Agency Name:	

Public Housing Unit

o Rental by client, with other ongoing housing subsidy



Other permanent housing dedicated for formerly

homeless persons

CLARITY HMIS: [HPS] 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.

C	CLIENT NAME OR IDENTIFIER:														
		PRO.	JECT	EXIT	DAT	E [A]	l Cliei	ntsl							
				_			-								
	L	Мо	nth		Da	l Iy			Yea	ar					
-	SECTINI	∧ T I∧	NI FAII	Clion	407										
L	DISSTINA					'o a .	a vobi	olo or							
0	Place no abandor or anywl	ned bu	uilding	, bus/						0	Moved from one HOPWA funded project to HOPWA TH				
0	Emerge									0	Staying or living with family, permanent tenure				
0	Safe Ha	ven								0	Staying or living with friends, permanent tenure				
0	Foster c	are h	ome o	r foste	er care	grou	p hom	ne		0	Moved from one HOPWA funded project to HOPWA PH				
0	Hospital facility	or ot	her res	sidenti	ial nor	npsy	chiatr	ic med	dical	0	Rental by client, no ongoing housing subsidy				
0	Jail, pris	on or	juven	ile det	entior	ı facili	ty			0	Rental by client, with ongoing housing subside				
0	Long-ter	m ca	re faci	lity or	nursir	ng hon	ne			0	Owned by client, with ongoing housing subside				
0	Psychiat	ric ho	spital	or oth	er psy	ychiat	ric fac	ility		0	Owned by client, no on-going housing subsidy				
0	Substance abuse treatment facility or detox center					detox	0	No exit interview completed							
0	Transition homeles			g for h	omele	ss pe	rsons	(inclu	ding	0	Other				
0	Residen criteria	tial pr	oject (or half	way h	ouse	with n	o hom	neless	0	Deceased				
0	Hotel or voucher	mote	l paid	for wit	hout e	emerg	ency	shelte	r	0	Client doesn't know				
0	Host Ho	me (n	on-cri	sis)						0	Client prefers not to answer				
0	Staying room, ap					npora	ry teni	ure (e.	g.,	0	Data not collected				
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)						mpora									
IF	"RENT	AL B	Y CLII	ENT, V	WITH	ONG	OING	HOUS	SING S	UBS	SIDY" – SPECIFY:				
0	GDP TIF	hou	sing s	ubsidy	<u> </u>					0	Emergency Housing Voucher				
0	VASH H	ousin	ig sub	sidy						0	Family Unification Program Voucher (FUP)				
0	RRH or	equiv	alent	subsid	у					0	Foster Youth to Independence Initiative (FYI)				
0	HCV voi	ucher	(tenai	nt or p	roject	base	d) (no	t dedic	cated)	0	Permanent Supportive Housing				



WHAT TYPE OF RENTAL HOME DO YOU LIVE IN? [ALL CLIENTS WITH ANSWER TO "DESTINATION" IS ANY OPTION STARTING WITH "RENTAL BY CLIENT.."]

0	Market rate rental housing	0		Affordable housing (unit or complex designated affordable or BMR)						
0	Rent stabilized (rental unit that is covered by rent control)	0	Hou	ısing sı	ubsidized by Section 8					
	Housing subsidized by another long term subsidy	0	Clie	nt does	sn't know					
0	Client prefers not to answer	J	Olio	ni doo						
HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]										
0	Able to maintain the housing they had project entry	d at			Client became homeless – moving to a shelter or other place unfit for human					
0	Moved to new housing unit				habitation					
	Moved in with family/friends on a tem	porar	ſy	0	Client went to jail/prison					
0	basis	•	•	0	Client deceased					
0	Moved in with family/friends on a perr	manent		manent		0	Client doesn't know			
	Dasis			0	Client prefers not to answer					
0	Moved to a transitional or temporary housing facility or program				Data not collected					
IF " <i>A</i>	ABLE TO MAINTAIN HOUSING AT P	ROJ	ECT	ENTF	RY" TO HOUSING ASSESSMENT					
Sub	sidy Information									
0	Without a subsidy						With an on-going subsidy acquired since project entry			
0	With the subsidy they had at project e	entry		ect entry		0	Only with financial assistance other than a subsidy			
IF "N	MOVED TO NEW HOUSING UNIT" TO	о но	USI	NG A	SSESSMENT					
Sub	sidy Information				,					
With on-going subsidy				0	Without an on-going subsidy					
<u>IN</u> P	PERMANENT HOUSING [Permanent I	<u>Hou</u> s	ing l	Projec	ts, for Heads of Households]					
0	No		· Yes							
IF "	YES" TO PERMANENT HOUSING									
Ца	using Moyo-In Dato: (Soo noto) * /	*If client moved into permanent housing, make								

