

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.

CLII	CLIENT NAME OR IDENTIFIER:															
PRO	PROJECT EXIT DATE [All Clients]															
		-			-											
		Mon	th		Day	1			Year	ir						

DESTINATION [-All Clients]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA PH
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	0	Moved from one HOPWA funded project to HOPWA TH
0	Safe Haven	0	Rental by client, with GPD TIP housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with VASH housing subsidy
0	Hospital or other residential nonpsychiatric medical facility	0	Permanent housing (other than RRH) for formerly homeless persons
0	Jail, prison, or juvenile detention facility	0	Rental by client, with RRH or equivalent subsidy
0	Long-term care facility or nursing home	0	Rental by client, with HCV voucher (tenant or project based)
0	Psychiatric hospital or other psychiatric facility	0	Rental by client in public housing unit
0	Substance abuse treatment facility or detox center	0	Rental by client, no ongoing housing subsidy
0	Residential project or halfway house with no homeless criteria	0	Rental by client, with other ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, with ongoing housing subsidy



0	Transitional housing for homeless persons (including homeless youth)	0	Owned by client, no ongoing housing subsidy		
0	Host Home (non-crisis)	0	No exit interview completed		
0	Staying or living with friends, temporary	0	Other		
	tenure (e.g., room, apartment, or house)	If Other, please specify:			
0	Staying or living with family, temporary tenure	0	Deceased		
	(e.g., room, apartment, or house)		Client doesn't know		
0	Staying or living with friends, permanent tenure	0	Client refused		
0	Staying or living with family, permanent tenure	0	Data not collected		

DISABLING CONDITIONS AND BARRIERS

DISABLING CONDITION	[All Clients - if 'y	es' to any	condition,	mark 'v	yes']
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0	No	0	Client doesn't know
	Ye	0	Client refused
		0	Data not collected

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know					
	Voc							
0	Yes	0	Data not collected					
IF "YES" TO PHYSICAL DISABILITY – SPECIFY								
_		0	No	0	Client doesn't know			
	ected to be of long continued and indefinite ation and substantially impairs ability to live		Yes	0	Client refused			
	independently?			0	Data not collected			

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know					
	Vac			0	Client refused			
0	Yes	0	Data not collected					
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY								
IF "`	'ES" TO DEVELOPMENTAL DISABILITY – SPEC	IFY						
	YES" TO DEVELOPMENTAL DISABILITY – SPEC ected to substantially impair ability to live	IFY o	No	0	Client doesn't know			

