

Agency Name: _____



CLARITY HMIS: VA-SSVF 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 <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 _____

IN PERMANENT HOUSING [*RRH PROGRAMS ONLY - All Clients*]

<input type="radio"/>	Yes	<input type="radio"/>	No
IF "YES" TO PERMANENT HOUSING			
Date of Move-In		____/____/____	

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
<input type="radio"/>	Earned Income		<input type="radio"/>
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>
<input type="radio"/>	Private disability insurance		<input type="radio"/>
<input type="radio"/>	Worker's Compensation		<input type="radio"/>
			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"			

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