sure to update on the enrollment screen.

EDUCATION INFORMATION [All Clients 18+]

Housing Move-In Date: (See note) *__/_

LAST GRADE COMPLETED



0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12 / High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

0	Not Currently Attending	0	Academically Disqualified
0	Attending Full Time	0	Client doesn't know
0	Attending Part Time	0	Client prefers not to answer
0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12 / High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected

NAME OF COLLEGE/UNIVERSITY

0	De Anza College	0	West Valley College
0	Evergreen Valley College	0	Other Bay Area College/University
0	Foothill College	0	Other CA College/University
0	Gavilan College	0	Other College/University
0	Mission College	0	Other Vocational Program
0	San Jose City College	0	Client doesn't know
0	San Jose State University	0	Client prefers not to answer
0	Santa Clara University	0	Data not collected
0	Stanford University		

EXPECTED COMPLETION YEAR

	/ -		/-						
Month)av	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]

ARE YOU DOUBLED-UP, MEANING THERE IS MORE THAN ONE HOUSEHOLD/FAMILY LIVING IN A SINGLE FAMILY UNIT?

o No	0	Yes
------	---	-----



Client prefers not to answer Data not collected HRONIC HEALTH CONDITION [All Clients] No Yes Client doesn't know Client prefers not to answer Data not collected "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite uration and substantially impairs ability to live dependently? No Yes Client doesn't know Client prefers not to answer Data not collected "Yes Client doesn't know Client prefers not to answer Data not collected ENTAL HEALTH DISORDER [All Clients] No Client doesn't know Client prefers not to answer Data not collected ENTAL HEALTH DISORDER [All Clients] No Client doesn't know Client prefers not to answer Data not collected ENTAL HEALTH DISORDER [All Clients] No Client doesn't know Client prefers not to answer Data not collected	(0	Client doesn't know Client pre				
Yes	PΗ	YS	ICAL DISABILITY [All Clients]				
answer Data not collected F "YES" TO PHYSICAL DISABILITY - SPECIFY Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? No		0	No			0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? No Client prefers not to answer Data not collected	o Yes						<u> </u>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? Ves						0	Data not collected
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? No	IF	"\	YES" TO PHYSICAL DISABILITY – SPEC	FY			,
duration and substantially impairs ability to live independently? Pes Client prefers not to answer		- - -	acted to be of long continued and indefinite		No	0	Client doesn't know
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No Client doesn't know Client prefers not to answer Data not collected							
Yes Client prefers not to answer	DE						T
Yes No Client doesn't know	0	N	lo			0	
No	0	Y	es			0	•
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Yes Yes)	N	lo			0	Client doesn't know
#YES" TO CHRONIC HEALTH CONDITION – SPECIFY Spected to be of long-continued and indefinite aration and substantially impairs ability to live dependently? O	Yes						•
No Client doesn't know						0	Data not collected
Appected to be of long-continued and indefinite praction and substantially impairs ability to live dependently?	= '	'YE	S" TO CHRONIC HEALTH CONDITION -	SPE	CIFY	,	
Aration and substantially impairs ability to live dependently? No No Client doesn't know Client prefers not to answer Data not collected ENTAL HEALTH DISORDER [All Clients] No Yes Client doesn't know Client doesn't know Client prefers not to answer Data not collected ENTAL HEALTH DISORDER [All Clients] No Yes Client doesn't know Client prefers not to answ Data not collected "YES" TO MENTAL HEALTH DISORDER – SPECIFY Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently No No No Client doesn't know Client doesn't know Client doesn't know Data not collected "YES" TO MENTAL HEALTH DISORDER – SPECIFY Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently No Both alcohol & drug use				0	No	0	Client doesn't know
No Client doesn't know	ur	atic	on and substantially impairs ability to live	0	Yes	0	•
No Client doesn't know Yes Data not collected ENTAL HEALTH DISORDER [All Clients] No Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client prefers not to answ Client prefers not to answ Data not collected "YES" TO MENTAL HEALTH DISORDER – SPECIFY Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently No Data not collected WESTANCE USE DISORDER [All Clients] Both alcohol & drug use	nde	epe	endently'?				Data not collected
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UBSTANCE USE DISORDER [All Clients] No. See The prefers not to answer the prefers not to a prefers not to answer the prefers not to answer the pref					No	0	Client doesn't know
UBSTANCE USE DISORDER [All Clients] No Data not collected Both alcohol & drug use	•		•		Voc	0	Client prefers not to answ
No Both alcohol & drug use	ıu	oul	botantiany impano abinty to live independently	0	168	0	Data not collected
	Ü	BS	TANCE USE DISORDER [All Clients]				
)	N				0	•



