

## CLARITY HMIS: KC- HHS-RHY + 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]*

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Month

Day

Year

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

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
<b>Housing Move-In Date:</b> (See Note*)		<i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i>	

**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)	

**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	

<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

**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

**PROJECT COMPLETION STATUS** *[Adults and Head of Households: All RHY Components except Street Outreach and BCP Prevention]*

<input type="radio"/>	Completed project	<input type="radio"/>	Client was expelled or otherwise involuntarily discharged from project
<input type="radio"/>	Client voluntarily left early		

**If youth was expelled or otherwise involuntarily discharged – Major reason**

<input type="radio"/>	Criminal activity/destruction of property/violence	<input type="radio"/>	Reached max times allowed by project
<input type="radio"/>	Noncompliance with project rules	<input type="radio"/>	Project terminated

<input type="radio"/> Nonpayment of rent/occupancy charge	<input type="radio"/> Unknown/disappeared
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**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
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**IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]**

<input type="radio"/> No	<input type="radio"/> Yes
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**IF “YES” TO PERMANENT HOUSING**

<b>Housing Move-In Date:</b> (See note) *	<i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i>
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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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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	
<b>IF "YES" TO MENTAL HEALTH PROBLEMS – 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
			<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 abuse
<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
			<input type="radio"/>	Data not collected

**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
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<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 source	
<input type="radio"/>	Worker's Compensation		<i>Other source, please specify:</i>		
<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 ( <b>Specify</b> ):	<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"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

## SPECIFIC YOUTH INFORMATION

**LAST GRADE COMPLETED** *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate Degree
<input type="radio"/>	Grades 5-6	<input type="radio"/>	Graduate Degree
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Bachelor's Degree
<input type="radio"/>	Grades 9-11	<input type="radio"/>	Vocational certification
<input type="radio"/>	Grade 12	<input type="radio"/>	Client doesn't know
<input type="radio"/>	GED	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	School does not have grade levels	<input type="radio"/>	Data not collected
<input type="radio"/>	Some college		

**SCHOOL STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/>	Attending school regularly	<input type="radio"/>	Suspended
<input type="radio"/>	Attending school irregularly	<input type="radio"/>	Expelled
<input type="radio"/>	Graduated from high school	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Obtained GED	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Dropped out	<input type="radio"/>	Data not collected

**EMPLOYMENT STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<b>Employed</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
<b>If "Yes" for employed – Type of employment</b>			
<input type="radio"/>	Fulltime	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
<b>If "No" for employed – Why not employed</b>			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		



**GENERAL HEALTH STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**DENTAL HEALTH STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**MENTAL HEALTH STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**PREGNANCY STATUS** *[Adults and Head of Households]*

<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" for Pregnancy Status**

**Due Date:**

**COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING [Adults and Head of Households]**

<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"**

In the last three months?	<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	

How many times (ever)?

<input type="radio"/>	1-3	<input type="radio"/>	Client doesn't know
<input type="radio"/>	4-7	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	8-11	<input type="radio"/>	Data not collected
<input type="radio"/>	12 or more		

Ever made/persuaded/forced to have sex in exchange for something?

<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"**

In the last three months?	<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	

**LABOR EXPLOITATION /TRAFFICKING [Adults and Head of Households]**

<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

Ever promised work where work or payment was different than you expected?

<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" Felt forced, coerced, pressured or tricked into continuing the job?

<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"**

In the last three months?	<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

**COUNSELING** *[Adults and Head of Households, All program types except Street Outreach]*

**Client Received Counseling**

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

**IDENTIFY the TYPE(s) of COUNSELING RECEIVED**

<input type="radio"/>	Individual	<input type="radio"/>	Group - including peer counseling
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<input type="radio"/>	Family
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Identify the number of sessions received by exit \_\_\_\_\_

Total number of session(s) planned in youth's treatment or service plan \_\_\_\_\_

A plan is in place to start or continue counseling after exit?

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

**SAFE AND APPROPRIATE EXIT**

*[Adults and Head of Households: All RHY Components except Street Outreach and Homeless Prevention]*

Exit destination safe – as determined by the **client**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	<input type="radio"/>	Data not collected
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer		

Exit destination safe – as determined by the **project/caseworker**

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

Client has permanent **positive adult connections** outside of project?

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

Client has permanent **positive peer connections** outside of project

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
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<input type="radio"/>	Yes
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Client has permanent **positive community connections** outside of project

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
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<input type="radio"/>	Yes
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**CONTACT INFORMATION** *[Optional- can be entered in Contact Tab]*

Phone Number															
Email															
<b>Current Address (if applicable)</b>															
Street															
City															
State										Zip Code					

***If applicable:***

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

**Date**