

CLARITY HMIS: KC-HUD-HOPWA 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 (<i>includes community not otherwise listed</i>)	<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 (<i>outside of King County</i>)
<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 [All Individuals/Clients]

<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
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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?	<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?	<input type="radio"/>		<input type="radio"/>	Client doesn't know
	<input type="radio"/>		<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

HIV-AIDS *[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 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?	<input type="radio"/>	<input type="radio"/> Client doesn't know
	<input type="radio"/>	<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 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?	<input type="radio"/>	<input type="radio"/> Client doesn't know
	<input type="radio"/>	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

MONTHLY INCOME AND SOURCES *[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"/>	TANF (Temporary Assist for Needy Families)	
<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 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		<input type="radio"/>	Other income source	
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 (Specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All 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 & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)		
○ MEDICAID		○ Applied; Decision Pending
		○ Applied; Client Not Eligible
		○ Client Did Not Apply
		○ Insurance Type N/A for this Client
		○ Client Doesn't Know
		○ Client prefers not to answer
		○ Data Not Collected
○ MEDICARE		○ Applied; Decision Pending
		○ Applied; Client Not Eligible
		○ Client Did Not Apply
		○ Insurance Type N/A for this Client
		○ Client Doesn't Know
		○ Client prefers not to answer
		○ Data Not Collected
○ State Children's Health Insurance (SCHIP)		○ Applied; Decision Pending
		○ Applied; Client Not Eligible
		○ Client Did Not Apply
		○ Insurance Type N/A for this Client
		○ Client Doesn't Know
		○ Client prefers not to answer
		○ Data Not Collected
	Veterans Health Administration (VHA)	○ Applied; Decision Pending

○		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client prefers not to answer
		○	Data Not Collected
○	Employer Provided Health Insurance	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client prefers not to answer
		○	Data Not Collected
○	Health Insurance Obtained through COBRA	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client prefers not to answer
		○	Data Not Collected
○	Private Pay Health Insurance	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply

		<input type="radio"/> Insurance Type N/A for this Client <input type="radio"/> Client Doesn't Know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data Not Collected
<input type="radio"/> State Health for Adults		<input type="radio"/> Applied; Decision Pending <input type="radio"/> Applied; Client Not Eligible <input type="radio"/> Client Did Not Apply <input type="radio"/> Insurance Type N/A for this Client <input type="radio"/> Client Doesn't Know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data Not Collected
<input type="radio"/> Indian Health Services Program		<input type="radio"/> Applied; Decision Pending <input type="radio"/> Applied; Client Not Eligible <input type="radio"/> Client Did Not Apply <input type="radio"/> Insurance Type N/A for this Client <input type="radio"/> Client Doesn't Know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data Not Collected
<input type="radio"/> Other Health Insurance (specify)		

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

<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 “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) — SPECIFY REASON

<input type="radio"/> Applied; Decision Pending	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Applied; Client Not Eligible	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Client Did Not Apply	<input type="radio"/> Data Not Collected
<input type="radio"/> Insurance Type N/A for this Client	

Receiving Ryan White-funded Medical or Dental Assistance

<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 “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON

<input type="radio"/> Applied; Decision Pending	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Applied; Client Not Eligible	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Client Did Not Apply	<input type="radio"/> Data Not Collected
<input type="radio"/> Insurance Type N/A for this Client	

T-cell (CD4) Count Available

<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

T-cell Count (Integer between 0-1500): _____

How Was the Information Obtained?

<input type="radio"/> Medical Report
<input type="radio"/> Client Reported
<input type="radio"/> Other (specify)

Viral Load Available

<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Undetectable	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Client prefers not to answer	<input type="radio"/> Data Not Collected

Viral Load (Integer between 0-999999): _____

How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

Has the participant been prescribed anti-retroviral drugs?

<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

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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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>
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If applicable:

Signature of applicant stating all information is true and correct

Date