

## CLARITY HMIS: UPLIFT 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

**DISABLING CONDITIONS AND BARRIERS**

**DISABLING CONDITION** *[All Clients – if 'yes' to any condition, mark 'yes']*

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

**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

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

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"/>		<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

**IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY**

Expected to substantially impair 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
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**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

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to substantially impair 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

**IF "YES" TO HIV-AIDS – SPECIFY**

Expected to substantially impair 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

**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

**IF "YES" TO MENTAL HEALTH DISORDER– 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 refused
			<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	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?	<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

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** [*Head of Household and Adults*]

<input type="radio"/> <b>No</b>	<input type="radio"/> Client doesn't know
<input type="radio"/> <b>Yes</b>	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
<b>IF "YES" TO DOMESTIC VIOLENCE</b>	
<b>WHEN EXPERIENCE OCCURRED</b>	
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago, or more
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected
Are you currently fleeing?	<input type="radio"/> No
	<input type="radio"/> Yes
	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**MONTHLY INCOME AND SOURCES**

**INCOME FROM ANY SOURCE** [*Head of Household and Adults*]

<input type="radio"/> <b>No</b>	<input type="radio"/> Client doesn't know		
<input type="radio"/> <b>Yes</b>	<input type="radio"/> Client refused		
	<input type="radio"/> Data not collected		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<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 from 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"/> Other Income Source			
<b>Specify Other:</b>			
Total Monthly Income for Individual			

## NON-CASH BENEFITS

### 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 refused
		<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 ( <b>Specify</b> ):	<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 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
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<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

**CURRENT SCHOOL ENROLLMENT AND ATTENDANCE** [*Head of Household*]

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Client refused
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected

**IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:**

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client refused
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher education: Pursuing a credential but not currently attending		

**IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:**

<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client refused
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

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

Phone Number				-					-					
Email														

<b>Current Address (if applicable)</b>															
Street															
City															
State									Zip Code						

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

**Date**