



Central Virginia CONTINUUM OF CARE

Discharge Form

This form is to be completed by a case manager with input provided by client.

Assessment Date: _____ Assessed by: _____

Agency: _____ Program: _____

Client Name: _____ Project Exit Date: _____

REASON FOR LEAVING:

- Completed program
- Criminal activity / violence
- Death
- Disagreement with rules / persons
- Left for housing opportunity before completing program
- Needs could not be met
- Non-compliance with program
- Non-payment of rent
- Other:
- Reached maximum time allowed
- Unknown / disappeared

DESTINATION:

Homeless Situation:

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven

Institutional Situation:

- 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

Temporary Housing Situation:

- Transitional housing for homeless persons
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher

- Host Home
- Staying or living with family, temporary tenure
- Staying or living with friends, temporary tenure
- Moved from one HOPWA funded project to HOPWA TH

Permanent Housing Situation:

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Other:

- No exit interview completed
- Other
- Deceased
- Client doesn't know
- Client prefers not to answer
- Data not collected

If household is exiting to "Rental by client, with ongoing housing subsidy", what is the rental subsidy type?

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HVC voucher
- Public housing unit
- Other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

HUD COC & ESG EXIT (FY2024)

Income from Any Source: Yes No Client doesn't know Client refused Data not collected

Total Monthly Income: \$ _____

	Source	Amount	Notes	Does someone else in the household (HH) receive this income?
<input type="checkbox"/>	Alimony/Other Spousal Support	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Child Support	\$	<input type="checkbox"/> Received through DCSE?	<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Earned Income	\$	Name of employer:	<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	General Assistance	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Other:	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Pension/Retirement	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Private Disability Insurance	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Retirement Income from Social Security	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	SSDI	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	SSI	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	TANF	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Unemployment Insurance	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	VA Non-Service Connected Disability Pension	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	VA Service Connected Disability Compensation	\$		<input type="checkbox"/> Other HH Member:
<input type="checkbox"/>	Worker's Compensation	\$		<input type="checkbox"/> Other HH Member:

Non-Cash Benefit from Any Source: Yes No

- WIC
- SNAP Amount: \$ _____
- TANF child care assistance
- TANF transportation assistance

HoH Covered by Health Insurance: Yes No

- Medicaid
- Medicare
- Employer Provided Health Insurance
- Veteran's Administration
- Other: _____

If HoH has a disability of long duration that impacts housing stability, what category describes the disability?

- Drug Use Disorder
- Alcohol Use Disorder
- Developmental
- Both Alcohol and Drug Use Disorder
- Chronic Health Condition
- Mental Health Disorder
- Physical
- HIV/AIDS

Is this condition expected to be of long continued and indefinite duration, substantially impedes your ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?

Yes No

Housing Assessment at Exit:

- Able to maintain the housing they had at project entry
- Moved in with family/friends on a temporary basis
- Moved to a transitional or temp housing facility or program
- Client went to jail/prison
- Client doesn't know
- Moved to new housing unit
- Moved in with family/friends on a permanent basis
- Client became homeless (includes shelter)
- Client died
- Client refused

Is the client being involuntarily discharged or terminated? Yes No

If yes, please provide client with your organization's grievance policy.

Provide all discharge clients with the CVCoC Consumer Satisfaction Survey.

Project Staff

Updated by CoC Coordinator 1.2024

Date

Program/CoC-Homeless Systems Coordination/CoC Forms/CVCoC Discharge Form 2024