

## CLARITY HMIS: KC- EMPLOYMENT 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"/> <b>Rental by client, with ongoing housing subsidy</b> |
| <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)   |   |
| <b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>  |   |
| <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  |   |

|  |                       |                       |  |
|--|-----------------------|-----------------------|--|
| <b>*If Destination is "Place not meant for habitation"</b>       |                       |                       |  |
| <b>Is household's destination living situation in a vehicle?</b> | <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                                 |

|  |
|--|
| <b>If Destination is permanent housing</b> |
|--|

|   |
|---|
| <b>CITY OF PERMANENT HOUSING LOCATION</b> |
|---|

|                       |  |                       |   |
|-----------------------|--|-----------------------|---|
| <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                        |

**HOUSEHOLD IS PERMANENTLY HOUSED WITH SUFFICIENT EMPLOYMENT INCOME TO MAINTAIN THAT HOUSING**

|  |                                      |                       |                                    |
|--|--------------------------------------|-----------------------|------------------------------------|
| <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                 |
| <b>IF "YES" TO PERMANENTLY HOUSED WITH SUFFICIENT EMPLOYMENT INCOME [Head of Household and Adults]</b> |                                      |                       |                                    |
| <b>Employment Start Date</b>   |                                      | ____ / ____ / ____    |                                    |
| <b>Hourly Wage</b>   |                                      | \$ _____              |                                    |
| <b>Place of Employment</b>   |                                      | _____                 |                                    |
| <b>Industry Sector</b>   |                                      |                       |                                    |
| <input type="radio"/>  | Natural Resources and Mining         | <input type="radio"/> | Professional and Business Services |
| <input type="radio"/>  | Construction                         | <input type="radio"/> | Education and Health Services      |
| <input type="radio"/>  | Manufacturing                        | <input type="radio"/> | Leisure and Hospitality            |
| <input type="radio"/>  | Trade, Transportation, and Utilities | <input type="radio"/> | Client doesn't know                |
| <input type="radio"/>  | Information                          | <input type="radio"/> | Client prefers not to answer       |
| <input type="radio"/>  | Financial Activities                 | <input type="radio"/> | Data not collected                 |

**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 [ All Individuals/Clients]**

|   |                      |                       |                                  |                       |                              |
|---|----------------------|-----------------------|----------------------------------|-----------------------|------------------------------|
| <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               |                       |                              |
| <b>IF "ALCOHOL ABUSE" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER"- SPECIFY</b>                    |                      |                       |                                  |                       |                              |
| 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                        |        |                       |  |        |
| <b>Total Monthly Income for Individual:</b> |  |        |                       |  |        |

**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     |

***If applicable:***

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

**Date**