

## CLARITY HMIS: KC-HUD-HOPWA 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 a 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 hallway 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 (specify):
<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Deceased
<input type="radio"/>		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Data not collected

**\*If Destination is "Place not meant for habitation"**

<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"/>	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

**If Destination is permanent housing**

**CITY OF PERMANENT HOUSING LOCATION**

<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 [All Clients]**

<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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**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

IF "YES" TO PHYSICAL DISABILITY – SPECIFY			
Expected to be of long-continued and indefinite duration?	<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 DEVELOPMENTAL DISABILITY <i>[All Individuals/Clients]</i>			
<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 <i>[All Individuals/Clients]</i>			
<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

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY			
Expected to be of long-continued and indefinite duration?	<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

HIV-AIDS <i>[All Individuals/Clients]</i>			
<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 MENTAL HEALTH CONDITION <i>[All Individuals/Clients]</i>			
<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

IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY			
Expected to be of long-continued and indefinite duration?	<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 SUBSTANCE ABUSE ISSUE <i>[Head of Household and Adults]</i>			
<input type="radio"/>	No		<input type="radio"/> Both alcohol & drug abuse
<input type="radio"/>	Alcohol abuse		<input type="radio"/> Client doesn't know
			<input type="radio"/> Client refused
<input type="radio"/>	Drug abuse		<input type="radio"/> Data not collected

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY			
Expected to be of long-continued and indefinite duration?	<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

**MONTHLY INCOME AND SOURCES [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"/>		<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"/>	TANF (Temporary Assist for Needy Families)	
<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 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	
<input type="radio"/>	Worker's Compensation		<input type="radio"/>	Other income source	

<b>Total monthly income for Individual:</b>	
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**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"/>		<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 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 ( <b>Specify</b> ):	<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"/>		<input type="radio"/>	Data not collected

**IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)**

○ MEDICAID	○ Applied; Decision Pending
	○ Applied; Client Not Eligible
	○ Client Did Not Apply
	○ Insurance Type N/A for this Client
	○ Client Doesn't Know
	○ Client Refused
	○ Data Not Collected
○ MEDICARE	○ Applied; Decision Pending
	○ Applied; Client Not Eligible
	○ Client Did Not Apply
	○ Insurance Type N/A for this Client
	○ Client Doesn't Know
	○ Client Refused
	○ Data Not Collected
○ State Children's Health Insurance (SCHIP)	○ Applied; Decision Pending
	○ Applied; Client Not Eligible
	○ Client Did Not Apply
	○ Insurance Type N/A for this Client
	○ Client Doesn't Know
	○ Client Refused
	○ Data Not Collected
○ Veteran's Administration (VA) Medical Services	○ Applied; Decision Pending
	○ Applied; Client Not Eligible
	○ Client Did Not Apply
	○ Insurance Type N/A for this Client
	○ Client Doesn't Know
	○ Client Refused
	○ Data Not Collected
○ Employer Provided Health Insurance	○ Applied; Decision Pending
	○ Applied; Client Not Eligible
	○ Client Did Not Apply
	○ Insurance Type N/A for this Client
	○ Client Doesn't Know
	○ Client Refused

		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Health Insurance Obtained through COBRA	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Applied; Client Not Eligible		
<input type="radio"/>	Client Did Not Apply		
<input type="radio"/>	Insurance Type N/A for this Client		
<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Client Refused		
<input type="radio"/>	Data Not Collected		
<input type="radio"/>	State Health for Adults		
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Indian Health Services Program
<input type="radio"/>	Applied; Client Not Eligible		
<input type="radio"/>	Client Did Not Apply		
<input type="radio"/>	Insurance Type N/A for this Client		
<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Client Refused		
<input type="radio"/>	Data Not Collected		
<input type="radio"/>	Other Health Insurance ( <b>specify</b> )		

**IF “YES” TO HIV-AIDS:**

**Receiving Public HIV/AIDS Medical Assistance**

<input type="radio"/>	Receiving Public HIV/AIDS Medical Assistance	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

**Receiving AIDS Drug Assistance Program (ADAP)**

<input type="radio"/>	Receiving AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

**T-cell (CD4) Count Available**

<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

**T-cell Count (Integer between 0-1500): \_\_\_\_\_**

**How Was the Information Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

**Viral Load Available**

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

**Viral Load (Integer between 0-999999): \_\_\_\_\_**

**How Was the Information Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)



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

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-in Date (see note*)	<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]*

<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