

# HOUSEHOLD MEMBER MOVE-OUT FORM

## DHHS SUBSIDY PROGRAM

**Instructions:** Please complete for each household member who leaves the household permanently.

HOUSEHOLD MEMBER NAME \_\_\_\_\_

MOVE OUT DATE \_\_\_\_\_

APPLICANT (VOUCHER HOLDER) \_\_\_\_\_

GRANT \_\_\_\_\_

1. Destination	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy
<input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Staying or living with friends, temporary tenure (.e.g., room apartment or house)
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Deceased	<input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> Unknown	

### 2. Income & Other Assistance Sources

<u>Income Sources:</u>	<u>Monthly Amount</u>	:	<u>Other Assistance</u>
<u>Sources:</u>			
<input type="checkbox"/> No financial resources	\$ _____		<input type="checkbox"/> None
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____		<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Disability Income (SSDI)	\$ _____		<input type="checkbox"/> Medicare
<input type="checkbox"/> Social Security	\$ _____		<input type="checkbox"/> MaineCare
<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Employment income	\$ _____		<input type="checkbox"/> Veterans Health Care
<input type="checkbox"/> Unemployment benefits	\$ _____		<input type="checkbox"/> WIC
<input type="checkbox"/> General Public Assistance (GA)	\$ _____		<input type="checkbox"/> Other;
<input type="checkbox"/> Temporary Aid Needy Families (TANF)	\$ _____		Specify: _____
<input type="checkbox"/> State Supplement	\$ _____		
<input type="checkbox"/> Other, Specify: _____	\$ _____		

**3. If employed**, how many hours are they working per week? \_\_\_\_\_ Hours

**4. Currently looking for employment or increased employment hours?**       Yes     No

Subsidy Representative Signature \_\_\_\_\_

Agency \_\_\_\_\_

Date \_\_\_\_\_