

MFIN Exit Form - FAMILY

Exit Date _____

Client #: _____

Page 1

Last Name		Phone:	
First Name		Email:	
New address:			
Where are you going?			
Place not meant for habitation	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy	<input type="checkbox"/>
Emergency shelter incl. hotel/motel paid by voucher	<input type="checkbox"/>	Rental by client, with VASH subsidy	<input type="checkbox"/>
Foster Care home or foster care group home	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>
Hosp. or other res. non-psychiatric med. facility	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy	<input type="checkbox"/>
Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)	<input type="checkbox"/>
Long-term care facility or nursing home	<input type="checkbox"/>	Rental by client in a public housing unit	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>
Res project/halfway house with no homeless criteria	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>
Hotel or motel paid w/o emergency shelter voucher	<input type="checkbox"/>	Owned by client, with no ongoing housing subsidy	<input type="checkbox"/>
Transitional housing for homeless persons	<input type="checkbox"/>	No exit interview completed	<input type="checkbox"/>
Host Home (non-crisis)	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Staying/living in family member's room, apt, or house (permanent)	<input type="checkbox"/>	Deceased	<input type="checkbox"/>
Staying/living in friend's room, apartment, or house (permanent)	<input type="checkbox"/>	Client Doesn't Know	<input type="checkbox"/>
Staying/living in family member's room, apt, or house (temporary)	<input type="checkbox"/>	Client Refused	<input type="checkbox"/>
Staying/living in friend's room, apartment, or house (temporary)	<input type="checkbox"/>		<input type="checkbox"/>

Any Changes to Disabling Conditions and Barriers?					
Physical Disability	<input type="checkbox"/> Y <input type="checkbox"/> N Long Term <input type="checkbox"/> Y <input type="checkbox"/> N	Development Disability	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Long Term <input type="checkbox"/> Y <input type="checkbox"/> N	Chronic Health Condition	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Long Term <input type="checkbox"/> Y <input type="checkbox"/> N
HIV/AIDS	<input type="checkbox"/> Y <input type="checkbox"/> N Long Term <input type="checkbox"/> Y <input type="checkbox"/> N	Mental Illness	<input type="checkbox"/> Y <input type="checkbox"/> N Long Term <input type="checkbox"/> Y <input type="checkbox"/> N	Substance Abuse Problem	<input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Both <input type="checkbox"/> No Long Term <input type="checkbox"/> Y <input type="checkbox"/> N

Additional Family Members:

	Household Member #2	Household Member #3	Household Member #4	Household Member #5
Last Name				
First Name				
Destination type (same as HoH)				
Destination type (different than HoH)				
Change to Income	<input type="checkbox"/> Y <input type="checkbox"/> N \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N \$ _____
Change to Non-Cash Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N _____	<input type="checkbox"/> Y <input type="checkbox"/> N _____	<input type="checkbox"/> Y <input type="checkbox"/> N _____	<input type="checkbox"/> Y <input type="checkbox"/> N _____
Change to Health Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N _____	<input type="checkbox"/> Y <input type="checkbox"/> N _____	<input type="checkbox"/> Y <input type="checkbox"/> N _____	<input type="checkbox"/> Y <input type="checkbox"/> N _____