

Agency Name: \_\_\_\_\_



## CLARITY HMIS: HUD-CoC 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/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed
<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Other
		<i>If Other, please specify:</i>	
<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Deceased
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Client refused

<input type="radio"/> Staying or living with family, permanent tenure	<input type="radio"/> Data not collected
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**WHAT TYPE OF RENTAL HOME DO YOU LIVE IN? [ALL CLIENTS WITH ANSWER TO "DESTINATION" IS ANY OPTION STARTING WITH "RENTAL BY CLIENT.."]**

<input type="radio"/> Market rate rental housing	<input type="radio"/> Affordable housing (unit or complex designated affordable or BMR)
<input type="radio"/> Rent stabilized (rental unit that is covered by rent control)	<input type="radio"/> Housing subsidized by Section 8
<input type="radio"/> Housing subsidized by another long term subsidy	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	

**HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]**

<input type="radio"/> Able to maintain the housing they had at project entry	<input type="radio"/> Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/> Moved to new housing unit	
<input type="radio"/> Moved in with family/friends on a temporary basis	<input type="radio"/> Client went to jail/prison
	<input type="radio"/> Client died
<input type="radio"/> Moved in with family/friends on a permanent basis	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Moved to a transitional or temporary housing facility or program	<input type="radio"/> Data not collected

**IF "ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY" TO HOUSING ASSESSMENT**

**Subsidy Information**

<input type="radio"/> Without a subsidy	<input type="radio"/> With an on-going subsidy acquired since project entry
<input type="radio"/> With the subsidy they had at project entry	<input type="radio"/> Only with financial assistance other than a subsidy

**IF "MOVED TO NEW HOUSING UNIT" TO HOUSING ASSESSMENT**

**Subsidy Information**

<input type="radio"/> With on-going subsidy	<input type="radio"/> Without an on-going subsidy
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**IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]**

<input type="radio"/> No	<input type="radio"/> Yes
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**IF "YES" TO PERMANENT HOUSING**

<b>Housing Move-In Date:</b> (See note) *	<i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i>
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**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 refused
<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 refused

<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 refused
<input type="radio"/> GED	<input type="radio"/> Data not collected

**NAME OF COLLEGE/UNIVERSITY**

<input type="radio"/> De Anza College	<input type="radio"/> West Valley College
<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 refused
<input type="radio"/> Santa Clara University	<input type="radio"/> Data not collected
<input type="radio"/> Stanford University	

**EXPECTED COMPLETION YEAR**

		-			-				
Month		Day				Year			

**ADDITIONAL HOMELESS PREVENTION INFORMATION**

**WHAT IS YOUR CURRENT MONTHLY RENT?**

*[The enrolled household's share of the rent if they split the rent with others]*

Amount:	\$ _____
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**ARE YOU DOUBLED-UP, MEANING THERE IS MORE THAN ONE HOUSEHOLD/FAMILY LIVING IN A SINGLE FAMILY UNIT?**

<input type="radio"/> No	<input type="radio"/> Yes
<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused

**PHYSICAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused
	<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 refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**HIV-AIDS [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>		
	<input type="radio"/> No	<input type="radio"/> Client doesn't know

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	○	Yes	○	Client refused
			○	Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

○	No	○	Both alcohol & drug use disorders	
○	Alcohol use disorder	○	Client doesn't know	
		○	Client refused	
○	Drug use disorder	○	Data not collected	
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS"– SPECIFY</b>				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
		Yes	○	Client refused

**INCOME FROM ANY SOURCE** *[Head of Household 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		○	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 Income source	
○	Worker's Compensation				
<b>Total Monthly Income for Individual:</b>					

**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

<input type="radio"/>	Other Non-Cash Benefit	<input type="radio"/>	Other TANF-funded services
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**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 refused
		<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"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

**CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH [Head of Household]**

<input type="radio"/>	Strongly disagree	<input type="radio"/>	Strongly agree
<input type="radio"/>	Somewhat disagree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Neither agree nor disagree	<input type="radio"/>	Client refused
<input type="radio"/>	Somewhat agree	<input type="radio"/>	Data not collected

**CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS [Head of Household]**

<input type="radio"/>	Strongly disagree	<input type="radio"/>	Strongly agree
<input type="radio"/>	Somewhat disagree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Neither agree nor disagree	<input type="radio"/>	Client refused
<input type="radio"/>	Somewhat agree	<input type="radio"/>	Data not collected

**CLIENT PERCEIVES THEY HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES [Head of Household]**

<input type="radio"/>	Strongly disagree	<input type="radio"/>	Strongly agree
<input type="radio"/>	Somewhat disagree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Neither agree nor disagree	<input type="radio"/>	Client refused
<input type="radio"/>	Somewhat agree	<input type="radio"/>	Data not collected

**CLIENT'S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID [Head of Household]**

<input type="radio"/>	Not at all	<input type="radio"/>	At least every day
<input type="radio"/>	Once a month	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Several times a month	<input type="radio"/>	Client refused
<input type="radio"/>	Several times a week	<input type="radio"/>	Data not collected

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

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

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