

Agency Name: _____

CLARITY HMIS: HUD-COC MINIMUM PROGRAM EXIT FORM

Use block letters for text and mark appropriate boxes with an "X". Complete a separate form for each household member.

PROGRAM EXIT DATE [All Clients]

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | - | | | - | | | | |
| Month | | | Day | | | Year | | | |

CURRENT NAME [All Clients]

| | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|
| | | | | | | | | | | | | | | | | | | | N/A |
| Last | | | | | | | | | | | | | | | | | | | |
| First | | | | | | | | | | | | | | | | | | | |
| Middle | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| Suffix | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> |

CONTACT INFORMATION [Optional]

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|
| Phone Number | | | | | - | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | |
| Current Address (if applicable) | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | Zip Code | |

HOUSING STATUS AT EXIT [Head of Household and Adults]

| | | | | | |
|--------------------------|--|--------------------------|---------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Homeless | <input type="checkbox"/> | Fleeing domestic violence | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | At imminent risk of losing housing | <input type="checkbox"/> | At-risk of homelessness | <input type="checkbox"/> | Client refused |
| <input type="checkbox"/> | Homeless only under other federal statutes | <input type="checkbox"/> | Stably housed | <input type="checkbox"/> | Data not collected |

DESTINATION [All Clients]

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Deceased | <input type="checkbox"/> | Rental by client, with VASH housing subsidy |
| <input type="checkbox"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> | Rental by client, with GPD TIP housing subsidy |
| <input type="checkbox"/> | Foster care home or foster care group home | <input type="checkbox"/> | Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> | Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> | Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> | Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> | Safe Haven |
| <input type="checkbox"/> | Jail, prison or juvenile detention facility | <input type="checkbox"/> | Staying or living with family, permanent tenure |
| <input type="checkbox"/> | Long-term care facility or nursing home | <input type="checkbox"/> | Staying or living with family, temporary tenure (e.g. room, apartment or house) |
| <input type="checkbox"/> | Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> | Staying or living with friends, permanent tenure |
| <input type="checkbox"/> | Moved from one HOPWA funded project to HOPWA TH | <input type="checkbox"/> | Staying or living with friends, temporary tenure (e.g. room, apartment or house) |
| <input type="checkbox"/> | Owned by client, no ongoing housing subsidy | <input type="checkbox"/> | Substance abuse treatment facility or detox center |
| <input type="checkbox"/> | Owned by client, with ongoing housing subsidy | <input type="checkbox"/> | Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> | Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH) | <input type="checkbox"/> | Other |
| | | <input type="checkbox"/> | No exit interview completed |
| <input type="checkbox"/> | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside) | <input type="checkbox"/> | Client doesn't know |
| | | <input type="checkbox"/> | Client refused |
| <input type="checkbox"/> | Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> | Data not collected |
| <input type="checkbox"/> | Rental by client, no ongoing housing subsidy | Specify "Other" | |

Signature of applicant stating all information is true and correct Date