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:

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

Destination or residence at program exit:

(*choose one*)	
❑ Deceased	❑ Rental by Client with GPD TIP Subsidy
❑ Emergency Shelter	❑ Rental by Client with Other Ongoing Housing Subsidy (Non-VASH)
❑ Foster Care Home or Foster Care Group Home	❑ Residential Project or Halfway House with no Homeless Criteria
❑ Hospital or other Residential Non-Psychiatric Medical Facility	❑ Safe Haven
❑ Hotel or Motel Paid for without an Emergency Shelter Voucher	❑ Staying or Living with **Family**, permanent tenure
❑ Jail, Prison or Juvenile Detention Facility	❑ Staying or Living with **Family,** temporary tenure
❑ Long-Term Care Facility or Nursing Home	❑ Staying or Living with **Friends,** permanent tenure
❑ Moved from one HOPWA funded project to HOPWA PH	❑ Staying or Living with **Friends,** temporary tenure
❑ Moved from one HOPWA funded project to HOPWA TH	❑ Substance Abuse Treatment Facility or Detox Center
❑ Owned by Client, No Ongoing Housing Subsidy	❑ Transitional Housing for Homeless Persons (includes homeless youth)
❑ Owned by Client, with Ongoing Housing Subsidy	❑ Other (specify)_____
❑ Permanent Housing for Formerly Homeless Persons	❑ No Exit Interview Completed
❑ Place Not Meant for Habitation	❑ Client Doesn't Know
❑ Psychiatric Hospital or Other Psychiatric Facility	❑ Client Refused
❑ Rental by Client, No Ongoing Housing Subsidy	❑ Data Not Collected
❑ 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 (*Check all that apply)*	Income Amount
❑Yes ❑No	Earned Income	$
❑Yes ❑No	Unemployment Insurance	$
❑Yes ❑No	Supplemental Security Income (SSI)	$
❑Yes ❑No	Social Security Disability Income (SSDI)	$
❑Yes ❑No	VA Service Connected Disability Compensation	$
❑Yes ❑No	Private Disability Insurance	$
❑Yes ❑No	Worker's Compensation	$
❑Yes ❑No	Temporary Assistance for Needy Families (TANF)	$
❑Yes ❑No	General Assistance	$
❑Yes ❑No	Retirement Income From Social Security	$
❑Yes ❑No	VA Non-Service Connected Disability Pension	$
❑Yes ❑No	Pension or Retirement Income from Another Job	$
❑Yes ❑No	Child Support	$
❑Yes ❑No	Alimony or Other Spousal Support	$
❑Yes ❑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 (*Check all that apply)*	Benefit Amount *(when applicable)*
❑Yes ❑No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	$
❑Yes ❑No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	$
❑Yes ❑No	TANF Child Care services	$
❑Yes ❑No	TANF transportation services	$
❑Yes ❑No	Other TANF-funded services	$
❑Yes ❑No	Section 8, public housing, or other ongoing rental assistance	$
❑Yes ❑No	Temporary Rental Assistance	$
❑Yes ❑No	Other Source – Specify Source _____	$