

## **CLARITY HMIS: KC-HHS-PATH PROJECT EXIT FORM**

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

CLIENT	NAM	E OR	IDEN	NTIFII	ER :_							 		 	_
PROGRAM EXIT DATE [All Individual/Clients]															
•	Moi	nth		Da	y			Yea	ar		-				

**DESTINATION** [All Clients]

$\perp$	DESTINATION [All Clients]		
0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA TH
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Staying or living with family, permanent tenure
0	Safe Haven	0	Staying or living with friends, permanent tenure
0	Foster care home or foster care group home	0	Moved from one HOPWA funded project to HOPWA PH
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with ongoing housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no ongoing housing subsidy
0	Substance abuse treatment facility or detox center	0	No exit interview completed
0	Transitional housing for homeless persons (including homeless youth)	0	Other
0	Residential project or halfway house with no homeless criteria	0	Deceased
0	Hotel or motel paid for without emergency shelter voucher	0	Client doesn't know
0	Host Home (non-crisis)	0	Client prefers not to answer
0	Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	Data not collected
0	Staying or living with friends, temporary tenure (e.g., room, apartment, or house)		
	"RENTAL BY CLIENT, WITH ONGOING HOUSING SU	JBS	SIDY" – SPECIFY:
0	GDP TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
_			· · · · · · · · · · · · · · · · · · ·



0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
0	Public Housing Unit		Other permanent housing dedicated for
0	Rental by client, with other ongoing housing subsidy		formerly homeless persons

*If I	*If Destination is "Place not meant for habitation"									
				0	No	0	Client doesn't know			
ls h	ousehold's destination living situa	in a vehicle?	0	Yes	0	Client prefers not to answer				
						0	Data not collected			
If "\	es", please select Vehicle type									
0	Van	0	Client Doesn't Know							
0	O Automobile/Car O Client prefers not to answer									
0	Camper/RV	0	Data Not Collected							

# If Destination is permanent housing CITY OF PERMANENT HOUSING LOCATION

0	Unincorporated King County (includes any community not otherwise listed)	0	Medina
0	Algona	0	Mercer Island
0	Auburn	0	Milton
0	Beaux Arts	0	Newcastle
0	Bellevue	0	Normandy Park
0	Black Diamond	0	North Bend
0	Bothell	0	Pacific
0	Burien	0	Redmond
0	Carnation	0	Renton
0	Clyde Hill	0	Sammamish
0	Covington	0	Sea Tac
0	Des Moines	0	Seattle
0	Duvall	0	Shoreline
0	Enumclaw	0	Skykomish
0	Federal Way	0	Snoqualmie
0	Hunts Point	0	Tukwila
0	Issaquah	0	Woodinville
0	Kenmore	0	Yarrow Point
0	Kent	0	Washington State (outside of King County)



0	Kirkland	0	Outside of Washington State
0	Lake Forest Park	0	Client Doesn't Know
	Marala Mallan	0	Client prefers not to answer
0	Maple Valley	0	Data Not Collected

**CONNECTION WITH SOAR** [Heads of Households and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

PATH STATUS [If not at intake]

Date of Status Determination		<u> </u>
Client Became Enrolled in DATH	0	No
Client Became Enrolled in PATH	0	Yes
IF "NO" TO ENROLLED IN PATH		
	0	Client was found ineligible for PATH
Reason Not Enrolled	0	Client was not enrolled for other reason(s)
	0	Unable to locate client

#### **DISABLING CONDITION** [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

- For <u>aging or disability support</u>, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free).
- For <u>crisis services</u>: Crisis Connections at: 1-866-427-4747,
- For <u>mental health or substance use services</u>: 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]

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF "	YES" TO PHYSICAL DISABILITY – SPECIFY				
		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration?			Yes	0	Client prefers not to answer
				0	Data not collected



A DEVELOPMENTAL DISABILITY [All Individuals/Clients]

