

## CLARITY HMIS: KC- 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 Individual/Clients]*

		-			-				
Month			Day			Year			

**DESTINATION** *[All Individual/Clients]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed
<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Other
		<i>If Other, please specify:</i>	

<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Deceased
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Data not collected

<b>*If Destination is "Place not meant for habitation"</b>					
<b>Is household's destination living situation in a vehicle?</b>		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>		<input type="radio"/>	Data not collected
If "Yes", please select Vehicle type					
<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused		
<input type="radio"/>	Camper/RV	<input type="radio"/>	Data Not Collected		

<b>If Destination is permanent housing</b>			
<b>CITY OF PERMANENT HOUSING LOCATION</b>			
<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

**HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]**

<input type="radio"/>	Able to maintain the housing they had at project entry	<input type="radio"/>	Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/>	Moved to new housing unit		
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Client went to jail/prison
		<input type="radio"/>	Client died
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Data not collected

**IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT**

**Subsidy Information**

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an on-going subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy

**IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT**

**Subsidy Information**

<input type="radio"/>	With on-going subsidy	<input type="radio"/>	Without an on-going subsidy
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**IN PERMANENT HOUSING [Permanent Housing Projects, Head of Household]**

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IF “YES” TO PERMANENT HOUSING**

<b>Housing Move-In Date:</b> (See note) *	<i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i>
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**DISABLING CONDITION [All Individuals/Clients]**

*If individual/client is in need of resources, contact the following as appropriate:*

*For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),*

*For crisis services: Crisis Connections at: 1-866-427-4747,*

*For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,*

*For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).*

**DOES THE INDIVIDUAL/CLIENT HAVE:**

**A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All Individuals/Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<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 refused

**A DEVELOPMENTAL DISABILITY [All Individuals/Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**A CHRONIC HEALTH CONDITION [All Individuals/Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<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 refused

**A MENTAL HEALTH CONDITION [All Individuals/Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
<b>IF "YES" TO MENTAL HEALTH PROBLEMS – 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 refused

**A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]**

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug use disorder
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – 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 refused

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
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<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>
<input type="radio"/>	Earned Income		<input type="radio"/>
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>
<input type="radio"/>	Worker's Compensation		<input type="radio"/>
<b>Total Monthly Income for Individual:</b>			

**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 refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other Non-Cash Benefit	<input type="radio"/>	Other TANF-funded services

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	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 Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

**CURRENT SCHOOL ENROLLMENT AND ATTENDANCE [For CoC: YHDP funded programs Head of Household]**

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Client refused
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected
<b>IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:</b>			
<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client refused
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher education: Pursuing a credential but not currently attending		
<b>IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:</b>			
<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client refused
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

**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 refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<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 Non-Cash Benefit	<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 refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance

<input type="radio"/> MEDICARE	<input type="radio"/> Insurance Obtained through COBRA
<input type="radio"/> State Children’s Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veterans Administration (VA) Medical Services	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify)	<input type="radio"/> Indian Health Services Program

**CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH** *[For CoC: PSH funded programs Head of Household]*

<input type="radio"/> Strongly disagree	<input type="radio"/> Strongly agree
<input type="radio"/> Somewhat disagree	<input type="radio"/> Client doesn’t know
<input type="radio"/> Neither agree nor disagree	<input type="radio"/> Client refused
<input type="radio"/> Somewhat agree	<input type="radio"/> Data not collected

**CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS** *[For CoC: PSH funded programs Head of Household]*

<input type="radio"/> Strongly disagree	<input type="radio"/> Strongly agree
<input type="radio"/> Somewhat disagree	<input type="radio"/> Client doesn’t know
<input type="radio"/> Neither agree nor disagree	<input type="radio"/> Client refused
<input type="radio"/> Somewhat agree	<input type="radio"/> Data not collected

**CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES** *[For CoC: PSH funded programs Head of Household]*

<input type="radio"/> Strongly disagree	<input type="radio"/> Strongly agree
<input type="radio"/> Somewhat disagree	<input type="radio"/> Client doesn’t know
<input type="radio"/> Neither agree nor disagree	<input type="radio"/> Client refused
<input type="radio"/> Somewhat agree	<input type="radio"/> Data not collected

**CLIENT’S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID** *[For CoC: PSH funded programs Head of Household]*

<input type="radio"/> Not at all	<input type="radio"/> At least every day
<input type="radio"/> Once a month	<input type="radio"/> Client doesn’t know
<input type="radio"/> Several times a month	<input type="radio"/> Client refused
<input type="radio"/> Several times a week	<input type="radio"/> Data not collected

**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="radio"/>	Yes				<input type="radio"/>	No			
<b>Private</b>	<input type="radio"/>	Yes				<input type="radio"/>	No			
<b>Contact Date</b>										
<b>Note</b>										

*If applicable:*

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Signature of applicant stating all information is true and correct

Date