### Destination (Where will you stay tonight?)

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- 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 criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional Housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure (e.g. room, apartment or house)
- Staying or living with family, temporary tenure (e.g. room, apartment or house)
- Staying or living with friends, permanent tenure
- Staying or living with family, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- 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, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, with VASH or equivalent subsidy
- Owned by client, with RRH
- No exit interview completed
- Other:__________________
- Deceased
- Client doesn't know
- Client refused

### Notes (if applicable)

- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
- _______________________________________________________
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- _______________________________________________________
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- _______________________________________________________

### Staff Completing (Printed Name):  

### Date: