Alameda County HMIS



CLARITY HMIS: HHS-RHY PROJECT EXIT FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

CLIE	ENT NAME OR IDENTIFIER:		
	PROJECT EXIT DATE [All Clients]		
	/ / / / / / / / / / / / / / / / / / /		
	Month Day	Ye	ar
	Month Day	10	αι
	ENROLLMENT CoC [only if multiple CoC's]		
		_	
	PERMANENT HOUSING [Permanent Housing		Projects, for Head of Household]
0	No	es	
Нс	ousing Move-In Date:*		<u> </u>
*If	client moved into permanent housing, make sure	e to	update on the enrollment screen .
<u> </u>	<u> </u>		
DE	STINATION [All Cliente]		
	STINATION [All Clients] Place not meant for habitation (e.g., a vehicle,	1	
0	an abandoned building, bus/train/subway	0	Moved from one HOPWA funded project to
	station/airport, or anywhere outside)		HOPWA TH
	Emergency shelter, including hotel or motel		
0	paid for with emergency shelter voucher, or	0	Staying or living with family, permanent tenure
_	Host Home shelter		Ctoring on living with friends, norman and toward
0	Safe Haven	0	Staying or living with friends, permanent tenure Moved from one HOPWA funded project to
0	Foster care home or foster care group home	0	HOPWA PH
	Hospital or other residential non-psychiatric		
0	medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox	0	Owned by client, no on-going housing subsidy
0	center	0	No exit interview completed
	Transitional housing for homeless persons	†	Other
0	(including homeless youth)	0	Other
0	Residential project or halfway house with no	0	Deceased
Ľ	homeless criteria	<u> </u>	2000000
0	Hotel or motel paid for without emergency shelter voucher	0	Client doesn't know
0	Host Home (non-crisis)	0	Client prefers not to answer
	Staying or living in a friend's room, apartment,		
0	or house	0	Data not collected
	Staving or living in a family member's room		

apartment or house

	F "RENTAL BY CLIENT, WITH ONGOING HO						
)	GPD TIP housing subsidy	0				/ Housing Voucher	
)	VASH Housing subsidy	0				fication Program Voucher (FUP)	
)	RRH or equivalent subsidy	0	F	oste	r You	th to Independence Initiative (FYI)	
)	HCV voucher (tenant or project based) (not dedicated)	0	P	Permanent Supportive Housing			
)	Public Housing Unit			thor	norm	nanent housing dedicated for	
0	Rental by client, with other ongoing housing subsidy	0				omeless persons	
R	OJECT COMPLETION STATUS [Adults an	nd He	ad o	f Ho	ouseh	old: All RHY Components except	
	eet Outreach and BCP Prevention]					,	
0	Completed project				Client	was expelled or otherwise	
0	Client voluntarily left early					ntarily discharged from project	
				-			
_	outh was expelled or otherwise involun		1				
0	Criminal activity/destruction of property/violer	nce	0	_		ed max times allowed by project	
0	Non-compliance with project rules		0			terminated	
0	Non-payment of rent/occupancy charge		0	ΙU	nknov	vn/disappeared	
Н	YSICAL DISABILITY [All Clients]						
0	No				0	Client doesn't know	
0	Yes				0	Client prefers not to answer	
					0	Data not collected	
	"YES" TO PHYSICAL DISABILITY – SPECIF						
	pected to be of long-continued and indefinite		No		0	Client doesn't know	
	ration and substantially impairs ability to live	0 '	Yes		0	Client prefers not to answer	
inc	lependently?				0	Data not collected	
)F	VELOPMENTAL DISABILITY [All Clients]						
0	No				0	Client doesn't know	
0	Yes				0	Client prefers not to answer	
					0	Data not collected	
٠	DONIC LIEAL THE CONDITION (All Cliente)	1					
,Н 0	RONIC HEALTH CONDITION [All Clients] No				0	Client doesn't know	
0	Yes				0	Client prefers not to answer	
_	1.00				0	Data not collected	
IF	"YES" TO CHRONIC HEALTH CONDITION -	- SPF	CIF	Υ		Data flot collected	
	pected to be of long-continued and indefinite		No.		0	Client doesn't know	
	ration and substantially impairs ability to live		Yes		0	Client prefers not to answer	
	lependently?				0	Data not collected	
	NTAL HEALTH DISORDER [All Clients] No				0	Client doesn't know	
	Yes				0	Client prefers not to answer	
\circ	100				0	Data not collected	
0					1 ~	2 3 3 3 5 5 5 5 5 5 5 5	
	"YES" TO MENTAL HEALTH DISORDER - 9	SPFC	IFY				
° IF	"YES" TO MENTAL HEALTH DISORDER - S		IFY No		0	Client doesn't know	

