**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/subway station/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non­psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on­going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected |
| ○ | Staying or living in a family member’s room, apartment or house |  |
|  **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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 prefers not to answer |
|  |  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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 prefers not to answer |
|  |  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH 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 prefers not to answer |
|  |  | ○ | Data not collected |

**SUBSTANCE USE DISORDER** ​*[not required for SSVF]*

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

**INCOME FROM ANY SOURCE***​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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 income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** |

#

**RECEIVING NON-CASH BENEFITS**​ *​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care 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 prefers not to answer |
|  | **○** | Data not collected |
| **IF “YES” TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS** |
| **○** | MEDICAID | **○** | Employer Provided Health Insurance |
| **○** | MEDICARE | **○** | Health Insurance Obtained Through COBRA |
| **○** | State Children’s Health Insurance (SCHIP) | **○** | Private Pay Health Insurance |
| **○** | Veteran’s Health Administration (VHA) | **○** | State Health Insurance for Adults |
| **○** | Other (specify): | **○** | Indian Health Services Program |
| **○** | Anthem | **○** | Molina  |
| **○** | HPN | **○** | SilverSummit |

**HUD-VASH Exit Information** *[Head of Household/Veteran*, *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 ​***[Head of Household and Adults*, *SSVF RRH and Homelessness Prevention]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Less than Grade 5 | **○** | Associate’s degree |
| **○** | Grades 5-6 | **○** | Bachelor’s degree |
| **○** | Grades 7-8 | **○** | Graduate degree |
| **○** | Grades 9-11 | **○** | Vocational certification |
| **○** | Grade 12/High school diploma | **○** | Client doesn’t know |
| **○** | School program does not have grade levels | **○** | Client prefers not to answer |
| **○** | GED | **○** | Data not collected |
| **○** | Some college |  |

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

|  |
| --- |
| **Employed** |
| No | ○ | Client doesn’t know |
| Yes | ○ | Client prefers not to answer |
|  | ○ | 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 Household and Adults, HUD-VASH Collaborative Case Management]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

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

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

**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** |  |

**CURRENT ADDRESS (IF APPLICABLE)** *[Optional – can be entered in Location Tab]*

|  |  |
| --- | --- |
| **Street** |  |
| **City** |  |
| **Street** |  | **Zip Code** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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