**CLARITY HMIS: VA SERVICES EXIT FORM**

**(Including HUD VASH, SSVF, GPD)**

**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

# 

# **DESTINATION** [All 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 |

**PHYSICAL DISABILITY ​*[not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 |

**DEVELOPMENTAL DISABILITY** ​*[****not required for SSVF****]*

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

**CHRONIC HEALTH CONDITION** ​*[****not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 |

**HIV-AIDS** ​*[****not required for SSVF****]*

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

**MENTAL HEALTH PROBLEM** ​*[****not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 |

**SUBSTANCE ABUSE PROBLEM** ​*[****not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 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 | |  | ○ | | 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 for Individual:** | |  | | | | | | | |

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# **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 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 | | |
| ○ | Amerigrouo | ○ | HPN | | |

**HUD-VASH Exit Information [*HUD-VASH only]***

**Case Management Exit Reason**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Accomplished goals and/or obtained services and no longer need CM | ○ | Transferred to another HUD-VASH program site |
| ○ | Found/chose other Housing | ○ | Did not comply with HUD-VASH CM |
| ○ | Eviction and/or other Housing related issues | ○ | Unhappy with HUD-VASH housing |
| ○ | No longer financially eligible for HUD-VASH Voucher | ○ | No longer interested in participating in this program |
| ○ | Veteran cannot be located | ○ | Veteran too ill to participate at this time |
| ○ | Veteran is incarcerated | ○ | Veteran is deceased |
| ○ | Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**CONNECTION WITH SOAR ​***[Heads of Households and Adults*, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

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

**LAST GRADE COMPLETED** *[Head of Households and Adults, required for SSVF and VASH]*

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

**EMPLOYMENT STATUS ​***[Head of Households and Adults, SSVF, GPD and VASH]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** ​*[Head of Households and Adults,* ***HUD-VASH OTH only****]*

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

# **IN PERMANENT HOUSING** ​[Permanent Housing Projects, for Heads 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.* |

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

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



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