

EOP DATA REQUIREMENTS

****PLEASE COMPLETE THE FOLLOWING FORM FOR EACH ADULT HOUSEHOLD MEMBER WHO HAS EXITED THE STEP / TBRA PROGRAM. ONCE COMPLETED, RETURN TO YOUR PROGRAM OFFICER IN THE ENCLOSED, SELF ADDRESSED ENVELOPE.**

ServicePoint Client ID (if applicable): _____

EOP Date: ____/____/____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Head of Household: Yes No

Reason for Leaving:

- | | |
|---|--|
| <input type="checkbox"/> Left for housing opp. before completing program: | <input type="checkbox"/> Completed program: |
| <input type="checkbox"/> Non-Payment of rent / occupancy charge: | <input type="checkbox"/> Non-Compliance with program |
| <input type="checkbox"/> Criminal activity / destruction of property / violence | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Needs could not be met: | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Death | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Other (Specify) _____ | |

Destination or residence at program exit:

<i>(choose one)</i>	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by Client with GPD TIP Subsidy
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Rental by Client with Other Ongoing Housing Subsidy (Non-VASH)
<input type="checkbox"/> Foster Care Home or Foster Care Group Home	<input type="checkbox"/> Residential Project or Halfway House with no Homeless Criteria
<input type="checkbox"/> Hospital or other Residential Non-Psychiatric Medical Facility	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Hotel or Motel Paid for without an Emergency Shelter Voucher	<input type="checkbox"/> Staying or Living with Family , permanent tenure
<input type="checkbox"/> Jail, Prison or Juvenile Detention Facility	<input type="checkbox"/> Staying or Living with Family , temporary tenure
<input type="checkbox"/> Long-Term Care Facility or Nursing Home	<input type="checkbox"/> Staying or Living with Friends , permanent tenure
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Staying or Living with Friends , temporary tenure
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center
<input type="checkbox"/> Owned by Client, No Ongoing Housing Subsidy	<input type="checkbox"/> Transitional Housing for Homeless Persons (includes homeless youth)
<input type="checkbox"/> Owned by Client, with Ongoing Housing Subsidy	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Permanent Housing for Formerly Homeless Persons	<input type="checkbox"/> No Exit Interview Completed
<input type="checkbox"/> Place Not Meant for Habitation	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Rental by Client, No Ongoing Housing Subsidy	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Rental by Client with VASH Subsidy	

For households with children, if any of the associated minor household members went to a *different* destination than the Head of Household, please indicate the household member's name and exit destination below.

_____	_____
_____	_____
_____	_____

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Receiving Income from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$

Receiving Non-Cash Benefit from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Section 8, public housing, or other ongoing rental assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Rental Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$