

Agency Name: _____



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]*

<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"/> Rental by client, with ongoing housing subsidy
<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 on-going 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	

CONNECTION WITH SOAR [*Heads of Households 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

PATH STATUS [*If not at intake*]

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

PHYSICAL DISABILITY [*All 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 PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	<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

DEVELOPMENTAL DISABILITY [*All 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

CHRONIC HEALTH CONDITION [*All 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 CHRONIC HEALTH CONDITION – SPECIFY

	<input type="radio"/> No	<input type="radio"/> Client doesn't know
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Expected to be of long-continued and indefinite duration?	○	Yes	○	Client prefers not to answer
			○	Data not collected

HIV-AIDS *[All Clients]*

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

MENTAL HEALTH DISORDER *[All Clients]*

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

SUBSTANCE USE DISORDER *[All Clients]*

○	No	○	Both alcohol and drug use disorders	
○	Alcohol 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 DISORDERS" – SPECIFY				
Expected to be of long-continued and indefinite duration?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Households 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		○	TANF (Temporary Assist for Needy Families)	
○	Unemployment Insurance		○	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 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 income source
<input type="radio"/>	Worker's Compensation	<input type="radio"/>	Other income source
Total monthly income for Individual:			

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 NON-CASH 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 (specify):	<input type="radio"/>	Other TANF-funded services

EDUCATION INFORMATION [*All Clients 18+*]

LAST GRADE COMPLETED

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

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/>	Not Currently Attending	<input type="radio"/>	Academically Disqualified
<input type="radio"/>	Attending Full Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Attending Part Time	<input type="radio"/>	Client prefers not to answer

NAME OF COLLEGE/UNIVERSITY

<input type="radio"/>	De Anza College	<input type="radio"/>	West Valley College
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<input type="radio"/>	Evergreen Valley College	<input type="radio"/>	Other Bay Area College/University
<input type="radio"/>	Foothill College	<input type="radio"/>	Other CA College/University
<input type="radio"/>	Gavilan College	<input type="radio"/>	Other College/University
<input type="radio"/>	Mission College	<input type="radio"/>	Other Vocational Program
<input type="radio"/>	San Jose City College	<input type="radio"/>	Client doesn't know
<input type="radio"/>	San Jose State University	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Santa Clara University	<input type="radio"/>	Data not collected
<input type="radio"/>	Stanford University		

EXPECTED COMPLETION YEAR

		-			-			
Month			Day			Year		

COVERED BY HEALTH INSURANCE [All 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"/>	Veterans Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

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

Address Type	
Name	
Address (line 1)	
Address (line 2)	
City	
State	
Zip Code	
Phone (#1)	
Phone (#2)	
Private	<input type="radio"/> Yes <input type="radio"/> No



Active Location	<input type="radio"/>	Yes	<input type="radio"/>	No
Location Date				
Note				

Signature of applicant stating all information is true and correct Date