**CLARITY HMIS: HUD-CoC PROJECT POST-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 POST-EXIT DATE**​ *​[All Clients]*

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

Month DayYear

**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  disorder |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 | |  | ○ | TANF (Temporary Assist for Needy Families) | | | |  |
| ○ | Unemployment Insurance | |  | ○ | General Assistance (GA) | | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | Retirement Income from Social Security | | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | Pension or retirement income  from 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 amount:** | |  | | | | | | | |

# **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 (specify): | ○ | 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 Location Tab]*

| Phone Number | | |  |  |  | ­ |  |  |  | ­ |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Current Address (if applicable)** | | | | | |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  | Zip Code | |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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