**CLARITY HMIS: HUD-CoC PROJECT EXIT FORM**

**Use block letters for text and bubble in the appropriate circles.**

**Please complete a separate form for each household member.**

**CLIENT NAME OR IDENTIFIER:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PROJECT EXIT DATE**​ *​[All Clients]*

|   |  |  *­*  |  |  |  *­*  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

 Month DayYear

# **DESTINATION** [All Clients]

| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA PH  |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | ○ | Moved from one HOPWA funded project to HOPWA TH  |
| ○ | Safe Haven | ○ | Rental by client, with GPD TIP housing subsidy |
| ○ | Foster care home or foster care group home | ○ | Rental by client, with VASH housing subsidy |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Permanent housing (other than RRH) for formerly homeless persons |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with RRH or equivalent subsidy |
| ○ | Long-term care facility or nursing home | ○ | Rental by client, with HCV voucher (tenant or project based) |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Rental by client in public housing unit |
| ○ | Substance abuse treatment facility or detox center | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Rental by client, with other ongoing housing subsidy |
| ○ | Hotel or motel paid for without emergency shelter voucher  | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Owned by client, no ongoing housing subsidy |
| ○ | Host Home (non-crisis) | ○ | No exit interview completed  |
| ○ | Staying or living with friends, temporary tenure (e.g., room, apartment or house) | ○ | Other |
| *If Other, please specify:*  |
| ○ | Staying or living with family, temporary tenure (e.g., room, apartment or house) | ○ | Deceased |
| ○ | Client doesn’t know |
| ○ | Staying or living with friends, permanent tenure | ○ | Client refused |
| ○ | Staying or living with family, permanent tenure | ○ | Data not collected |

# **HOUSING ASSESSMENT AT EXIT** ​[HOMELESS PREVENTION ONLY]

| ○ | Able to maintain the housing they had at project entry  | ○ | Client became homeless – moving to a shelter or other place unfit for human habitation |
| --- | --- | --- | --- |
| ○ | Moved to new housing unit  |
| ○ | Moved in with family/friends on a temporary basis  | ○ | Client went to jail/prison  |
| ○ | Client died  |
| ○ | Moved in with family/friends on a permanent basis  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Moved to a transitional or temporary housing facility or program  | ○ | Data not collected  |
| **IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT**  |
| **Subsidy Information**  |
| ○ | Without a subsidy  | ○ | With an on­going subsidy acquired since project entry  |
| ○ | With the subsidy they had at project entry  | ○ | Only with financial assistance other than a subsidy  |
| **IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT**  |
| **Subsidy Information**  |
| ○ | With on­going subsidy  | ○ | Without an on­going subsidy  |

# **IN PERMANENT HOUSING** ​[Permanent Housing Projects, for Heads of Households]

| ○ |  No | ○ |  Yes |
| --- | --- | --- | --- |
|  **IF “YES” TO PERMANENT HOUSING** |
|  **Housing Move-In Date:** (See note\*) |  \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

**PHYSICAL DISABILITY** ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES” TO PHYSICAL DISABILITY – SPECIFY**   |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**DEVELOPMENTAL DISABILITY** ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**CHRONIC HEALTH CONDITION** ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**HIV-AIDS** *[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

**MENTAL HEALTH DISORDER** ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

**SUBSTANCE USE DISORDER** ​*[All Clients]*

| ○ | No  | ○ | Both alcohol & drug use disorders  |
| --- | --- | --- | --- |
| ○ | Alcohol use disorder  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Drug use disorder | ○ | Data not collected  |
| **IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS”– SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |

# **INCOME FROM ANY SOURCE** ​[Head of Household and Adults]

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**  |
| **Income Source** | **Amount** | **Income Source** | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |   |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |   |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |   |
| ○ | Social Security Disability Insurance (SSDI)  |  | ○ | Pension or retirement income from a former job |   |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |   |
| ○ |  VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal support |   |
| ○ | Private Disability Insurance |  | ○  | Other income source  |   |
| ○ | Worker’s Compensation |  |  *(specify):* |
| **Total Monthly Income for Individual:**  |   |

# **RECEIVING NON CASH BENEFITS**​ ​[Head of Household and Adults]

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**  |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other Non-Cash Benefit | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS**  |
| ○ | MEDICAID  | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE  | ○ | Insurance Obtained through COBRA  |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Private Pay Health Insurance  |
| ○ | Veterans Administration (VA) Medical Services | ○ | State Health Insurance for Adults  |
| ○ | Other (specify) | ○ | Indian Health Services Program |

**CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH** ​*[Head of Household]*

| ○ | Strongly disagree | ○ | Strongly agree |
| --- | --- | --- | --- |
| ○ | Somewhat disagree | ○ | Client doesn’t know  |
| ○ | Neither agree nor disagree | ○ | Client refused |
| ○ | Somewhat agree | ○ | Data not collected |

**CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS** ​*[Head of Household]*

| ○ | Strongly disagree | ○ | Strongly agree |
| --- | --- | --- | --- |
| ○ | Somewhat disagree | ○ | Client doesn’t know  |
| ○ | Neither agree nor disagree | ○ | Client refused |
| ○ | Somewhat agree | ○ | Data not collected |

**CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES**​ *[Head of Household]*

| ○ | Strongly disagree | ○ | Strongly agree |
| --- | --- | --- | --- |
| ○ | Somewhat disagree | ○ | Client doesn’t know  |
| ○ | Neither agree nor disagree | ○ | Client refused |
| ○ | Somewhat agree | ○ | Data not collected |

**CLIENT’S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID** *[Head of Household]*

| ○ | Not at all | ○ | At least every day |
| --- | --- | --- | --- |
| ○ | Once a month | ○ | Client doesn’t know  |
| ○ | Several times a month | ○ | Client refused |
| ○ | Several times a week | ○ | Data not collected |

**CURRENT SCHOOL ENROLLMENT AND ATTENDANCE**​ *[Head of Household]*

| ○ | Not currently enrolled in any school or educational course | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Currently enrolled but NOT attending regularly (when school or the course is in session) | ○ | Client refused |
| ○ | Currently enrolled and attending regularly (when school or the course is in session) | ○ | Data not collected |
|   **IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:** |
| ○ | K12: Graduated from high school | ○ | Higher education: Dropped out |
| ○ | K12: Obtained GED | ○ | Higher education: Obtained a credential/degree |
| ○ | K12: Dropped out | ○ | Client doesn’t know  |
| ○ | K12: Suspended | ○ | Client refused |
| ○ | K12: Expelled | ○ | Data not collected |
| ○ | Higher education: Pursuing a credential but not currently attending |  |  |
|   **IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:** |
| ○ | Pursuing a high school diploma or GED | ○ | Pursuing other post-secondary credential |
| ○ | Pursuing Associate’s Degree | ○ | Client doesn’t know  |
| ○ | Pursuing Bachelor’s Degree | ○ | Client refused |
| ○ | Pursuing Graduate Degree | ○ | Data not collected |

**CONTACT INFORMATION** *[Optional - can be entered in Contact Tab]*

| **Contact Type** |  |
| --- | --- |
| **Email** |  |
| **Phone (#1)** |  |  |  |  |  |  |  |  |  |  |
| **Phone (#2)** |  |  |  |  |  |  |  |  |  |  |
| **Active Contact** | ○ | Yes | ○  | No |
| **Private** | ○ | Yes | ○ | No |
| **Contact Date** |  |
| **Note** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of applicant stating all information is true and correct Date**