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No						0	D	ata not collected		
Pes	CHF	RONIC HEALTH CONDITION [All Clients]				_				
Pes	0	No				0	CI	ient doesn't know		
Some continued and indefinite duration? Some collected		Vos				0	CI	ient refused		
Expected to substantially impair ability to live independently? O O O Client refused O Data not collected	O	165				0	Da	ata not collected		
Expected to substantially impair ability to live independently? Ves	IF "	YES" TO CHRONIC HEALTH CONDITION – SPECI	FY	1		T				
No	Evn	vected to substantially impair ability to live	0	No		0	С	lient doesn't know		
HIV-AIDS [All Clients] O No O Yes O Client doesn't know O Client refused O Data not collected IF "YES" TO HIV-AIDS – SPECIFY Expected to substantially impair ability to live independently? O No O Client doesn't know O Client refused O Data not collected MENTAL HEALTH DISORDER [All Clients] O No O Client doesn't know O Data not collected MENTAL HEALTH DISORDER [All Clients] O No O Client doesn't know O Client refused O Data not collected SUBSTANCE USE DISORDER [All Clients] O No O Client doesn't know O Data not collected SUBSTANCE USE DISORDER [All Clients] O No O Client doesn't know O Data not collected SUBSTANCE USE DISORDER [All Clients] O No O Client doesn't know O Client refused O Data not collected SUBSTANCE USE DISORDER [All Clients] O No O Client doesn't know O Client refused O Data not collected SUBSTANCE USE DISORDER [All Clients] O No O Client doesn't know O Client refused O Data not collected F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY O No O Client refused O Data not collected			0	Yes		0	С	lient refused		
o No			_	. 00		0	D	ata not collected		
o Yes	HIV.	-AIDS [All Clients]								
Ves	0	No				0	CI	ient doesn't know		
Some Data not collected IF "YES" TO HIV-AIDS – SPECIFY		V				0	CI	ient refused		
Expected to substantially impair ability to live independently? O Yes O Client doesn't know	0	Yes				0	Da	Data not collected		
Expected to substantially impair ability to live independently? O Ves O Client refused O Data not collected MENTAL HEALTH DISORDER [All Clients] No O Client doesn't know O Data not collected F "YES" TO MENTAL HEALTH DISORDER—SPECIFY Expected to be of long-continued and indefinite duration? O NO O Client doesn't know O Data not collected F "Yes" TO MENTAL HEALTH DISORDER—SPECIFY Expected to be of long-continued and indefinite duration? O NO O Client doesn't know O Data not collected SUBSTANCE USE DISORDER [All Clients] O NO O Both alcohol and drug use disorder O Client doesn't know Client refused O Data not collected IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" — SPECIFY O NO O Client doesn't know Client refused O Data not collected IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" — SPECIFY O NO O Client doesn't know	IF	IF "YES" TO HIV-AIDS – SPECIFY								
MENTAL HEALTH DISORDER [All Clients] No			0	No		0	С	lient doesn't know		
MENTAL HEALTH DISORDER [All Clients] No			_	V		0	С	lient refused		
○ No	1110	independently:		Yes		0	D	ata not collected		
○ No	MEN	NTAL HEALTH DISORDER [All Clients]								
Yes Data not collected		-				0		Client doesn't know		
Data not collected IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY O No O Client doesn't know O Data not collected O Data not colle						0		Client refused		
Expected to be of long-continued and indefinite duration? SUBSTANCE USE DISORDER [All Clients] No No Both alcohol and drug use disorders Client refused Client doesn't know Client doesn't know Client doesn't know Client refused Drug use disorder 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? No Client doesn't know	0	Yes				0	Data not collected			
Expected to be of long-continued and indefinite duration? Yes Client refused Data not collected SUBSTANCE USE DISORDER [All Clients] No Both alcohol and drug use disorders Client doesn't know Client refused Drug use disorder Drug use disorder Drug use disorder F"ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY No Expected to be of long-continued and indefinite duration? Client refused Disorder OR "BOTH ALCOHOL AND DRUG USE DISORDERS" — SPECIFY No Client doesn't know Client doesn't know Client doesn't know Client refused	IF "	YES" TO MENTAL HEALTH DISORDER- SPECIFY	<u> </u>			<u> </u>				
SUBSTANCE USE DISORDER [All Clients] No Both alcohol and drug use disorders Client doesn't know Client refused Drug use disorder Drug use disorder F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY Expected to be of long-continued and indefinite duration? O Data not collected ROTH ALCOHOL AND DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY O NO Client doesn't know Client doesn't know Client doesn't know Client refused				0	No	0	(Client doesn't know		
SUBSTANCE USE DISORDER [All Clients] No No Alcohol use disorder Drug use disorder Drug use disorder Drug use disorder F "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY Expected to be of long-continued and indefinite duration? Data not collected Client doesn't know Data not collected No Client doesn't know Client doesn't know Client refused	Exp	ected to be of long-continued and indefinite duration	?		Voc	0	(Client refused		
 No Both alcohol and drug use disorders Client doesn't know Client refused Drug use disorder Data not collected IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY No Client doesn't know Client doesn't know Client doesn't know Client refused 				O	res	0	[Data not collected		
 No Both alcohol and drug use disorders Client doesn't know Client refused Drug use disorder Data not collected IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY No Client doesn't know Client doesn't know Client doesn't know Client refused 	SUE	BSTANCE USE DISORDER [All Clients]								
 ○ Alcohol use disorder ○ Drug use disorder ○ Data not collected IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY ○ No ○ Client doesn't know Expected to be of long-continued and indefinite duration? 		T		С	Bot	h alcol	hol a	and drug use disorders		
 ○ Drug use disorder ○ Data not collected IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY ○ No ○ Client doesn't know Expected to be of long-continued and indefinite duration? ○ Yes 		Alcohol use disorder		С	Clie	ent doe	esn't	know		
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY O No O Client doesn't know Expected to be of long-continued and indefinite duration? Yes O Client refused		Alcohol use disorder		С	Clie	ent refu	ısec	1		
DISORDERS" – SPECIFY O No O Client doesn't know Expected to be of long-continued and indefinite duration? Yes	0	Drug use disorder		С	Dat	ta not o	colle	ected		
Expected to be of long-continued and indefinite duration? Output O			RDER	" OR	"BOTH	I ALC	OHC	DL AND DRUG USE		
l · l · yes 		0					0	Client doesn't know		
o Data not collected	Ex	spected to be of long-continued and indefinite duration	n?		Va		0	Client refused		
				0	1 6	;o	0	Data not collected		