						1	
	pected to be of long-continued an				0	Data not collected	
	ration and substantially impairs at	oility to live					
	lependently?	VII Clientel					
	BSTANCE USE DISORDER [A	di Cheritsj				Client decen't know	
0	No Alcohol use disorder				0	Client doesn't know	
0	Drug use disorder				0	Client prefers not to answ Data not collected	ег
0	Both alcohol and drug use disord	dore			0	Data not collected	
	"ALCOHOL USE DISORDER" "I		DIS	ORDER" (OR "	BOTH ALCOHOL AND DE	RUGUSE
	SORDERS" – SPECIFY	DINOC COL	D. O	OKDEK (.	DOTTI ALCOHOL AND DI	(00 00 <u>L</u>
	pected to be of long-continued an	d indefinite	0	No	0	Client doesn't know	
	ration and substantially impairs at		0	Yes	0	Client prefers not to answ	er
inc	lependently?	-			0	Data not collected	
INC	OME FROM ANY SOURCE [Hea	d of Housel	hold	and Adults	s]		
0	No		0	Client do	esn'	t know	
0	Yes		0			not to answer	
			0	Data not	colle	ected	
IF	"YES" TO INCOME FROM ANY	SOURCE -	IND	ICATE AL	L S	OURCES THAT APPLY	
Inc	come Source	Amount	Inc	ome Sour	се		Amount
0	Earned Income		0	Tempora Families		ssistance for Needy NF)	
0	Unemployment Insurance		0	General .	Assi	stance (GA)	
0	Supplemental Security Income (SSI)		0	Retireme	nt in	come from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension former jo		tirement income from a	
	, ,			ioiiiiei jo	D		
0	VA Service-Connected Disability Compensation		0	Child sup	port		
0	VA Non-Service-Connected Disability Pension		0	Alimony	and	other spousal Support	
0	Private Disability Insurance		0	Other inc	ome	source (specify):	
0	Worker's Compensation						
То	tal Monthly Income for Individu	al:	1	1			<u> </u>
RE	CEIVING NON-CASH BENEFITS	[Head of Ho	ouse	hold and A	Adult	s]	

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

0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

	<u>-</u>		
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 IN	ISU	RANCE 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

RHY SPECIFIC YOUTH INFORMATION

LAST GRADE COMPLETED [Adults and Head of Household, All program types except Street Outreach]

0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

SCHOOL STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

EMPLOYMENT STATUS [Adults and Head of Household, All program types except Street Outreach]

	L L		, , , , ,
Er	nployed		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
lf '	"Yes" for employed – Type of employment		
0	Full-time	0	Seasonal/sporadic (including day labor)
0	Part-time		· · · · · · · · · · · · · · · · · · ·
If '	"No" for employed – Why not employed		
0	Looking for work	0	Not looking for work

0	Unable to work				
	NEDAL HEALTH STATUS (Advite and Hea	-1 - F I	10	,	NU a va ava va tova a a ava a va Ctua at Outus a
) <u> </u> 	NERAL HEALTH STATUS [Adults and Head Excellent		Poor	-	nı program types except Street Outrea
0	Very good	0	Client do		en't know
0	Good	0	1		ers not to answer
0	Fair	0	Data not		
	T dii		Data not	<u> </u>	
Εl	NTAL HEALTH STATUS [Adults and Head of	of Ho	usehold, A	//	program types except Street Outreach
0	Excellent	0	Poor		
0	Very good	0	Client do	es	sn't know
0	Good	0	Client pre	efe	ers not to answer
)	Fair	0	Data not	C	ollected
ΙE	NTAL HEALTH STATUS [Adults and Head	of Ho	usehold, A	<i>\//</i>	program types except Street Outreach
Э	Excellent	0	Poor		
)	Very good	0	Client do	es	sn't know
)	Good	0	Client pre	efe	ers not to answer
Э	Fair	0	Data not	C	ollected
0	MMERCIAL SEXUAL EXPLOITATION/SE	X TF	RAFFICKII	N	G [Adults and Head of Household]
0	No		0		Client doesn't know
0	Yes		0)	Client prefers not to answer
			0)	Data not collected
F	"YES"			!	
		0 1	No o)	Client doesn't know
n ·	the last three months?		∕es ∘)	Client prefers not to answer
		ı	0)	Data not collected
Но	ow many times (ever)?		<u>,</u>		
0	1-3		0)	Client doesn't know
0	4-7		0)	Client prefers not to answer
о О	8-11		0		Data not collected
0	12 or more				
	er made/persuaded/forced to have sex in ex	char	nge for soi	m	ething?
0	No		0		Client doesn't know
0	Yes		0	-	Client prefers not to answer
J	100		0		Data not collected
IF	"YES" TO "EVER MADE/PERSUADED/FORCE	ח דַ	Ü		
	TES TO EVER MADE/PERSUADED/FORCE		No o		Client doesn't know
		\cup \square	10	,	Olicut docoll r kilow
ln '	the last three menths?				Client profess not to answer
In '	the last three months?		/es o		Client prefers not to answer Data not collected

