**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 |

**WHAT TYPE OF RENTAL HOME DO YOU LIVE IN?** *[ALL CLIENTS WITH ANSWER TO "DESTINATION" IS ANY OPTION STARTING WITH “RENTAL BY CLIENT..”]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Market rate rental housing | | | ○ | Affordable housing (unit or complex designated affordable or BMR) | | |
| ○ | Rent stabilized (rental unit that is covered by rent control) | | | ○ | Housing subsidized by Section 8 | | |
| ○ | Housing subsidized by another long term subsidy | | | ○ | Client doesn’t know | | |
| ○ | Client refused | | |

# **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****.* |

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# **ADDITIONAL HOMELESS PREVENTION INFORMATION**

**WHAT IS YOUR CURRENT MONTHLY RENT?**

*[The enrolled household’s share of the rent if they split the rent with others]*

|  |  |
| --- | --- |
| Amount: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ARE YOU DOUBLED-UP, MEANING THERE IS MORE THAN ONE HOUSEHOLD/FAMILY LIVING IN A SINGLE FAMILY UNIT?**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| ○ | Client doesn’t know | ○ | Client refused |

**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 PROBLEM** ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH PROBLEMS – 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 ABUSE PROBLEM** ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Both alcohol & drug abuse |
| ○ | Alcohol abuse | | | ○ | Client doesn’t know |
|  | | | ○ | Client refused |
| ○ | Drug abuse | | | ○ | Data not collected |
| **IF “ALCOHOL ABUSE” “DRUG ABUSE” OR “BOTH ALCOHOL AND DRUG ABUSE”– 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 |  |  | | | | |
| **Total Monthly Income for Individual:** | |  | | | | | |

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# **RECEIVING NON­CASH 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 Childcare 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 | | |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify) | ○ | Indian Health Services Program | | |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Address Type** |  | | | | | | | | | |
| **Name** |  | | | | | | | | | |
| **Address (line 1)** |  | | | | | | | | | |
| **Address (line 2)** |  | | | | | | | | | |
| **City** |  | | | | | | | | | |
| **State** |  | | | | | | | | | |
| **Zip Code** |  | | | | | | | | | |
| **Phone (#1)** |  | | | | | | | | | |
| **Phone (#2)** |  | | | | | | | | | |
| **Private** | ○ | Yes | | | | ○ | No | | | |
| **Active Location** | ○ | Yes | | | | ○ | No | | | |
| **Location Date** |  | | | | | | | | | |
| **Note** |  | | | | | | | | | |



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