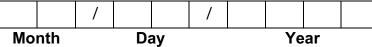


CLARITY HMIS: HUD-CoC PROJECT POST-EXIT FORM

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]



PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF	"YES" TO PHYSICAL DISABILITY – SPECIF	۶Y			
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Client prefers not to answer		
inc	lependently?			0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

• No	0	Client doesn't know		
• Yes	0	Client prefers not to answer		
	0	Data not collected		
IF "YES" TO CHRONIC HEALTH CONDITION -	- SF	PECIFY		
Expected to be of long-continued and indefinite	0	Client doesn't know		
duration and substantially impairs ability to live	0	Client prefers not to answer		
independently?	0	Data not collected		

HIV-AIDS [All Clients]

• No	0	Client doesn't know
• Yes	0	Client prefers not to answer
	0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

• No	0	Client doesn't know		
○ Yes	0	Client prefers not to answer		
	0	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER -	SPE	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected



SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know
0	Alcohol use disorder			0	Client prefers not to answer
0	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
IF	"ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER" (DR "	BOTH ALCOHOL AND DRUG USE
DI	SORDERS" – SPECIFY				
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
inc	lependently?			0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

			4001							
0	No		0	Client doesn't know						
0	Yes		0	Client prefers not to answer						
			0	Data not collected						
IF	"YES" TO INCOME FROM ANY	SOURCE -	IND	ICATE ALL SOURCES THAT APPLY						
Inc	Income Source Amount			Income Source						
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)						
0	Unemployment Insurance		0	General Assistance (GA)						
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security						
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job						
0	VA Service-Connected Disability Compensation		0	Child support						
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support						
0	Private Disability Insurance		0	Other income source (specify):						
0	Worker's Compensation									
То	tal Monthly Income for Individua	al:		·						

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
IF	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY						
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (specify):	0	Other TANF-funded services				



COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE – HEALTH INS	URA	NCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

CONTACT INFORMATION [Optional – can be entered in Contact Tab]

Contact Type							
Email							
Phone (#1)							
Phone (#2)							
Active Contact	0	Yes	·	0	No		
Private	0	Yes		0	No		
Contact Date							
Note							

CURRENT ADDRESS (IF APPLICABLE) [Optional – can be entered in Location Tab]

Street		
City		
Street	Zip Code	

Signature of applicant stating all information is true and correct Date