**RECOVERY VOUCHER (RV) GRANT**

**EXIT INTERVIEW – FAMILY**

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| Recovery Residence Name: | Recovery Residence County: |
| Main Client’s Name/Identifier:  *Individual with primary eligibility for the RV grant program.* |  |
| Other Adult Name/Identifier:  *Individual 18 or older, eligible through the Main Client.* |  |
| Children Under 18 Name/Identifier:  *\*Individuals under 18, eligible through the Main Client.* |  |
| \*Recovery Residence Entry Date: | \*Recovery Residence Exit Date: |

*\*Recovery Residence entry and exit dates are when the client’s stay begins, and stops being supported by the RV grant program.*

Before the family leaves the Recovery Residence, or their stay stops being supported by the RV grant program, the Recovery Residence needs to perform an exit interview with the main client and the other adult. The main client must be asked all questions 1-5, however the other adult only needs to be asked questions 2-3 on income, sources, and non-cash benefits. Children under 18 do not need to be interviewed. This information must be shared with RV ADMINISTRATOR’s NAME.

If the situation does not allow for the client to be interviewed, the Recovery Residence must fill out questions 1, 4, and 5 to the best of their knowledge.

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| 1. **Primary Reason for Exit** *(Main Client)*   Why is the client exiting the Recovery Residence? *(pick one)* | |
| Left for Housing Opportunity - Permanent  Left for Housing Opportunity - Temporary  Reached maximum time allowed, no permanent housing solution  Completed program, moved into permanent housing  Left for long-term institutional care facility  Jail/prison – greater than 90 days  Death | Violence against staff  Housing not obtained – no housing move-in date  Nonpayment of rent  Eviction – other than nonpayment of rent  Non-compliance with program rules  Other, must provide an explanation: |

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| 1. **Monthly Income and Sources** *(Main Client and Other Adult)*   Does the client have income from any source? Yes No Client doesn’t know Client prefers not to answer Data not collected | | |
| ***Yes*** *(Check box)* | ***Monthly Amount*** | ***Monthly Income Source*** |
|  | $ | Alimony or Other Spousal Support |
|  | $ | Child Support |
|  | $ | Earned Income |
|  | $ | General Assistance (GA) |
|  | $ | Pension or Retirement Income from a Former Job |
|  | $ | Private Disability Insurance |
|  | $ | Retirement Income from Social Security |
|  | $ | Social Security Disability Income (SSDI) |
|  | $ | Supplemental Security Income (SSI) |
|  | $ | Temporary Assistance for Needy Families (TANF) |
|  | $ | Unemployment Insurance |
|  | $ | VA Non-Service-Connected Disability Pension |
|  | $ | VA Service-Connected Disability Compensation |
|  | $ | Worker’s Compensation |
|  | $ | Other Income Source (please specify): |
|  | | |
| 1. **Non-Cash Benefits** (*Main Client and Other Adult)*   Does the client have non-cash benefits from any source? Yes No Client doesn’t know.  Client prefers to not answer. Data not collected. | | |
| **Yes** (Check box) | ***Non-Cash Benefits Type*** | |
|  | Supplemental Nutrition Assistance Program (SNAP) (food stamps) | |
|  | Special Supplemental Nutrition for Women, Infants, and Children (WIC) | |
|  | TANF Childcare Services | |
|  | TANF Transportation Services | |
|  | Other TANF-Funded Services | |
|  | Other Non-Cash Benefit (please specify): | |

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| 1. **Substance Use** *(Main Client)*   During the client’s time in the Recovery Voucher grant program has the client used any substances, other than those prescribed to them, as listed below?  Yes  No | |
| If yes, what substances were used? *(pick as many as apply)* | |
| Alcohol  Cocaine  Heroin  Marijuana  Methamphetamine | Prescription opioids (not prescribed to the client)  Refused  Unsure/Don’t Know |

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| 1. **Exit Destination** *(Main Client)*   Where will the family stay once they leave the Recovery Residence (or their stay is no longer supported by the RV grant program)? *(pick one)* | |
| Types of Housing  Staying or living w/ family  Permanently?  Temporarily?  Staying or living w/ friends?  Permanently?  Temporarily?  Transitional housing for homeless persons  Rental by client  Subsidy? Name: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owned by client  Subsidy? Name: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residential project/halfway house  Host home  Institutional Situations  Hospital or other residential non-psychiatric medical facility  Jail/prison  Long-term care facility or nursing home  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center | Homeless Situations  Place not meant for habitation (ex. vehicle, anywhere outside, abandoned building)  Emergency shelter, including hotel/motel paid for with an emergency voucher, host home shelter  Safe Haven  Other  No exit interview completed  Deceased  Client doesn’t know  Client prefers not to answer  Data not collected  Other, please explain:  ***If the family is continuing to stay in the recovery residence, please select “other” and state this.*** |

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| Name of Person Filling Out the Form | |  | | |
| Role |  | | | |
| Signature |  | | Date |  |