Agency Name: _____

CLARITY
HUMAN SERVICES

CLARITY HMIS: 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 NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

		-			-			

   Month   Day   Year

DESTINATION *[All Clients]*

○	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	○	Moved from one HOPWA funded project to HOPWA PH
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	○	Moved from one HOPWA funded project to HOPWA TH
○	Safe Haven	○	Rental by client, with GPD TIP housing subsidy
○	Foster care home or foster care group home	○	Rental by client, with VASH housing subsidy
○	Hospital or other residential non--psychiatric medical facility	○	Permanent housing (other than RRH) for formerly homeless persons
○	Jail, prison or juvenile detention facility	○	Rental by client, with RRH or equivalent subsidy
○	Long-term care facility or nursing home	○	Rental by client with HCV voucher (tenant or project based)
○	Psychiatric hospital or other psychiatric facility	○	Rental by client in a public housing unit
○	Substance abuse treatment facility or detox center	○	Rental by client, no ongoing housing subsidy
○	Residential project or hallway house with no homeless criteria	○	Rental by client, with other ongoing housing subsidy
○	Hotel or motel paid for without emergency shelter voucher	○	Owned by client, with ongoing housing subsidy
○	Transitional housing for homeless persons (including homeless youth)	○	Owned by client, no ongoing housing subsidy
○	Host Home (non-crisis)	○	No exit interview completed
○	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	○	Other (specify):
○	Staying or living with family, temporary tenure (e.g., room, apartment or house)	○	Deceased
		○	Client doesn't know

○	Staying or living with family, permanent tenure	○	Client refused
○	Staying or living with friends, permanent tenure	○	Data not collected

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

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

PATH STATUS *[If not at intake]*

Date of Status Determination		____/___/_____	
Client Became Enrolled in PATH	○	No	
	○	Yes	
IF "NO" TO ENROLLED IN PATH			
Reason Not Enrolled	○	Client was found ineligible for PATH	
	○	Client was not enrolled for other reason(s)	
	○	Unable to locate client	

PHYSICAL DISABILITY *[All Clients]*

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

DEVELOPMENTAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

○	No			○	Client doesn't know
○	Yes			○	Client refused
				○	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
Expected to be of long-continued and indefinite duration?	○	No		○	Client doesn't know
	○	Yes		○	Client refused

				○	Data not collected

HIV-AIDS *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY					
Expected to be of long-continued and indefinite duration?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

○	No	○	Both alcohol and drug use disorders
○	Alcohol use disorder	○	Client doesn't know
		○	Client refused
○	Drug use disorder	○	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY					
Expected to be of long-continued and indefinite duration?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Households and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
	Income Source	Amount		Income Source	Amount
○	Earned Income		○	TANF (Temporary Assist for Needy Families)	
○	Unemployment Insurance		○	General Assistance (GA)	
○	Supplemental Security Income (SSI)		○	Retirement Income from Social Security	
○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from former job	

○	VA Service-Connected Disability Compensation		○	Child Support	
○	VA Non-Service Connected Disability Pension		○	Alimony and other spousal support	
○	Private disability insurance		○	Other income source	
○	Worker's Compensation		○	Other income source	
Total monthly income for Individual:					

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

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO NON-CASH 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

EDUCATION INFORMATION [*All Clients 18+*]

LAST GRADE COMPLETED

○	Less than Grade 5	○	Associate's degree
○	Grades 5-6	○	Bachelor's degree
○	Grades 7-8	○	Graduate degree
○	Grades 9-11	○	Vocational certification
○	Grade 12 / High school diploma	○	Client doesn't know
○	School program does not have grade levels	○	Client refused
○	GED	○	Data not collected
○	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

○	Not Currently Attending	○	Academically Disqualified
○	Attending Full Time	○	Client doesn't know
○	Attending Part Time	○	Client refused

NAME OF COLLEGE/UNIVERSITY

○	De Anza College	○	West Valley College
○	Evergreen Valley College	○	Other Bay Area College/University
○	Foothill College	○	Other CA College/University
○	Gavilan College	○	Other College/University
○	Mission College	○	Other Vocational Program
○	San Jose City College	○	Client doesn't know
○	San Jose State University	○	Client refused
○	Santa Clara University	○	Data not collected
○	Stanford University		

EXPECTED COMPLETION YEAR

		-			-			

Month   Day   Year

COVERED BY HEALTH INSURANCE *[All Clients]*

○	No		○	Client doesn't know
○	Yes		○	Client refused
			○	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
○	Veteran's Administration (VA) Medical Services	○	State Health Insurance for Adults
○	Other (specify):	○	Indian Health Services Program

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

Address Type	
Name	
Address (line 1)	
Address (line 2)	
City	
State	
Zip Code	
Phone (#1)	
Phone (#2)	

Private	○	Yes	○	No
Active Location	○	Yes	○	No
Location Date				
Note				

_____

Signature of applicant stating all information is true and correct   Date