

CLARITY HMIS: KC- HUD-CoC 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: _____

PROGRAM 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
<input type="radio"/> Maple Valley	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data Not Collected

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]
--

<input type="radio"/> Able to maintain the housing they had at project entry	<input type="radio"/> Client became homeless – moving to a shelter or other place unfit for human habitation
--	--

<input type="radio"/>	Moved to new housing unit		
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Jail/Prison
		<input type="radio"/>	Deceased
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Data not collected

IF "ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY" TO HOUSING ASSESSMENT
Subsidy Information

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an ongoing subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy

IF "MOVED TO NEW HOUSING UNIT" TO HOUSING ASSESSMENT
Subsidy Information

<input type="radio"/>	With ongoing subsidy	<input type="radio"/>	Without an ongoing subsidy
-----------------------	----------------------	-----------------------	----------------------------

IN PERMANENT HOUSING [Permanent Housing Projects, Head of Household]

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

IF "YES" TO PERMANENT HOUSING

Housing Move-In Date: (See note) *	<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>
---	--

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 INDIVIDUAL/CLIENT HAVE:
A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All Individuals/Clients]

<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" TO PHYSICAL DISABILITY – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

A DEVELOPMENTAL DISABILITY [All Individuals/Clients]			
<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

A CHRONIC HEALTH CONDITION [All Individuals/Clients]			
<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" TO CHRONIC HEALTH CONDITION – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

A MENTAL HEALTH CONDITION [All Individuals/Clients]			
<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" TO MENTAL HEALTH PROBLEMS – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	<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

A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug use disorder	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer

INCOME FROM ANY SOURCE [Head of Household and Adults]

<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" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement Income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or Retirement Income from a Former Job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child Support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and Other Spousal Support	
<input type="radio"/> Private Disability Insurance		<input type="radio"/> Other Income source	
<input type="radio"/> Worker's Compensation			
Total Monthly Income for Individual:			

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

<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" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services

<input type="radio"/>	Other Non-Cash Benefit	<input type="radio"/>	Other TANF-funded services
-----------------------	------------------------	-----------------------	----------------------------

COVERED BY HEALTH INSURANCE [All Individuals/Clients]

<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" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE [For CoC: YHDP funded programs Head of Household]

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected
IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:			
<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher education: Pursuing a credential but not currently attending		
IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:			
<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

If applicable:

Signature of applicant stating all information is true and correct

Date