- Staying or living with family, temporary tenure (room, apartment or house)
- Staying or living with friends, temporary tenure (room, apartment or house)
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group
- Place not meant for habitation (vehicle or anywhere outside)
- Other (specify)\_\_\_\_\_
- Safe Haven
- Rental by client, VASH subsidy
- Rental by client, other (non-VASH) housing subsidy
- Owned by client, with housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Deceased

#### Exiting Housing Status (choose one):

- Literally Homeless
- Stably Housed
- Imminently losing their housing
- Unstably housed and at risk of losing housing
- Don't know
- Refused

**Income received from any source in past 30 days?** · Yes · No · Don't Know · Refused  
(Beside each income type, list client's name who is receiving the benefit.)

**Monthly Income (cash)**

- Earned Income \$ \_\_\_\_\_
  - Unemployment Insurance \$ \_\_\_\_\_
  - SSI \$ \_\_\_\_\_
  - SSDI \$ \_\_\_\_\_
  - Veteran's Disability payment \$ \_\_\_\_\_
  - Private Disability Insurance \$ \_\_\_\_\_
  - Worker's Compensation \$ \_\_\_\_\_
  - TANF \$ \_\_\_\_\_
  - APTD (Aid to permanently & totally disabled) \$ \_\_\_\_\_
  - General Assistance \$ \_\_\_\_\_
  - Retirement Income from Social Security \$ \_\_\_\_\_
  - Veteran's Pension \$ \_\_\_\_\_
  - Pension from a Former Job \$ \_\_\_\_\_
  - Child Support \$ \_\_\_\_\_
  - Alimony or Other Spousal Support \$ \_\_\_\_\_
  - Other Source (specify ) \_\_\_\_\_ \$ \_\_\_\_\_
  - No Financial Resources
- Total Monthly Income \$ \_\_\_\_\_**

**Non-Cash benefit received from any source in past 30 days?** · Yes · No · Don't Know · Refused  
(Beside each noncash benefit type, list client's name who is receiving the benefit.)

**Monthly Non-Cash Benefits**

- Supplemental Nutrition Assistance Program (food stamps) \$ \_\_\_\_\_
- MEDICAID \$ \_\_\_\_\_
- MEDICARE \$ \_\_\_\_\_
- SCHIP \$ \_\_\_\_\_
- Special Supplemental Nutrition Program for WIC \$ \_\_\_\_\_
- Veteran's Administration (VA) Medical Services \$ \_\_\_\_\_
- TANF Child Care Services \$ \_\_\_\_\_
- TANF Transportation Services \$ \_\_\_\_\_
- Other TANF-Funded Services \$ \_\_\_\_\_
- Section 8, Public Housing or rental assistance \$ \_\_\_\_\_
- Temporary Rental Assistance \$ \_\_\_\_\_
- Other Source (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
INTERVIEWER