**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**