

PATHWAYS TO HOME SCREENING EXIT ASSESSMENT (A)

Exit Date: _____

Reason for Leaving:

Homeless Situation

- Place not meant for human habitation (HUD)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
- Safe Haven (HUD)

Institutional Setting

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

Temporary and Permanent Housing Situations

- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Transitional housing for homeless persons (including homeless youth) (HUD)
- Host Home (HUD)
- Staying or living in a friend's room, apartment or hose (HUD)
- Rental by client, with GPD TIP housing subsidy (HUD)
- Rental by client, with VASH housing subsidy (HUD)
- Permanent housing (other than RRH) for formerly homeless persons (HUD)
- Rental by client, with RRH or equivalent subsidy (HUD)
- Rental by client, with HCV voucher (tenant or project based) (HUD)
- Rental by client in a public housing unit (HUD)
- Rental by client, with VASH housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, with no ongoing housing subsidy (HUD)

Other

- Other (HUD)
- Worker unable to determine (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

If "Other" Specify: _____

Destination:

- Completed Program
- Criminal activity/ violence
- Death
- Disagreement with rules/ person
- Left for housing opp. Before completing program
- Needs could not be met
- Non-payment of rent
- Other

PATHWAYS TO HOME SCREENING EXIT ASSESSMENT (A)

- Reached maximum time allowed
- Unknown/ Disappeared

If "Other" Specify: _____

Notes: _____

Coordinated Entry Assessment (Sub-Assessment)

Directions: Please complete the assessment location, type and level; click ADD

(This is to be completed by the case manager, not the client) Prioritization status will be completed

at a later time.

Start Date: _____ **End Date:** _____

Date of Event:

Event Type:

Access Event

- Referral to Prevention Assistance Project
- Problem Solving/ Diversion/ Rapid Resolution intervention or services
- Referral to scheduled Coordinated Entry Crisis Needs Assessment
- Referral to scheduled Coordinated Entry Housing Needs Assessment

Referral Event

- Referral to post-placement/ follow-up case management
- Referral to Street Outreach project or services
- Referral to Housing Navigation project or services
- Referral to Non-continuum services: Ineligible for continuum services
- Referral to Non-continuum services: No availability for continuum services
- Referral to Emergency Shelter bed opening
- Referral to Transitional Housing bed/ unit opening
- Referral to Joint TH-RRH project/ unit/ resource opening
- Referral to RRH project resource opening
- Referral to PSH project resource opening
- Referral to Other PH project/ unit/ resource opening

If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative

- Yes No

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

PATHWAYS TO HOME SCREENING EXIT ASSESSMENT (A)

Referral to post-placement/follow-up case management result - Enrolled in Aftercare project

- Yes No

If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

Provider: _____ (Select the Provider From the Drop Down List)

Location of Crisis Housing or Permanent Housing Referral

If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

Referral Result

If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

Date of Result

Income From Any Source:

- Yes (HUD)
 No (HUD)
 Client doesn't know (HUD)
 Client refused (HUD)
 Data not collected (HUD)

Total Monthly Income: _____

Percentage of AMI:

- Less than 30%
 30% to 50%
 Greater than 50%

Source of Income:

Alimony or Other Spousal Support (HUD) YES NO Data not collected

Child Support (HUD) YES NO Data not collected

Earned Income (HUD) YES NO Data not collected

PATHWAYS TO HOME SCREENING EXIT ASSESSMENT (A)

General Assistance (HUD) YES NO Data not collected

Other (HUD) YES NO Data not collected

Pension of Retirement Income from Another Job (HUD) YES NO Data not collected

Private Disability Insurance (HUD) YES NO Data not collected

Retirement Income from Social Security (HUD) YES NO Data not collected

SSDI (HUD) YES NO Data not collected

SSI (HUD) YES NO Data not collected

TANF (HUD) YES NO Data not collected

Unemployment Insurance (HUD) YES NO Data not collected

VA Non-Service Connected Disability Pension (HUD) YES NO Data not collected

VA Service Connected Disability Pension (HUD) YES NO Data not collected

Worker's Compensation (HUD) YES NO Data not collected

Total Monthly Income: _____

Disability Section

Disability Type:

Alcohol Abuse (HUD) YES NO Client Doesn't know Client refused Data not collected

Both Alcohol and Drug Abuse (HUD) YES NO Client Doesn't know Client refused
Data not collected

Chronic Health Condition (HUD) YES NO Client Doesn't know Client refused
Data not collected

Developmental (HUD) YES NO Client Doesn't know Client refused Data not collected

Drug Abuse (HUD) YES NO Client Doesn't know Client refused Data not collected

HIV / AIDS (HUD) YES NO Client Doesn't know Client refused Data not collected

Mental Health Problem (HUD) YES NO Client Doesn't know Client refused
Data not collected

Physical (HUD) YES NO Client Doesn't know Client refused Data not collected

Housing Assessment at Exit:

PATHWAYS TO HOME SCREENING EXIT ASSESSMENT (A)

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/ friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless- moving to a shelter or other place unfit for human habitation
- Client went to jail/ prison
- Client died
- Client doesn't know
- Client refused
- Data not collected

If Able to maintain housing at entry, Subsidy Information:

- Without a subsidy
- With the subsidy they had at project entry
- With an on-going subsidy acquired since project entry
- Only with financial assistance other than a subsidy
- Data not collected

If Moved to new housing unit, Subsidy information:

- With an on-going subsidy
- Without an on-going subsidy
- Data not collected

END of ASSESSMENT