

Agency Name: _____



CLARITY HMIS: HHS-PROGRAM PROGRAM EXIT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

PROGRAM EXIT DATE *[All Clients]*

		-			-				
Month			Day			Year			

CURRENT NAME *[All Clients]*

CURRENT NAME <i>[All Clients]</i>																N/A
Last																<input type="radio"/>
First																<input type="radio"/>
Middle																<input type="radio"/>
Suffix																<input type="radio"/>

CONTACT INFORMATION *[Optional]*

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

HOUSING STATUS AT EXIT *[All Clients]*

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

DESTINATION [*Head of Household and Adults*]

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

CONNECTION WITH SOAR [*Heads of Households 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

DISABLING 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

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		
Receiving services for physical disability	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Long-term physical disability	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes
	<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		
Receiving services for developmental disability	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Expected to substantially impair independence	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes
	<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 refused	
	<input type="radio"/> Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
Receiving services/treatment for this condition	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Long-term chronic health condition	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes
	<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 CHRONIC HEALTH CONDITION – SPECIFY					
Receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Client refused	
	<input type="radio"/>	Yes	<input type="radio"/>	Data not collected	
Documentation of the disability and severity on file		<input type="radio"/>	No	<input type="radio"/>	Yes

MENTAL HEALTH PROBLEM [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 PROBLEMS – SPECIFY				
Receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Long-term mental health problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Client refused
	<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
How confirmed	<input type="radio"/>	Unconfirmed; presumptive or self report		
	<input type="radio"/>	Confirmed through assessment and clinical evaluation		
	<input type="radio"/>	Confirmed by prior evaluation or clinical records		
Serious mental illness (SMI) and, if SMI, how confirmed				
<input type="radio"/>	No	<input type="radio"/>	Confirmed by prior evaluation or clinical records	
<input type="radio"/>	Unconfirmed; presumptive or self report	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Confirmed by prior evaluation or clinical records	<input type="radio"/>	Client refused	

SUBSTANCE ABUSE PROBLEM [All Clients]

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY		
Receiving services/treatment for this condition	<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
Long-term substance abuse problem	<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
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes
How confirmed	<input type="radio"/> Unconfirmed; presumptive or self reported	
	<input type="radio"/> Confirmed through assessment and clinical evaluation	
	<input type="radio"/> Confirmed by prior evaluation or clinical records	

INCOME FROM ANY SOURCE [Head of Households 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 INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY		
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> TANF (Temporary Assistance for Needy Families)	
<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 Income (SSDI)		<input type="radio"/> Pension or retirement income from 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 source	
<input type="radio"/> Worker's Compensation		Specify "Other"	
Total monthly amount:			

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"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other source

 Specify "Other"

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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
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

 Signature of applicant stating all information is true and correct Date