

Agency Name: \_\_\_\_\_



## CLARITY HMIS: HHS--RHY PROJECT EXIT FORM

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			Day			Year			

CLIENT LOCATION *[only if multiple CoC's]* \_\_\_\_\_

**DESTINATION** *[-All Clients]*

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

**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 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

**DISABLING CONDITION** *[All Clients if 'yes' to any condition, mark 'yes']*

<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**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

**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**

Expected to substantially impair ability to live independently?	<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

**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**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

**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	
<b>IF "YES" TO HIV-AIDS – SPECIFY</b>		
Expected to substantially impair ability to live independently?	<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

**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	
<b>IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

**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"/> Drug abuse	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

**INCOME FROM ANY SOURCE [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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<input type="radio"/> Alimony and Other Spousal Support		<input type="radio"/> Child support	
<input type="radio"/> Pension or Retirement income from former job		<input type="radio"/> Earned Income	
<input type="radio"/> Retirement Income from Social Security		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Private Disability Insurance	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Unemployment Insurance	
<input type="radio"/> TANF (Temporary Assist for Needy Families)		<input type="radio"/> Worker's Compensation	
<input type="radio"/> VA Service Connected Disability Compensation		<input type="radio"/> Other source	
<input type="radio"/> VA Non--Service Connected Disability Pension		Other (specify):	
<b>Total monthly amount:</b>			

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other ( <b>Specify</b> ):	<input type="radio"/>	Other TANF-funded services

**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
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

## RHY SPECIFIC YOUTH INFORMATION

**LAST GRADE COMPLETED** [*Head of Household, Adults and unaccompanied Youth*]

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Grades 5-6
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Grades 9-11
<input type="radio"/>	Grade 12	<input type="radio"/>	School does not have grade levels
<input type="radio"/>	GED	<input type="radio"/>	Some college
<input type="radio"/>	Associate's Degree	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Graduate Degree	<input type="radio"/>	Vocational certification
<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Data not collected	<input type="radio"/>	Client refused

**SCHOOL STATUS** [*Head of Household, Adults, and unaccompanied Youth*]

<input type="radio"/>	Attending school regularly	<input type="radio"/>	Suspended
<input type="radio"/>	Attending school irregularly	<input type="radio"/>	Expelled
<input type="radio"/>	Graduated from high school	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Obtained GED	<input type="radio"/>	Client refused
<input type="radio"/>	Dropped out	<input type="radio"/>	Data not collected

**EMPLOYMENT STATUS** *[Head of Household, Adults, and unaccompanied Youth]*

<b>Employed</b>			
<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
<b>If "Yes" for employed – Type of employment</b>			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
<b>If "No" for employed – Why not employed</b>			
<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
<b>If "Yes" for Pregnancy Status</b>			
<b>Due Date:</b>			

**COMMERCIAL SEXUAL Exploitation/Sex TRAFFICKING**

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?

<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	
<b>IF "YES"</b>				
In the last three months?	<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

How many times (ever)?

<input type="radio"/>	1-3	<input type="radio"/>	Client doesn't know
<input type="radio"/>	4-7	<input type="radio"/>	Client refused
<input type="radio"/>	8-11	<input type="radio"/>	Data not collected
<input type="radio"/>	12 or more		

Ever made/persuaded/forced to have sex in exchange for something?

<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"**

In the last three months?	<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

**LABOR EXPLOITATION /TRAFFICKING**

Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?

<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

Ever promised work where work or payment was different than you expected?

<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"** Felt forced, coerced, pressured or tricked into continuing the job?

<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"**

In the last three months?	<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

**COUNSELING**

Counseling received by client?

<input type="radio"/>	No
<input type="radio"/>	Yes

**IDENTIFY the TYPE(s) of COUNSELING RECEIVED**

<input type="radio"/>	Individual	<input type="radio"/>	Group - including peer counseling
<input type="radio"/>	Family		

Identify the number of sessions received by exit \_\_\_\_\_

**SAFE and APPROPRIATE EXIT**

 Exit destination safe – as determined by the **client**

<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

 Exit destination safe – as determined by the **project/caseworker**

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

 Client has permanent **positive adult connections** outside of project?

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

 Client has permanent **positive peer connections** outside of project

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

 Client has permanent **positive community connections** outside of project

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

**CONTACT INFORMATION** *[Optional- can be entered in Location Tab]*

Phone Number					-					-				
Email														
<b>Current Address (if applicable)</b>														
Street														
City														
State									Zip Code					

Signature of applicant stating all information is true and correct

Date