Client prefers not to answer  Data not collected  A CHRONIC HEALTH CONDITION [All Individuals/Clients]  No  No  Yes  Client doesn't know Client prefers not to answer Data not collected  IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY  Expected to be of long-continued and indefinite duration?  No  No  Client doesn't know Client prefers not to answer Data not collected  Client prefers not to answer Data not collected  Client prefers not to answer Client prefers not to answer Client prefers not to answer Data not collected  Client prefers not to answer Data not collected  Expected to be of long-continued and indefinite Client prefers not to answer Data not collected  IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY  Expected to be of long-continued and indefinite Client prefers not to answer Data not collected  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No  Both alcohol & drug use disorder Client doesn't know Client prefers not to answer Data not collected		DEVELOPINENTAL DISABILITY (AII III dividuals)	Cilci	itoj	_	1				
A CHRONIC HEALTH CONDITION [All Individuals/Clients]  No	0	No			0	Client doesn't know				
A CHRONIC HEALTH CONDITION [All Individuals/Clients]  No	0	Yes	0	·						
O No  Ves  Pes  Pes  Pes  Pes  Pes  Pes  Pes			0	Data not collected						
Client prefers not to answer  Data not collected  IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY  Expected to be of long-continued and indefinite duration?  A MENTAL HEALTH CONDITION [All Individuals/Clients]  No  Ves  Client doesn't know Client prefers not to answer Data not collected  A MENTAL HEALTH CONDITION [All Individuals/Clients]  No  Ves  Data not collected  IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY  Expected to be of long-continued and indefinite duration?  No  Client prefers not to answer Data not collected  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No  Alcohol use disorder  Drug use disorder  Drug use disorder  F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" - SPECIFY  Expected to be of long-continued and indefinite duration?  Client prefers not to answer Client prefers not to answer Client prefers not to answer Data not collected	AC	A CHRONIC HEALTH CONDITION [All Individuals/Clients]								
Ves	0	No			0	Client doesn't know				
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY   O No O Client doesn't know	0	Yes			0	·				
Expected to be of long-continued and indefinite duration?  A MENTAL HEALTH CONDITION [All Individuals/Clients]  No  No  Yes  Client doesn't know  Client doesn't know  Client doesn't know  Client prefers not to answer  Data not collected  F "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY  Expected to be of long-continued and indefinite duration?  No  ASUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No  Alcohol use disorder  Drug use disorder  F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY  No  Client prefers not to answer  Client doesn't know  Client doesn't know  Client prefers not to answer  Data not collected  Both alcohol & drug use disorder  Client prefers not to answer  Client doesn't know  Client prefers not to answer  Data not collected					0	Data not collected				
Expected to be of long-continued and indefinite duration?  A MENTAL HEALTH CONDITION [All Individuals/Clients]  No No Ves Client doesn't know Client prefers not to answer Data not collected  F "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY Expected to be of long-continued and indefinite duration?  No A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No Alcohol use disorder Drug use disorder  F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY  No Expected to be of long-continued and indefinite O No Client doesn't know Client prefers not to answer O Data not collected  Both alcohol & drug use disorder Client doesn't know Client prefers not to answer O Data not collected  F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY O NO Client prefers not to answer	IF "	YES" TO CHRONIC HEALTH CONDITION - SPEC	IFY		•	•				
A MENTAL HEALTH CONDITION [All Individuals/Clients]  No No Olient doesn't know Client prefers not to answer Data not collected  No Olient doesn't know Client prefers not to answer Data not collected  F "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY Expected to be of long-continued and indefinite duration?  No Olient doesn't know Client doesn't know Client prefers not to answer Data not collected  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No Olient doesn't know Client prefers not to answer Data not collected  Both alcohol & drug use disorder Client prefers not to answer Drug use disorder Drug use disorder Olient doesn't know Client prefers not to answer Client prefers not to answer Data not collected  F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" - SPECIFY ONO Client prefers not to answer			0	No	0	Client doesn't know				
A MENTAL HEALTH CONDITION [All Individuals/Clients]  No No Ves Client doesn't know Client prefers not to answer Data not collected  IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY  Expected to be of long-continued and indefinite duration?  No Client doesn't know Client prefers not to answer Data not collected  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No Alcohol use disorder Client doesn't know disorder Client doesn't know Client prefers not to answer Client prefers not to answer Drug use disorder Client doesn't know Client prefers not to answer Client doesn't know Client doesn't know Client doesn't know Client prefers not to answer Client doesn't know Client prefers not to answer Client doesn't know Client prefers not to answer			0	Yes	0	· · · · · · · · · · · · · · · · · · ·				
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Series S	ΑN	A MENTAL HEALTH CONDITION [All Individuals/Clients]								
o Yes    F "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY   O No	0	No			0	Client doesn't know				
IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY  Expected to be of long-continued and indefinite duration?  O No O Client doesn't know Client prefers not to answer  O Data not collected  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  O No O Both alcohol & drug use disorder  O Alcohol use disorder  O Drug use disorder  O Drug use disorder  O 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?  O Yes  O Client doesn't know  Client prefers not to answer	0	Yes			0	-				
Expected to be of long-continued and indefinite duration?  O No Client doesn't know Client prefers not to answer O Data not collected  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults] O No O Both alcohol & drug use disorder O Client doesn't know Client prefers not to answer O Client doesn't know Client prefers not to answer O Drug use disorder O Data not collected  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER"—SPECIFY O NO Client doesn't know Expected to be of long-continued and indefinite duration? O Yes O NO Client prefers not to answer					0	Data not collected				
Expected to be of long-continued and indefinite duration?  A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No Alcohol use disorder  Drug use disorder  Drug use disorder  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" SPECIFY  Expected to be of long-continued and indefinite duration?  Client prefers not to answer on No Client doesn't know  Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client prefers not to answer	IF "	YES" TO MENTAL HEALTH PROBLEMS – SPECII	FY							
A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No Alcohol use disorder  Drug use disorder  Drug use disorder  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" - SPECIFY  No No Client doesn't know Client prefers not to answer Client prefers not to answer			0	No	0	Client doesn't know				
A SUBSTANCE ABUSE ISSUE [Head of Household and Adults]  No  No  Alcohol use disorder  Drug use disorder  Drug use disorder  No  Drug use disorder  No  Both alcohol & drug use disorder  Client doesn't know  Client prefers not to answer  Data not collected  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" - SPECIFY  No  Client doesn't know  Expected to be of long-continued and indefinite duration?  Yes  Client prefers not to answer			0	Yes	0	I - I				
No  No  Both alcohol & drug use disorder  Client doesn't know Client prefers not to answer  Drug use disorder  Data not collected  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" - SPECIFY  No  Client doesn't know Client doesn't know Client doesn't know Client prefers not to answer  No  Client prefers not to answer					0	Data not collected				
Alcohol use disorder  Drug use disorder  Drug use disorder  Drug use disorder  Drug use disorder  No  Client doesn't know Client prefers not to answer Data not collected  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY  No  Client doesn't know Client doesn't know Client doesn't know  Expected to be of long-continued and indefinite duration?  Yes  Client prefers not to answer	AS	SUBSTANCE ABUSE ISSUE [Head of Househo	old an	d Adults]						
<ul> <li>○ Alcohol use disorder</li> <li>○ Drug use disorder</li> <li>○ Data not collected</li> <li>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY</li> <li>○ No</li> <li>○ Client doesn't know</li> <li>Expected to be of long-continued and indefinite duration?</li> <li>○ Yes</li> </ul>	0	No			0	_				
○ Drug use disorder  ○ Drug use disorder  ○ Data not collected  IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY  ○ No ○ Client doesn't know  Expected to be of long-continued and indefinite duration?  ○ Yes ○ Yes		Alcohol uso disorder			0	Client doesn't know				
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY  O No O Client doesn't know  Expected to be of long-continued and indefinite duration?  Yes  O Yes	0	Alcohol use disorder			0	Client prefers not to answer				
Expected to be of long-continued and indefinite duration?  O No O Client doesn't know Client prefers not to answer	0	Drug use disorder	0	Data not collected						
Expected to be of long-continued and indefinite duration?  O No O Client doesn't know Client prefers not to answer										
Expected to be of long-continued and indefinite duration?  O No O Client doesn't know Client prefers not to answer	IF "A	ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "E	BOTH A	ALCOHOL AND	DRUG	USE DISORDER"- SPECIFY				
Expected to be of long-continued and indefinite duration?  Client prefers not to answer		-		Ī						
		Expected to be of long-continued and indefinite				Client prefers not to				
					0					



