**CLARITY HMIS: KC-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 Individual/Clients]

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |  *­*  |  |  |  *­*  |  |  |  |  |

 Month DayYear

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

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

|  |
| --- |
| **\*If Destination is “Place not meant for habitation”** |
| **Is household’s destination living situation in a vehicle?** | **○** | No  | ○ | Client doesn’t know  |
| **○** | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| If “Yes”, please select Vehicle type |
| ○ | Van | ○ | Client Doesn't Know |
| ○ | Automobile/Car | ○ | Client Refused  |
| ○ | Camper/RV | ○ | Data Not Collected  |

#

|  |
| --- |
| **If Destination is permanent housing** |

# **CITY OF PERMANENT HOUSING LOCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Unincorporated King County (includes any community not otherwise listed) | ○ | Medina |
| ○ | Algona | ○ | Mercer Island |
| ○ | Auburn | ○ | Milton |
| ○ | Beaux Arts | ○ | Newcastle |
| ○ | Bellevue | ○ | Normandy Park |
| ○ | Black Diamond | ○ | North Bend |
| ○ | Bothell | ○ | Pacific |
| ○ | Burien | ○ | Redmond |
| ○ | Carnation | ○ | Renton |
| ○ | Clyde Hill | ○ | Sammamish |
| ○ | Covington | ○ | Sea Tac |
| ○ | Des Moines | ○ | Seattle |
| ○ | Duvall | ○ | Shoreline |
| ○ | Enumclaw | ○ | Skykomish |
| ○ | Federal Way | ○ | Snoqulamie |
| ○ | Hunts Point | ○ | Tukwila |
| ○ | Issaquah | ○ | Woodinville |
| ○ | Kenmore | ○ | Yarrow Point |
| ○ | Kent | ○ | Washington State (outside of King County) |
| ○ | Kirkland  | ○ | Outside of Washington State |
| ○ | Lake Forest Park | ○ | Client Doesn't Know |
| ○ | Maple Valley | ○ | Client Refused  |
| ○ | Data Not Collected  |

**CONNECTION WITH SOAR** ​*[Heads of Households and Adults*]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ |  No | ○ | Client doesn’t know  |
| ○ |  Yes | ○ | Client refused  |
| ○ | Data not collected  |

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

|  |  |  |
| --- | --- | --- |
| Date of Status Determination  |  | \_\_\_\_/\_\_\_/\_\_\_\_\_\_\_ |
| Client Became Enrolled in PATH  | ○ | No  |
| ○ | Yes  |
| **IF “NO” TO ENROLLED IN PATH**  |
| Reason Not Enrolled | ○ | Client was found ineligible for PATH |
| ○ | Client was not enrolled for other reason(s) |
| ○ | Unable to locate client  |

**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 INDIVDUAL/CLIENT HAVE:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES” TO PHYSICAL DISABILITY – SPECIFY**   |
| Expected to be of long-continued and indefinite duration? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** |
| Expected to be of long-continued and indefinite duration? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY**  |
| Expected to be of long-continued and indefinite duration? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Both alcohol & drug abuse  |
| ○ | Alcohol abuse  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Drug abuse  | ○ | Data not collected  |

|  |
| --- |
| **IF “ALCOHOL ABUSE” “DRUG ABUSE” OR “BOTH ALCOHOL AND DRUG ABUSE”– SPECIFY**  |
| Expected to be of long-continued and indefinite duration? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

**MONTHLY INCOME AND SOURCES** ​*[Head of Households and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**  |
| **Income Source** | **Amount** | **Income Source** | **Amount** |
| ○ | Earned Income |  | ○ | TANF (Temporary Assist for Needy Families) |   |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |   |
| ○ | Supplemental Security Income (SSI)  |  | ○ | Retirement Income from Social Security |   |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from former job |   |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |   |
| ○ |  VA Non-Service Connected Disability Pension |  | ○ |  Alimony and other spousal support |   |
| ○ |  Private disability insurance |  | ○ | Other income source |   |
| ○ | Worker’s Compensation |  | ○ | Other income source |  |
| **Total monthly income for Individual:**  |   |

# **RECEIVING NON­CASH BENEFITS**​ ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**  |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Childcare Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify):  | ○ | Other TANF-funded services |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS**  |
| ○ | MEDICAID  | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE  | ○ | Insurance Obtained through COBRA  |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Private Pay Health Insurance  |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults  |
| ○ | Other (specify): | ○ | Indian Health Services Program |

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

|  |  |
| --- | --- |
| **Contact Type** |  |
| **Email** |  |
| **Phone (#1)** |  |  |  |  |  |  |  |  |  |  |
| **Phone (#2)** |  |  |  |  |  |  |  |  |  |  |
| **Active Contact** | ○ | Yes | ○  | No |
| **Private** | ○ | Yes | ○ | No |
| **Contact Date** |  |
| **Note** |  |

***If applicable:***

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