

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



## 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.

**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	

**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 prefers not to answer	

**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 deceased
<input type="radio"/> Moved in with family/friends on a permanent basis	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
<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**

Housing Move-In Date: (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 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
<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

**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 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				

**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
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<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
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**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	
<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 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	
<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 prefers not to answer
		<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 prefers not to answer
	<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 prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER – 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 prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug use disorders
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<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer

**INCOME FROM ANY SOURCE** [*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 INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> 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 a 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			
<b>Total Monthly Income for Individual:</b>			

**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 Non-Cash Benefit	<input type="radio"/> Other TANF-funded services

**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
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
<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]*

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

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