

# Alameda County HMIS

## CLARITY HMIS: HHS-PATH 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]*

		/			/				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

### 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		
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>			
<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		

**CONNECTION WITH SOAR** *[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

**PATH STATUS** *[If not at intake]*

<b>Date of Status Determination</b>	<input type="radio"/> ___/___/___
Client Became Enrolled in PATH	<input type="radio"/> No
	<input type="radio"/> Yes
<b>IF "NO" TO ENROLLED IN PATH</b>	
Reason Not Enrolled	<input type="radio"/> Client was found ineligible for PATH
	<input type="radio"/> Client was not enrolled for other reason(s)
	<input type="radio"/> Unable to locate client

**PHYSICAL DISABILITY** *[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	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
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** *[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

**CHRONIC HEALTH CONDITION** *[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	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
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** *[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

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

<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="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	TANF Child Care Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Other TANF-funded services

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

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

IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Health Insurance Obtained Through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Indian Health Services Program

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

<b>Contact Type</b>										
<b>Email</b>										
<b>Phone (#1)</b>										
<b>Phone (#2)</b>										
<b>Active Contact</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
<b>Private</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
<b>Contact Date</b>										
<b>Note</b>										

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

<b>Street</b>			
<b>City</b>			
<b>Street</b>		<b>Zip Code</b>	

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