**CLARITY HMIS: KC- HHS-­RHY 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 Clients]*

|  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

# IN PERMANENT HOUSING *​[Permanent Housing Projects, for Head of Households]*

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |
| **IF “YES” TO PERMANENT HOUSING** | | | |
| **Housing Move-In Date:** (See Note\*) | | | \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

# DESTINATION *[All Clients]*

| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subwaystation/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | **Rental by client, with ongoing housing subsidy** |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living with family, temporary tenure (e.g., room, apartment, or house) | ○ | Data not collected |
| ○ | Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |  | |
| **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** | | | |
| ○ | GDP TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

| **\*If Destination is “Place not meant for habitation”** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the household's destination living situation in a vehicle?** | | | | **○** | No | ○ | Client doesn’t know |
| **○** | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |
| If “Yes”, please select Vehicle type | | | | | | | |
| ○ | Van | ○ | Client Doesn't Know | | | | |
| ○ | Automobile/Car | ○ | Client prefers not to answer | | | | |
| ○ | Camper/RV | ○ | Data Not Collected | | | | |

| **If Destination is permanent housing** |
| --- |

# *CITY OF PERMANENT HOUSING* *LOCATION*

| ○ | Unincorporated King County (includes any community not otherwise listed) | ○ | Medina |
| --- | --- | --- | --- |
| ○ | Algona | ○ | Mercer Island |
| ○ | Auburn | ○ | Milton |
| ○ | Beaux Arts | ○ | Newcastle |
| ○ | Bellevue | ○ | Normandy Park |
| ○ | Black Diamond | ○ | North Bend |
| ○ | Bothell | ○ | Pacific |
| ○ | Burien | ○ | Redmond |
| ○ | Carnation | ○ | Renton |
| ○ | Clyde Hill | ○ | Sammamish |
| ○ | Covington | ○ | Sea Tac |
| ○ | Des Moines | ○ | Seattle |
| ○ | Duvall | ○ | Shoreline |
| ○ | Enumclaw | ○ | Skykomish |
| ○ | Federal Way | ○ | Snoqualmie |
| ○ | Hunts Point | ○ | Tukwila |
| ○ | Issaquah | ○ | Woodinville |
| ○ | Kenmore | ○ | Yarrow Point |
| ○ | Kent | ○ | Washington State (outside of King County) |
| ○ | Kirkland | ○ | Outside of Washington State |
| ○ | Lake Forest Park | ○ | Client Doesn't Know |
| ○ | Maple Valley | ○ | Client prefers not to answer |
| ○ | 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]

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**A DEVELOPMENTAL DISABILITY** *[All Individuals/Clients]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**A CHRONIC HEALTH CONDITION** *[All Individuals/Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**A MENTAL HEALTH CONDITION** *[All Individuals/Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | 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 | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**A SUBSTANCE ABUSE ISSUE** ​*[Head of Household and Adults]*

| ○ | No | | | ○ | Both alcohol & drug use disorder |
| --- | --- | --- | --- | --- | --- |
| ○ | Alcohol use disorder | | | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Drug abuse | | | ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |

# INCOME FROM ANY SOURCE ​*[Head of Household and Adults]*

| ○ | No | | | | ○ | Client doesn’t know | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | | ○ | Client prefers not to answer | |
| ○ | Data not collected | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | | | |
| **Income Source** | | **Amount** | **Income Source** | | | | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) | | |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or Retirement Income from a Former Job | | |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support | | |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support | | |  |
| ○ | Private Disability Insurance |  | ○ | Other source | | |  |
| ○ | Worker’s Compensation |  | *Other source, please specify:* | | | | |
| **Total Monthly Income for Individual:** | |  | | | | | |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** | | | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Childcare Services | | |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services | | |
| ○ | Other (**Specify):** | ○ | Other TANF-funded services | | |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS** | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Insurance Obtained through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veterans Health Administration (VHA) | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify) | ○ | Indian Health Services Program | | |

**RHY SPECIFIC YOUTH INFORMATION**

**SPECIFIC YOUTH INFORMATION**

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

| ○ | Less than Grade 5 | ○ | Associate Degree |
| --- | --- | --- | --- |
| ○ | Grades 5-6 | ○ | Graduate Degree |
| ○ | Grades 7-8 | ○ | Bachelor's Degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 | ○ | Client doesn’t know |
| ○ | GED | ○ | Client prefers not to answer |
| ○ | School does not have grade levels | ○ | Data not collected |
| ○ | Some college |  | |

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

| ○ | Attending school regularly | ○ | Suspended |
| --- | --- | --- | --- |
| ○ | Attending school irregularly | ○ | Expelled |
| ○ | Graduated from high school | ○ | Client doesn’t know |
| ○ | Obtained GED | ○ | Client prefers not to answer |
| ○ | Dropped out | ○ | Data not collected |

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

| **Employed** | | | | | |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **If “Yes” for employed – Type of employment** | | | | | |
| ○ | Full­time | ○ | Seasonal/sporadic (including day labor) | | |
| ○ | Part-time |
| **If “No” for employed – Why not employed** | | | | | |
| ○ | Looking for work | ○ | Not looking for work | | |
| ○ | Unable to work |

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

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

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

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

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

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

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

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **If “Yes” for Pregnancy Status** | | | |
| **Due Date:** | | | |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

How many times (ever)?

| ○ | 1-3 | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | 4-7 | ○ | Client prefers not to answer |
| ○ | 8-11 | ○ | Data not collected |
| ○ | 12 or more |  |  |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**If “YES”** Felt forced, coerced, pressured or tricked into continuing the job?

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

**Client Received Counseling**

| ○ | No |
| --- | --- |
| ○ | Yes |

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

| ○ | Individual | ○ | Group - including peer counseling |
| --- | --- | --- | --- |
| ○ | Family | | |

**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?

| ○ | No |
| --- | --- |
| ○ | 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**

| ○ | No | ○ | Client doesn’t know | ○ | Data not collected |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer | | |

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

**CONTACT INFORMATION** *[Optional- can be entered in Contact Tab]*

| Phone Number | | |  |  |  | ­ |  |  |  | ­ |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Current Address (if applicable)** | | | | | |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  | Zip Code | |  |  |  |  |  |

***If applicable:***



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