MONTHLY INCOME AND SOURCES [Head of Households and Adults]

0	No				0	Client doesn't	know
0	Yes				0	Client prefers r answer	not to
					0	Data not collec	eted
IF "	YES" TO INCOME FROM ANY SOURCE - IND	ICATE AL	L S	OURCES 1	ГНАТ	APPLY	
Inco	ome Source	Amount	In	come Sou	ırce		Amount
0	Earned Income		0	TANF (Te Needy Fa		ary Assist for	
0	Unemployment Insurance		0	General A	Assista	ance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Social Se	ome from		
0	Social Security Disability Insurance (SSDI)		0	Pension or from forme		ment income	
0	VA Service-Connected Disability Compensation		0	Child Sup	port		
0	VA Non-Service Connected Disability Pension		0	Alimony support	and ot	her spousal	
0	Private disability insurance		0	Other inc	ome s	ource	
0	Worker's Compensation		0	Other inc	ome s	ource	
	I monthly income for vidual:						
DE/	PEIVING NON CASH DENEETS (Hood of L	lausahald	05	d Adulta1			

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

0	No			0	Client doesn't know		
0	Yes			0	Client prefers not to answer		
				0	Data not collected		
IF "Y	<u>ES" TO NONCASH BENEFITS – INDICATE ALL SOURCE</u>	Y					
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Chi	nildcare Services			
<ul> <li>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</li> </ul>					TANF Transportation Services		
0	Other (specify):	0	Other TAN	IF-fund	ded services		

**COVERED BY HEALTH INSURANCE** [All Individuals/Clients]

0	No			0	Client doesn't know		
0	Yes			0	Client prefers not to answer		
				0	Data not collected		
IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS							
0	MEDICAID	0	Employer Provided Health Insurance				
0	MEDICARE	0	Insurance Obtained through COBRA				



0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance	
0	Veterans Health Administration (VHA)	0	State Health Insurance for Adults	
0	Other (specify):	0	Indian Health Services Program	

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Signature of applicant stating all information is true and correct

Date