RENTAL ASSISTANCE: PERMANENT SUPPORTIVE HOUSING EXIT ASSESSMENT	Date:

Client Name: _____ **Exit Date:** _____

Destination: _____

Exit Reason: _____

Household Members:

Name:	Health Insurance:	Type:
	☐ YES ☐ NO	
	☐ YES ☐ NO	
	☐ YES ☐ NO	
	☐ YES ☐ NO	
	☐ YES ☐ NO	

Client Barriers:

Barrier:	Barrier Present:	Receiving Services/ Treatment:	Indefinite Condition:	Documentation provided:
Alcohol Abuse	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Chronic Health Condition	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Developmental Disability	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Drug Abuse	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
HIV/AIDS	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Mental Illness	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Physical Disability	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

Income:

☐ Earned Income		☐ Veteran's Disability		☐ Child Support	
☐ Unemployment		☐ Veteran's Pension		☐ Other: _____	
☐ SSI		☐ TANF		☐ Death Benefit	
☐ SSDI		☐ Retirement (SSA)		☐ No Income	

Budget/Monthly Expenses:

Household Expenses: **Food Stamps:** _____

Rent		Child Support		Tuition	
Food		Credit Cards		Personal	
Electric		Car Insurance		Landry	
Water		Transportation		Cable	
Telephone		Car Payment		Other:_____	
Medical bills		Gasoline		**TOTAL**	$ 0.00

Case Manager Signature: _____ **Date:** _____