ESG Exit Form

Date of Exit: _____/_____/_______  Staff Member: ________________________________

Name: ___________________________________________ Date of Birth: _____/_____/_______
(First) (Last)

Exit all Household members from the program?  ☐ Yes   ☐ No

If no, what members are staying in the program: _______________________________________

Destination Residence: Answer according to the type of residence the client is in at time of program exit.

___ Place not meant for habitation (a vehicle, an abandoned building, bus/train/anywhere outside)
___ Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
___ Safe haven
___ Foster care home or foster care group home
___ Hospital (non-psychiatric)
___ Jail, prison or juvenile detention facility
___ Long term care facility or nursing home
___ Psychiatric hospital or other psychiatric facility
___ Substance abuse treatment facility or detox center
___ Residential project or halfway house with no homeless requirement
___ Hotel or motel paid by self
___ Rental by client, VASH Subsidy
___ Transitional Housing for homeless persons (including homeless youth)
___ Host Home
___ Staying or living in a friend’s room, apartment or house
___ Staying or living in a family member’s room, apartment or house
___ Rental by client with GPD TIP subsidy
___ Permanent Housing (other than RRH) for formerly homeless person (i.e. SHP, S+C, SRO)
___ Rental by client with RRH or equivalent subsidy
___ Rental by client with HCV Voucher (tenant or project based)
___ Rental by client in a public housing unit
___ Rental by Client, with no ongoing subsidy
___ Rental by client with other ongoing housing subsidy
___ Owned by client, with ongoing subsidy
___ Owned by client, no housing subsidy
___ Deceased
___ Client Doesn’t Know   ___ Client Refused

Reason For Leaving - Why did the client leave the program

___ Left for housing before completing program
___ Completed program   ___ Needs could not be met
___ Non-payment of rent/occupancy change   ___ Disagreement with rules/persons
___ Non-compliance with project   ___ Death
___ Criminal action/Property Destruction   ___ Unknown/disappeared
___ Reached maximum time allowed   ___ Other: _______________________________________________
Health Insurance Coverage:  ____ Yes  ____ No  ____ 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 receive in the past)

No  Yes

____  ____ Private
____  ____ Private - Employer
____  ____ Private - Individual
____  ____ Medicare
____  ____ Medicaid
____  ____ State Children’s Health Insurance Program (S-CHIP)
____  ____ Military Insurance
____  ____ Other Public
____  ____ State Funded
____  ____ Combined Children’s Health Insurance/Medicaid Program
____  ____ Indian Health Services (IHS)
____  ____ Other

Income Information:  ____ Income from Any Source  ____ Non-Cash Benefits
If Yes to Earned Income, type of income:

____ Earned Income  Mo. Amt: $________  General Assistance  Mo. Amt: $________
____ Unemployment Insurance  Mo. Amt: $________  Retirement (Soc Sec)  Mo. Amt: $________
____ Supplemental Security Income  Mo. Amt: $________  Veteran’s Pension  Mo. Amt: $________
____ Social Security Disability Income  Mo. Amt: $________  Other Pension  Mo. Amt: $________
____ Veterans Disability Payment  Mo. Amt: $________  Child Support  Mo. Amt: $________
____ Private Disability Insurance  Mo. Amt: $________  Alimony  Mo. Amt: $________
____ Worker’s Compensation  Mo. Amt: $________  Other Income  Mo. Amt: $________
____ TANF  Mo. Amt: $________

If Yes to Non-Cash Benefits, type of benefit(s) received:

____ Food Stamps  Monthly Amount: $________
____ Medicaid
____ Medicare
____ State CHIP
____ Special Supplemental Nutrition Program for Women, Infants & Children
____ Veterans Administration Medical Services
____ TANF Child’s Care Service
____ TANF Transportation Service
____ Other TANF-funded Services
____ Other Resources

Client Signature:_________________________________________________   Date:___________________

Staff Name:__________________________________________________________   Date:___________________