**CLARITY HMIS: MINIMUM 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:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **PROJECT EXIT DATE**​ *​[All Clients]*

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

 Month DayYear

#

**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 |

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

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

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