**CLARITY HMIS: KC- 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.**

**CLIENT NAME OR IDENTIFIER:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **PROJECT EXIT DATE**​ *​[All Clients]*

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

 Month DayYear

# IN PERMANENT HOUSING *​[Permanent Housing Projects, for Head of Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** |
| **Housing Move-In Date:** (See Note\*) | \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

**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 public housing unit |
| ○ | Substance abuse treatment facility or detox center | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Residential project or halfway 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, no ongoing housing subsidy |
| ○ | Host Home (non-crisis) | ○ | No exit interview completed  |
| ○ | Staying or living with friends, temporary tenure (e.g., room, apartment or house) | ○ | Other |
| *If Other, please specify:* |
| ○ | Staying or living with family, temporary tenure (e.g., room, apartment or house) | ○ | Deceased |
| ○ | Client doesn’t know |
| ○ | Staying or living with friends, permanent tenure | ○ | Client Refused |
| ○ | Staying or living with family, 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  |

**PROJECT COMPLETION STATUS** *[Head of Household and Adults: All RHY Components except Street Outreach and BCP Prevention]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Completed project  | ○  | Youth was expelled or otherwise involuntarily discharged from project  |
| ○ | Youth voluntarily left early  |

|  |
| --- |
| **If youth was expelled or otherwise involuntarily discharged – Major reason**  |
| ○ | Criminal activity/destruction of property/violence  | ○ | Reached max times allowed by project  |
| ○ | Non­compliance with project rules  | ○ | Project terminated  |
| ○ | Non­payment of rent/occupancy charge  | ○ | Unknown/disappeared  |

**RHY ­ BCP STATUS** *​[If not collected at Entry]*

|  |  |
| --- | --- |
| Date of status determination  |  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| FYSB “Youth Eligible for RHY Services” |
| ○  | No  | ○  | Yes  |
| If ‘No’ for Youth Eligible for RHY Services – Reason services are not funded by BCP grant  |
| ○ | Out of age range  | ○  | Ward of the juvenile justice system – immediate reunification  |
| ○ | Ward of the State – Immediate Reunification  | ○ | Other  |
| **Runaway Youth?** [If ‘Yes’ to ‘Youth Eligible for RHY Services’] | ○ | Client doesn’t know  |
| ○ | No | ○ | Client Refused |
| ○ | Yes | ○ | Data not collected |

**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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Both alcohol & drug use disorder  |
| ○ | Alcohol use disorder | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Drug abuse  | ○ | Data not collected  |
| **IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDER”– SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |

# INCOME FROM ANY SOURCE ​*[Head of Household 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 |  | ○ | Temporary Assistance for Needy Families (TANF) |   |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |   |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security |   |
| ○ |  Social Security Disability Insurance (SSDI)  |  | ○ | Pension or Retirement Income from a Former Job |   |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |   |
| ○ |  VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support |   |
| ○ | Private Disability Insurance |  | ○ | Other source  |   |
| ○ | Worker’s Compensation |  |  *Other source, please specify:* |
| **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 |

**RHY SPECIFIC YOUTH INFORMATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate Degree  |
| ○ | Grades 5-6  | ○ | Graduate Degree |
| ○ | Grades 7-8  | ○ | Bachelor's Degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 | ○ | Client doesn’t know |
| ○ | GED  | ○ | Client refused |
| ○ | School does not have grade levels | ○ | Data not collected  |
| ○ | Some college |  |

**SCHOOL STATUS** ​*[Adults and Head of Households, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Attending school regularly | ○ | Suspended |
| ○ | Attending school irregularly | ○ | Expelled |
| ○ | Graduated from high school | ○ | Client doesn’t know |
| ○ | Obtained GED | ○ | Client refused  |
| ○ | Dropped out | ○ | Data not collected  |

**EMPLOYMENT STATUS** ​*[Adults and Head of Households, All program types except Street Outreach]*

|  |
| --- |
| **Employed**  |
| ○  | No  | ○ | Client doesn’t know  |
| ○  | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **If “Yes” for employed – Type of employment**  |
| ○ | Full­time  | ○ | Seasonal/sporadic (including day labor)  |
| ○ | Part-time  |
| **If “No” for employed – Why not employed**  |
| ○ | Looking for work  | ○ | Not looking for work  |
| ○ | Unable to work  |

**GENERAL HEALTH STATUS** ​*[Adults and Head of Households, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent  | ○ | Poor  |
| ○ | Very good  | ○ | Client doesn’t know  |
| ○ | Good  | ○ | Client refused  |
| ○ | Fair  | ○ | Data not collected  |

**DENTAL HEALTH STATUS** ​*[Adults and Head of Households, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent  | ○ | Poor  |
| ○ | Very good  | ○ | Client doesn’t know  |
| ○ | Good  | ○ | Client refused  |
| ○ | Fair  | ○ | Data not collected  |

**MENTAL HEALTH STATUS** ​*[Adults and Head of Households, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○  | Excellent  | ○  | Poor  |
| ○  | Very good  | ○  | Client doesn’t know  |
| ○  | Good  | ○  | Client refused  |
| ○  | Fair  | ○  | Data not collected  |

**PREGNANCY STATUS** ​*[Adults and Head of Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **If “Yes” for Pregnancy Status**  |
| **Due Date:** |

**COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING** *[Adults and Head of Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES”**  |
| In the last three months? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

How many times (ever)?

|  |  |  |  |
| --- | --- | --- | --- |
| ○  | 1-3  | ○  | Client doesn’t know  |
| ○  | 4-7 | ○  | Client refused  |
| ○  | 8-11  | ○  | Data not collected  |
| ○  | 12 or more |   |  |

Ever made/persuaded/forced to have sex in exchange for something?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES”**  |
| In the last three months? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**LABOR EXPLOITATION /TRAFFICKING** *[Adults and Head of Households]*

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

Ever promised work where work or payment was different than you expected?

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

**If “YES”** Felt forced, coerced, pressured or tricked into continuing the job?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
|  **IF “YES”**  |
| In the last three months? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**COUNSELING** ​*[Adults and Head of Households, All program types except Street Outreach]*

|  |  |
| --- | --- |
| ○ | No  |
| ○ | Yes  |

**IDENTIFY the TYPE(s) of COUNSELING RECEIVED**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Individual  | ○ | Group - including peer counseling |
| ○ | Family |

**Identify the number of sessions received by exit** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number of session(s) planned in youth’s treatment or service plan \_\_\_\_\_\_\_\_\_\_\_\_\_**

A plan is in place to start or continue counseling after exit?

|  |  |
| --- | --- |
| ○ | No  |
| ○ | Yes  |
|

**SAFE AND APPROPRIATE EXIT**

*[Adults and Head of Households:**All RHY Components except Street Outreach and*

*Homeless Prevention]*

Exit destination safe – as determined by the **client**

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

Exit destination safe – as determined by the **project/caseworker**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Worker Doesn’t Know  |
| ○ | Yes  |
|

Client has permanent **positive adult connections** outside of project?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Worker Doesn’t Know  |
| ○ | Yes  |
|

Client has permanent **positive peer connections** outside of project

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Worker Doesn’t Know  |
| ○ | Yes  |
|

Client has permanent **positive community connections** outside of project

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Worker Doesn’t Know  |
| ○ | Yes  |
|

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone Number  |   |   |   |  ­  |   |   |   |  ­  |   |   |   |   |   |
| Email  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Current Address (if applicable)** |   |   |   |   |   |   |   |   |   |   |
| Street  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State  |   |   |   |   |   |   |   |   | Zip Code |   |   |   |   |   |

***If applicable:***

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