

**3.12 DESTINATION
(ALL CLIENTS)**

<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house)
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; or HUD legacy program; or HOPWA PH)	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/> No exit interview completed
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused

**4.4 HEALTH INSURANCE
(ALL CLIENTS)**

Is the client currently covered by health insurance?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Type of health insurance
<input type="checkbox"/>	<input type="checkbox"/>	Private
<input type="checkbox"/>	<input type="checkbox"/>	Private - Employer
<input type="checkbox"/>	<input type="checkbox"/>	Private - Individual
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid (Medi-Cal)
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program S-CHIP
<input type="checkbox"/>	<input type="checkbox"/>	Military Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Other Public
<input type="checkbox"/>	<input type="checkbox"/>	State Funded
<input type="checkbox"/>	<input type="checkbox"/>	Combined Children's Health Insurance / Medicaid Program
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Service (IHS)
<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	No insurance

4.2 INCOME AND SOURCES
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

Income from any source?

No
 Yes

Client doesn't know
 Client refused



[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No				
	Yes	\$. 0 0
Unemployment Insurance	No				
	Yes	\$. 0 0
Supplemental Security Income (SSI)	No				
	Yes	\$. 0 0
Social Security Disability Income (SSDI)	No				
	Yes	\$. 0 0
Veteran's Disability Payment	No				
	Yes	\$. 0 0
Private Disability Insurance	No				
	Yes	\$. 0 0
Worker's Compensation	No				
	Yes	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No				
	Yes	\$. 0 0
General Assistance (GA)	No				
	Yes	\$. 0 0
Retirement (Social Security)	No				
	Yes	\$. 0 0
Veteran's Pension	No				
	Yes	\$. 0 0
Other Pension	No				
	Yes	\$. 0 0
Child Support	No				
	Yes	\$. 0 0
Alimony	No				
	Yes	\$. 0 0
Other Income If yes, specify	No				
	Yes	\$. 0 0
Total monthly income	Monthly income from all sources	\$. 0 0

4.3 NON-CASH BENEFITS
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

Non-cash benefits from any source?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.) If unsure of the exact monthly amount, enter client's best estimate.

Source of non-cash benefit	Receiving benefit from source?	If yes, monthly amount from source (round to nearest dollar)			
Food Stamps / Supplemental Nutrition Assistance Program (SNAP)	No				
	Yes	\$. 0 0
MEDICAID	No				
	Yes				
MEDICARE	No				
	Yes				
State Children's Health Insurance Program	No				
	Yes				
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No				
	Yes				
Veteran's Administration Medical Services	No				
	Yes				
TANF Child Care Services	No				
	Yes				
TANF Transportation Services	No				
	Yes				
Other TANF-Funded Services	No				
	Yes				
Section 8, Public Housing, or Other Rental Assistance	No				
	Yes				
Other source: _____	No				
	Yes				