Client Name: _____

CLARITY HMIS: SCC Community Hotline Program Exit Form

Use block letters for text and bubble in the appropriate circles.

PROGRAM EXIT DATE

Month　　　　**Day**　　　　**Year**

DESTINATION

○	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 public housing unit
○	Substance abuse treatment facility or detox center	○	Rental by client, no ongoing housing subsidy
○	Residential project or halfway 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
		If Other, please specify:	
○	Staying or living with family, temporary tenure (e.g., room, apartment or house)	○	Deceased
		○	Client doesn't know
○	Staying or living with friends, permanent tenure	○	Client refused
○	Staying or living with family, permanent tenure	○	Data not collected

Client Name: _____

Specify Other Exit Destination	_____

OUTCOME

○	Client Declined Placement	○	Self-resolved
○	Placed	○	Unable to Contact
○	Referred But Never Arrived	○	Unable to Place

○	Other Level of Care Needed		

_____

Signature of applicant stating all information is true and correct   Date