

CLARITY HMIS: KC- MINIMUM 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 | | | Day | | | Year | | | |

DESTINATION *[All Clients]*

| | |
|--|---|
| <input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | <input type="radio"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | <input type="radio"/> Staying or living with family, permanent tenure |
| <input type="radio"/> Safe Haven | <input type="radio"/> Staying or living with friends, permanent tenure |
| <input type="radio"/> Foster care home or foster care group home | <input type="radio"/> Moved from one HOPWA funded project to HOPWA PH |
| <input type="radio"/> Hospital or other residential non-psychiatric medical facility | <input type="radio"/> Rental by client, no ongoing housing subsidy |
| <input type="radio"/> Jail, prison or juvenile detention facility | <input type="radio"/> Rental by client, with ongoing housing subsidy |
| <input type="radio"/> Long-term care facility or nursing home | <input type="radio"/> Owned by client, with ongoing housing subsidy |
| <input type="radio"/> Psychiatric hospital or other psychiatric facility | <input type="radio"/> Owned by client, no ongoing housing subsidy |
| <input type="radio"/> Substance abuse treatment facility or detox center | <input type="radio"/> No exit interview completed |
| <input type="radio"/> Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> Other |
| <input type="radio"/> Residential project or halfway house with no homeless criteria | <input type="radio"/> Deceased |
| <input type="radio"/> Hotel or motel paid for without emergency shelter voucher | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Host Home (non-crisis) | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) | <input type="radio"/> Data not collected |
| <input type="radio"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) | |
| IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: | |
| <input type="radio"/> GDP TIP housing subsidy | <input type="radio"/> Emergency Housing Voucher |
| <input type="radio"/> VASH Housing subsidy | <input type="radio"/> Family Unification Program Voucher (FUP) |

| | |
|---|---|
| <input type="radio"/> RRH or equivalent subsidy | <input type="radio"/> Foster Youth to Independence Initiative (FYI) |
| <input type="radio"/> HCV voucher (tenant or project based) (not dedicated) | <input type="radio"/> Permanent Supportive Housing |
| <input type="radio"/> Public Housing Unit | <input type="radio"/> Other permanent housing dedicated for formerly homeless persons |
| <input type="radio"/> Rental by client, with other ongoing housing subsidy | |

| | | | |
|--|-----------------------|-----------------------|--|
| *If Destination is "Place not meant for habitation" | | | |
| Is household's destination living situation in a vehicle? | <input type="radio"/> | No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> | Yes | <input type="radio"/> Client prefers not to answer |
| | | | <input type="radio"/> Data not collected |
| If "Yes", please select Vehicle type | | | |
| <input type="radio"/> | Van | <input type="radio"/> | Client Doesn't Know |
| <input type="radio"/> | Automobile/Car | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Camper/RV | <input type="radio"/> | Data Not Collected |

If Destination is permanent housing

CITY OF PERMANENT HOUSING LOCATION

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

| | | | |
|---|--------------|---|------------------------------|
| ○ | Maple Valley | ○ | Client prefers not to answer |
| | | ○ | Data Not Collected |

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