

**MFIN Exit Form - INDIVIDUAL**

Exit Date \_\_\_\_\_

Client #: \_\_\_\_\_

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<b>Last Name</b>		<b>Phone:</b>	
<b>First Name</b>		<b>Email:</b>	
<b>New address:</b>			
<b>Where are you going?</b>			
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 (tenant/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"/>
<b>Any Changes to Disabling Conditions and Barriers?</b>			
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 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
		Chronic Health Condition	<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
<b>Any Changes to Income?</b>			
Earned Income	\$ _____	Social Security Disability Insurance (SSDI)	\$ _____
Unemployment Income	\$ _____	Supplemental Security Income (SSI)	\$ _____
Worker's Compensation	\$ _____	Social Security Retirement	\$ _____
Private Disability Insurance	\$ _____	Veteran's Pension	\$ _____
Veteran's Disability Payment	\$ _____	Employment Pension	\$ _____
		TANF (Temp Asst for Needy Fam)	\$ _____
		General Assistance (GA)	\$ _____
		Spousal Support	\$ _____
		Child Support	\$ _____
		Other Cash Income	\$ _____
<b>Any Changes to Non-cash Benefits? (adults only) <input type="checkbox"/> Y <input type="checkbox"/> N</b>			
SNAP	<input type="checkbox"/>	TANF Transportation	<input type="checkbox"/>
WIC	<input type="checkbox"/>	Other TANF Benefit	<input type="checkbox"/>
TANF Childcare	<input type="checkbox"/>	Other Non-Cash Benefit	<input type="checkbox"/>
<b>Any Changes to Health Insurance (all clients) <input type="checkbox"/> Y <input type="checkbox"/> N</b>			
Medicaid	<input type="checkbox"/>	Medicaid Plan:	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	Wellcare	<input type="checkbox"/>
SCHIP	<input type="checkbox"/>	Staywell	<input type="checkbox"/>
VA Medical	<input type="checkbox"/>	Staywell for Kids	<input type="checkbox"/>
Employer Provided	<input type="checkbox"/>	Humana Medical Plan	<input type="checkbox"/>
Obtained through COBRA	<input type="checkbox"/>	United Healthcare	<input type="checkbox"/>
Private Pay Health Insurance	<input type="checkbox"/>	Sunshine Health	<input type="checkbox"/>
State Health Insurance for Adults	<input type="checkbox"/>		
Indian Health Services Program	<input type="checkbox"/>		
Other Health Insurance	<input type="checkbox"/>		