

Agency Name: _____



CLARITY HMIS: VA SERVICES EXIT FORM (Including HUD VASH, SSVF, GPD)

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 | | | Day | | | Year | | |

DESTINATION [All Clients]

| | | | |
|---|--|---|--|
| <input type="radio"/> | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | <input type="radio"/> | Moved from one HOPWA funded project to HOPWA TH |
| <input type="radio"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | <input type="radio"/> | Staying or living with family, permanent tenure |
| <input type="radio"/> | Safe Haven | <input type="radio"/> | Staying or living with friends, permanent tenure |
| <input type="radio"/> | Foster care home or foster care group home | <input type="radio"/> | Moved from one HOPWA funded project to HOPWA PH |
| <input type="radio"/> | Hospital or other residential non-psychiatric medical facility | <input type="radio"/> | Rental by client, no ongoing housing subsidy |
| <input type="radio"/> | Jail, prison or juvenile detention facility | <input type="radio"/> | Rental by client, with ongoing housing subsidy |
| <input type="radio"/> | Long-term care facility or nursing home | <input type="radio"/> | Owned by client, with on-going housing subsidy |
| <input type="radio"/> | Psychiatric hospital or other psychiatric facility | <input type="radio"/> | Owned by client, no on-going housing subsidy |
| <input type="radio"/> | Substance abuse treatment facility or detox center | <input type="radio"/> | No exit interview completed |
| <input type="radio"/> | Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> | Other |
| <input type="radio"/> | Residential project or halfway house with no homeless criteria | <input type="radio"/> | Deceased |
| <input type="radio"/> | Hotel or motel paid for without emergency shelter voucher | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Host Home (non-crisis) | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Staying or living in a friend's room, apartment, or house | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Staying or living in a family member's room, apartment or house | | |
| IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: | | | |
| <input type="radio"/> | GPD TIP housing subsidy | <input type="radio"/> | Emergency Housing Voucher |
| <input type="radio"/> | VASH Housing subsidy | <input type="radio"/> | Family Unification Program Voucher (FUP) |
| <input type="radio"/> | RRH or equivalent subsidy | <input type="radio"/> | Foster Youth to Independence Initiative (FYI) |
| <input type="radio"/> | HCV voucher (tenant or project based) (not dedicated) | <input type="radio"/> | Permanent Supportive Housing |
| <input type="radio"/> | Public Housing Unit | <input type="radio"/> Other permanent housing dedicated for formerly homeless persons | |
| <input type="radio"/> | Rental by client, with other ongoing housing subsidy | | |

PHYSICAL DISABILITY *[not required for SSVF]*

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> 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? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

DEVELOPMENTAL DISABILITY *[not required for SSVF]*

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

CHRONIC HEALTH CONDITION *[not required for SSVF]*

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> 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? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

HIV-AIDS *[not required for SSVF]*

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

MENTAL HEALTH DISORDER *[not required for SSVF]*

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> 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? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

SUBSTANCE USE DISORDER *[not required for SSVF]*

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Alcohol use disorder | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Drug use disorder | <input type="radio"/> Data not collected |
| <input type="radio"/> Both alcohol and drug use disorders | |
| 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? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

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

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

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

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

COVERED BY HEALTH INSURANCE [*All Clients*]

| | |
|---|---|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS | |
| <input type="radio"/> MEDICAID | <input type="radio"/> Employer Provided Health Insurance |
| <input type="radio"/> MEDICARE | <input type="radio"/> Health Insurance Obtained Through COBRA |
| <input type="radio"/> State Children's Health Insurance (SCHIP) | <input type="radio"/> Private Pay Health Insurance |
| <input type="radio"/> Veteran's Health Administration (VHA) | <input type="radio"/> State Health Insurance for Adults |
| <input type="radio"/> Other (<i>specify</i>): | <input type="radio"/> Indian Health Services Program |

HUD-VASH Exit Information *[Head of Household/Veteran, HUD-VASH only]*

Case Management Exit Reason

| | |
|---|---|
| <input type="radio"/> Accomplished goals and/or obtained services and no longer need CM | <input type="radio"/> Transferred to another HUD-VASH program site |
| <input type="radio"/> Found/chose other Housing | <input type="radio"/> Did not comply with HUD-VASH CM |
| <input type="radio"/> Eviction and/or other Housing related issues | <input type="radio"/> Unhappy with HUD-VASH housing |
| <input type="radio"/> No longer financially eligible for HUD-VASH Voucher | <input type="radio"/> No longer interested in participating in this program |
| <input type="radio"/> Veteran cannot be located | <input type="radio"/> Veteran too ill to participate at this time |
| <input type="radio"/> Veteran is incarcerated | <input type="radio"/> Veteran is deceased |
| <input type="radio"/> Other (specify) _____ | |

CONNECTION WITH SOAR *[Head of Household and Adults, SSVF RRH and Homelessness Prevention]*

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

LAST GRADE COMPLETED *[Head of Household and Adults, required for SSVF and VASH]*

| | |
|---|--|
| <input type="radio"/> Less than Grade 5 | <input type="radio"/> Associate's degree |
| <input type="radio"/> Grades 5-6 | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> Grades 7-8 | <input type="radio"/> Graduate degree |
| <input type="radio"/> Grades 9-11 | <input type="radio"/> Vocational certification |
| <input type="radio"/> Grade 12/High school diploma | <input type="radio"/> Client doesn't know |
| <input type="radio"/> School program does not have grade levels | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> GED | <input type="radio"/> Data not collected |
| <input type="radio"/> Some college | |

EMPLOYMENT STATUS *[Head of Household and Adults, SSVF, GPD and VASH]*

| | |
|---|---|
| Employed | |
| No | <input type="radio"/> Client doesn't know |
| Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| If "Yes" for employed – Type of employment | |
| Full-time | <input type="radio"/> Seasonal/sporadic (including day labor) |
| Part-time | |
| If "No" for employed – Why not employed | |
| Looking for work | <input type="radio"/> Not looking for work |
| Unable to work | |

GENERAL HEALTH STATUS *[Head of Household and Adults, HUD-VASH Collaborative Case Management]*

| | |
|---------------------------------|--|
| <input type="radio"/> Excellent | <input type="radio"/> Poor |
| <input type="radio"/> Very good | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Good | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Fair | <input type="radio"/> Data not collected |

IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Household]*

| | |
|--|---------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
| IF "YES" TO PERMANENT HOUSING | |
| Housing Move-In Date:* | ___/___/_____ |
| <i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i> | |

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

| | | | | | | | | | | | |
|-----------------------|-----------------------|-----|--|--|--|--|-----------------------|----|--|--|--|
| Contact Type | | | | | | | | | | | |
| Email | | | | | | | | | | | |
| Phone (#1) | | | | | | | | | | | |
| Phone (#2) | | | | | | | | | | | |
| Active Contact | <input type="radio"/> | Yes | | | | | <input type="radio"/> | No | | | |
| Private | <input type="radio"/> | Yes | | | | | <input type="radio"/> | 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