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

					3		
0	No			0	Client doesn't know		
	Vac			0	Client refused		
0	Yes			0	Data not collected		
IF '	IF "YES" TO DOMESTIC VIOLENCE						
WH	WHEN EXPERIENCE OCCURRED						
0	O Within the past three months			0	One year ago, or more		
		41 \		0	Client doesn't know		
0	Three to six months ago (excluding six months e	exacu	у)	0	Client refused		
0	Six months to one year ago (excluding one year	exac	tly)	0	Data not collected		
		0	No	0	Client doesn't know		
Are	you currently fleeing?		Vaa	0	Client refused		
		0	Yes	0	Data not collected		

MONTHLY INCOME AND SOURCES

INCOME FROM ANY SOURCE [Head of Household and Adults]

				-1					
0	No				0	Client doesn't know			
0	Voc				0	Client refuse	ed		
	Yes				0	Data not coll	lected		
IF '	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY								
Inc	Income Source Amount Income Source						Amount		
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement from Income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or Retirement Income from a Former Job					
0	VA Service-Connected Disability Compensation		0	Child Sup	Child Support				
0	VA NonService Connected Disability Pension		0	Alimony Support	Alimony and Other Spousal Support				
0	Other Income Source								
Spe	cify Other:								
Tot	al Monthly Income for								
Ind	ividual								



NON-CASH BENEFITS

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

0	No	0	Client doesn't know				
	Vac	0	Client refused				
0	Yes	0	Data not collected				
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY							
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (Specify):	0	Other TANF-funded services				

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know					
	o Van			Client refused				
0	Yes	0	Data not collected					
IF "Y	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS							
0	MEDICAID	0	Employer Provided Health Insurance					
0	MEDICARE	0	Insurance Obt	ained through COBRA				
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance					
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults					
0	Other (specify)	0	Indian Health Services Program					

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

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

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

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES

[Head	of Lla	usoh	7/41
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<u> </u>			<u> </u>
0	Strongly disagree	0	Strongly agree



0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

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

	<u> </u>		
0	Not at all	0	At least every day
0	Once a month	0	Client doesn't know
0	Several times a month	0	Client refused
0	Several times a week	0	Data not collected

CU	CURRENT SCHOOL ENROLLMENT AND ATTENDANCE [Head of Household]								
0	Not currently enrolled in any school or educational course	0	Client doesn't know						
0	Currently enrolled but NOT attending regularly (when school or the course is in session)	0	Client refused						
0	Currently enrolled and attending regularly (when school or the course is in session)	0	Data not collected						
IF <u>N</u>	NOT CURRENTLY ENROLLED, SPECIFY MOST RE	CEN	IT EDUCATIONAL STATUS:						
0	K12: Graduated from high school	0	Higher education: Dropped out						
0	K12: Obtained GED	0	Higher education: Obtained a credential/degree						
0	K12: Dropped out	0	Client doesn't know						
0	K12: Suspended	0	Client refused						
0	K12: Expelled	0	Data not collected						
0	Higher education: Pursuing a credential but not currently attending								
IF	IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:								
0	Pursuing a high school diploma or GED	0	Pursuing other post-secondary credential						
0	Pursuing Associate's Degree	0	Client doesn't know						
0	Pursuing Bachelor's Degree	0	Client refused						
0	Pursuing Graduate Degree	0	Data not collected						

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

Phone Number				-		-			
Email									



Current Address (if applicable)											
Street											
City											
State							Zip Code				

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