

Agency Name: _____



CLARITY HMIS: HHS/HUD-RHY + CoC 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															○
First															○
Middle															○
Suffix															○

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"/>	Other
		<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	Specify Other	

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		____/____/____	

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY - All Clients]

<input type="radio"/>	Able to maintain the housing they had at project entry	<input type="radio"/>	Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/>	Moved to new housing unit	<input type="radio"/>	Client went to jail/prison
<input type="radio"/>	Moved in with family/friends on a temporary basis	<input type="radio"/>	Client died
<input type="radio"/>	Moved in with family/friends on a permanent basis	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Moved to a transitional or temporary housing facility or program	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

IF "ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY" TO HOUSING ASSESSMENT
Subsidy Information

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an on-going subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy

IF "MOVED TO NEW HOUSING UNIT" TO HOUSING ASSESSMENT
Subsidy Information

<input type="radio"/>	With on-going subsidy	<input type="radio"/>	Without an on-going subsidy
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PROJECT COMPLETION STATUS [Head of Household, Adults, and Unaccompanied youth]

<input type="radio"/>	Completed project	<input type="radio"/>	Youth was expelled or otherwise involuntarily discharged from project
<input type="radio"/>	Youth voluntarily left early		

If youth voluntarily left early – Select major reason

<input type="radio"/>	Left for other opportunities-Independent living	<input type="radio"/>	Left for other opportunities-Military
		<input type="radio"/>	Left for other opportunities-Other
<input type="radio"/>	Left for other opportunities-Education	<input type="radio"/>	Needs could not be met by project

If youth was expelled or otherwise involuntarily discharged – Major reason

<input type="radio"/>	Criminal activity/destruction of property/violence	<input type="radio"/>	Reached max times allowed by project
<input type="radio"/>	Non-compliance with project rules	<input type="radio"/>	Project terminated
<input type="radio"/>	Non-payment of rent/occupancy charge	<input type="radio"/>	Unknown/disappeared

FAMILY REUNIFICATION ACHIEVED [Head of Household, Adults, and Unaccompanied Youth]

<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 <input type="radio"/> Data not collected
Long-term physical disability	<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

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 <input type="radio"/> Data not collected
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 <input type="radio"/> Data not collected
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes

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 <input type="radio"/> Data not collected
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 <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 <input type="radio"/> Data not collected
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 <input type="radio"/> Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/> Yes

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

DOMESTIC VIOLENCE *[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 DOMESTIC VIOLENCE

LAST OCCURRENCE				
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more	
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Client refused	
Are you currently fleeing?	<input type="radio"/>	No	<input type="radio"/>	Data not collected
	<input type="radio"/>	Yes	<input type="radio"/>	Client doesn't know
	<input type="radio"/>		<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected	

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"			

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

RHY SPECIFIC YOUTH INFORMATION
EMPLOYMENT STATUS [Head of Household, Adults, and Unaccompanied Youth]

Employed			
<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" for employed – Type of employment			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

GENERAL HEALTH STATUS [Head of Household, Adults, and Unaccompanied Youth]

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

DENTAL HEALTH STATUS [Head of Household, Adults, and Unaccompanied Youth]

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

MENTAL HEALTH STATUS [Head of Household, Adults, and Unaccompanied Youth]

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

PREGNANCY STATUS *[All Female Head of Household, Adults, and Unaccompanied Youth]*

<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" for Pregnancy Status			
Due Date:			

TRANSITIONAL, EXIT-CARE OR AFTERCARE PLANS AND ACTIONS
[Head of Household, Adults, and Unaccompanied Youth]

A written transitional, aftercare or follow-up plan or agreement	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Advice about and/or referral to appropriate mainstream assistance programs	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Placement in appropriate, permanent, stable housing (not a shelter)	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Due to unavoidable circumstances or scarcities of appropriate housing, youth must be transported/accompanied to a temp shelter	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Exit counseling	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
A course of further follow-up treatment or services	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
A follow-up meeting or series of staff/youth meetings or contacts has been scheduled	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
A package of such things as maps, information about local shelters and resources	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
Other	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client refused

Signature of applicant stating all information is true and correct Date