**CLARITY HMIS: VA SERVICES EXIT FORM**

**(Including HUD VASH, SSVF, GPD)**

**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 DayYear

**DESTINATION** [All Clients]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subwaystation/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living with family, temporary tenure (e.g., room, apartment, or house) | ○ | Data not collected |
| ○ | Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |  | |
| **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** | | | |
| ○ | GDP TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

**PHYSICAL DISABILITY ​*[not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** ​*[****not required for SSVF****]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**CHRONIC HEALTH CONDITION** ​*[****not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**HIV-AIDS** ​*[****not required for SSVF****]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**MENTAL HEALTH DISORDER** ​*[****not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER– SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**SUBSTANCE USE DISORDER** ​*[****not required for SSVF****]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | ○ | Both alcohol and drug use disorders | | |
| ○ | Alcohol use disorder | ○ | Client doesn’t know | | |
| ○ | Client prefers not to answer | | |
| ○ | 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 |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

# **MONTHLY INCOME AND SOURCES** ​[Head of Household and Adults]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | No | | | | | ○ | Client doesn’t know | |
| ○ | Yes | | | | | ○ | Client prefers not to answer | |
| ○ | Data not collected | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | | | | |
| **Income Source** | | | **Amount** | **Income Source** | | | | **Amount** |
| ○ | Earned Income | |  | ○ | TANF (Temporary Assist for Needy Families) | | |  |
| ○ | Unemployment Insurance | |  | ○ | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | Pension or retirement income from 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 | |  | ○ | Other income source | | | |
| **Total monthly for Individual:** | |  | | | | | | |

# 

# **RECEIVING NON­CASH BENEFITS**​ ​[Head of Household and Adults]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO NON­CASH 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 | | |
| ○ | Other (**Specify):** | ○ | Other TANF-funded services | | |

**COVERED BY HEALTH INSURANCE ​*[All Clients]***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS** | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Insurance Obtained through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veterans Health Administration (VHA) | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify) | ○ | Indian Health Services Program | | |

**HUD-VASH Exit Information [*HUD-VASH only]***

**Case Management Exit Reason**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Accomplished goals and/or obtained services and no longer need CM | ○ | Transferred to another HUD-VASH program site |
| ○ | Found/chose other Housing | ○ | Did not comply with HUD-VASH CM |
| ○ | Eviction and/or other Housing related issues | ○ | Unhappy with HUD-VASH housing |
| ○ | No longer financially eligible for HUD-VASH Voucher | ○ | No longer interested in participating in this program |
| ○ | Veteran cannot be located | ○ | Veteran too ill to participate at this time |
| ○ | Veteran is incarcerated | ○ | Veteran is deceased |
| ○ | Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**CONNECTION WITH SOAR ​***[Heads of Households and Adults*, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

|  |  |  |  |
| --- | --- | --- | --- |
| **SOAR** | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

**EDUCATION INFORMATION** *[All Clients 18+]*

**LAST GRADE COMPLETED** *[Head of Households and Adults, required for SSVF and VASH]*

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

**CURRENTLY ATTENDING COLLEGE/UNIVERSITY**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not Currently Attending | ○ | Academically Disqualified |
| ○ | Attending Full Time | ○ | Client doesn’t know |
| ○ | Attending Part Time | ○ | Client prefers not to answer |

**NAME OF COLLEGE/UNIVERSITY**

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

**EXPECTED COMPLETION YEAR**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *­* |  |  | *­* |  |  |  |  |

Month DayYear

**EMPLOYMENT STATUS ​***[Head of Households and Adults, SSVF, GPD and VASH]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employed** | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **If “Yes” for employed – Type of employment** | | | | | |
| ○ | Full­time | ○ | Seasonal/sporadic (including day labor) | | |
| ○ | Part-time |
| **If “No” for employed – Why not employed** | | | | | |
| ○ | Looking for work | ○ | Not looking for work | | |
| ○ | Unable to work |

**GENERAL HEALTH STATUS** ​*[Head of Households and Adults,* ***HUD-VASH OTH only****]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent | ○ | Poor |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

# **IN PERMANENT HOUSING** ​[Permanent Housing Projects, for Heads of Households]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-in Date (see note\*) | | | *\*If client moved into permanent housing, make sure to update on the enrollment screen.* |

**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** | ○ | Yes | ○ | No |
| **Active Location** | ○ | Yes | ○ | No |
| **Location Date** |  | | | |
| **Note** |  | | | |

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