IVIA-503 CA	PE COD AND ISLANDS COC ALL CLIENT		EXII ASSESSI	VIENI	
Name Program Exit Date					
Wallie	Flogrami	LAIT Date			
REASON FOR LEAVING	OT <u>HE</u>	R HOUSING S	SITUATIONS	1 to 99	
Completed program		Deceased			
Criminal activity/violence		Worker un	able to determin	e	
Death		Doesn't kn	ow		
Disagreement with rules/person		Prefers not	t to answer		
Left for housing opportunity before	program ended	Data not co	ollected		
Needs could not be met	Housi	ng Assessme	nt at Exit		
Non-compliance		Able to maintain the housing they had at project entry			
Non payment of rent		Moved to new housing unit			
Other		Moved in with family/friends on a temporary basis			
Reached maximum time allowed	•	Moved in with family/friends on a permanent basis			
Unknown/disappeared		Moved to TH or temporary housing facility/program			
EXIT DESTINATION		Client became homeless - ES or unsheltered			
HOMELESS SITUATIONS 100 to 19	9	Jail/prison			
Place not meant for habitation		Deceased			
Emergency Shelter		Doesn't kn	ow		
Safe Haven			t to answer		
INSTITUTIONAL SITUATIONS 200 to 29	9	Data not co			
				ad at project entry	
	sych Facility	Without a	-	ad de project entry	
	etox		dy client had at p	roject entry	
TEMPORARY SITUATIONS 300 to 39			•	ired since project entry	
	ost Home			ce other than a subsidy	
			housing unit	ce other than a subsidy	
	riends	With ongoi			
PERMANENT SITUATIONS 400 to 49			ngoing subsidy		
Family	-	SABILITY TYP		Long Duration	
Friends	5.	Alcoho			
Rental no subsidy			rug and Alcohol U	lse —	
Rental with subsidy			c Health Condition		
GPD TIP subsidy			pmental Disabilit		
VASH subsidy		Drug U	-	·' H	
RRH or equivalent		HIV/AI		H	
Housing Choice Voucher			l Health Conditior	, H	
Public Housing unit		Physical Disability			
Rental, other subsidy			t know		
Housing Stability Voucher		Prefers not to answer			
Family Unification Program	(ELID)	Data not collected			
Foster Youth to Ind (FYI)	•		E HEALTH INSURA	ANCE	
Other Permanent Housing	5013	Medicaid	L HLALIH INSORA	State Adults	
Owned with subsidy	_	Medicare	_	Indian Health Services	
Owned no subsidy	<u> </u>	State Child	lrens	Other	
Owned no substay	<u> </u>	VA	16113	Doesn't know	
	<u> </u>	Employer-I	Provided	Prefers not to answer	
	<u> </u>	COBRA	- I ovided	Data not collected	
	<u> </u>		<i>,</i>	Data not conected	
		Private Pay	1		

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HEADS OF HOUSEHOLD AND ALL ADULTS					
INCOM	ME FROM ANY SOURCE Alimony/Spousal Support Child Support Earned Income General Assistance Other Pension / retirement Private Disabilitt Ins. Retirement from SS SSDI SSI TANF Unemployment VA Non-service disability VA service disability Workers comp Doesn't know Prefers not to answer Data not collected	Amount	NON-CASH BENEFITS SNAP WIC TANF Child Care TANF Transportation Other TANF Other source Doesn't know Prefers not to answer Data not collected		
	Data not conected				
			PROGRAMS ONLY		
	nt school enrollment and attendan Not currently enrolled Currently enrolled but not attend Currently enrolled and attending Doesn't know Prefers not to answer Data not collected recent educational status K12: Graduated HS K12: Obtained GED K12: Dropped Out K12: Suspended K12: Expelled Higher ed: Pursuing a credential, Higher ed: Obtainint a credential Doesn't know Prefers not to answer	ling regularly regularly not attending	Current Educational Status Pursuing HS diploma or GED Pursuing Associates Degree Pursuing Bachelors Degree Pursuing Graduate Degree Pursuing other post secondary credential Doesn't know Prefers not to answer Data not collected		
	Data not collected				

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