	R EXPLOITATION/TRAFFICKING [Ac afraid to quit/leave work due to threats			
o No	•		0	Client doesn't know
o Ye	es		0	Client prefers not to answer
•			0	Data not collected
Ever	promised work where work or payment	was differe	nt tha	n you expected?
o No			0	Client doesn't know
o Ye	es		0	Client prefers not to answer
,			0	Data not collected
IF "YE	S" TO EITHER "WORKPLACE VIOLENCE T	THREATS" O	R "WO	
Calt fa	wood opposed proposition of this load into	o No	0	Client doesn't know
	orced, coerced, pressured or tricked into	o Yes	0	Client prefers not to answer
	uing the job?		0	Data not collected
IF "YE	S" TO EITHER "WORKPLACE VIOLENCE T	THREATS" O	R "WO	RKPLACE PROMISE DIFFERENCE"
		o No	0	Client doesn't know
In the	last three months?	o Yes	0	Client prefers not to answer
			0	Data not collected
COUN O No O Ye		old, All prog	ram ty	vpes except Street Outreach]
NoYe	es	. , 0	ram t <u>y</u>	vpes except Street Outreach]
NoYe	IFY the TYPE(s) of COUNSELING RI	. , 0		
NoYe	es	. , 0	ram ty	Group – including peer counseling
O No O Ye IDENT O Inc O Fa Identif Total r A plan	TIFY the TYPE(s) of COUNSELING REdividual amily Ty the number of sessions received Inumber of session(s) planned in your is in place to start or continue counsel	ECEIVED by exit	onent o	Group – including peer counseling
O No O Ye IDENT O Inc O Fa Identif Total r A plan O No O Ye SAFE	TIFY the TYPE(s) of COUNSELING RIdividual amily Ty the number of sessions received Inumber of session(s) planned in your is in place to start or continue counsel to session.	by exituth's treatn	nent c	Group – including peer counseling or service plan
O No O Ye IDENT O Inc O Fa Identif Total r O No O Ye SAFE [Adults	is in place to start or continue counsel on the start of continue counsel on the start of the st	by exit uth's treatn ing after ex	nent c	Group – including peer counseling or service plan
O NO O YE IDENT O Inc O Fa Identif Total r A plan O No O YE SAFE [Adults Exit des	is in place to start or continue counsel on the stination safe – as determined by the clier	by exit uth's treatn ing after ex	nent c	Group – including peer counseling or service plan t Outreach and Homeless Prevention]
O No O Ye IDENT O Inc O Fa Identif Total r O No O Ye SAFE [Adults	is in place to start or continue counsel of the start of	by exit uth's treatn ing after ex	nent c	Group – including peer counseling or service plan

Exit destination safe – as determined by the $\mbox{{\bf project/caseworker}}$

o No						0	Wo	rker doe	sn't kno	W	
o Yes											
lient has permane	nt nocit i	ivo adult	connoct	ione out	teido of r	oroioet	2				
No No	ni positi	ve addit	COIIIIECI	.10115 001	iside oi p	o o		rker doe	sn't kno	\ \ \	
Yes							, VVC	ikei doe	SIT C KITO	VV	
lient has permane	nt positi	ve peer	connecti	ons out	side of p		١٨/-		'4 l		
No Yes						0	VVC	rker doe	sn t kno	W	
) 165											
lient has permane	nt positi	ive comr	nunity co	onnectio	ons outs	ide of	proje	ect			
> No	-		-			0	Wo	rker doe	sn't kno	W	
Yes											
		M [Osti	anal ca	n ha an	tored :	Cant	oct	Tob!			
ONTACT INFO	KIVIATIO	ιορτιο	onai – ca	in be en	iterea in	Cont	acī	гарј			
Contact Type											
Email		Т	1	1	<u> </u>					1	
Phone (#1)											
Phone (#2)											
Active Contact	0	Yes				С)	No			
Private	0	Yes				С)	No			
Contact Date											
Note											
	L										
LIDDENT ADDR	ESS /IE	: ADDLI	CADLE)	Ontion	201 001	n ho o	ntor	od in La	naction	Tobl	
	ESS (IF	APPLI	CABLE)	[Option	nal – cai	n be e	nter	ed in Lo	ocation	Tab]	
URRENT ADDR Street	ESS (IF	APPLI	CABLE)	[Option	nal – car	n be e	nter	ed in Lo	ocation	Tab]	
	ESS (IF	- APPLI	CABLE)	[Optior	nal – car	n be e	nter	red in Lo	ocation	Tab]	

Signature of applicant stating all information is true and correct

Date