		0	Client doesn't know					
0	Alcohol use disorder	0	Client prefers not to answer					
0	Drug use disorder	0	Data not collected					
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY								
Expe	ected to be of long-continued and indefinite duration	0	No	0	Client doesn't know			
and substantially impairs ability to live independently?			Yes	0	Client prefers not to answer			

INCOME FROM ANY SOURCE [Head of Household and Adults]

	-					I	
0	No				0	Client doesn	i't know
					0	Client prefer	s not to
0	Yes				O	answer	
					0	Data not col	lected
IF "	YES" TO INCOME FROM ANY SOURCE -	INDICAT	E AL	L SOURC	ES T	HAT APPLY	
Inc	ome Source	Amount	Inc	ome Sou	rce		Amount
	Earned Income		0	Tempora	ary As	sistance for	
0	Earned income		O	Needy F	amilie	es (TANF)	
0	Unemployment Insurance		0	General	Assis	stance (GA)	
	Cumplemental Constituting and (CCI)		0	Retireme	ent In	come from	
0	Supplemental Security Income (SSI)		0	Social S	ecurit		
	Casial Casumity Disability Insurance (CCDI)			Pension	or Re	etirement	
0	Social Security Disability Insurance (SSDI)		0	Income f	rom a	a Former Job	
	VA Service-Connected Disability			Child C.			
0	Compensation		0	Child Su	pport		
	VA Non-Service-Connected Disability		0	Alimony	and (Other	
0	Pension		O	Spousal	Supp		
0	Private Disability Insurance		0	Other Inc	come	source	
0	Worker's Compensation						
Tota	al Monthly Income for Individual:						

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

0	No			0	Client doesn't know
○ Yes					Client prefers not to answer
				0	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Ch	ildcar	e Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services		
0	Other Non-Cash Benefit	0	Other TANF-funded services		

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
	Yes	0	Client prefers not to
O	165		answer



			Data not collected			
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS						
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Insurance Obtained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance			
0	Veterans Health Administration (VHA)	0	State Health Insurance for Adults			
0	Other (specify)	0	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	0	Yes	0	No
Active Location	0	Yes	0	No
Location Date				
Note				

Date

Signature of applicant stating all information is true and correct