

Agency Name: _____



CLARITY HMIS: HUD-CoC 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"/> | | <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"/> | | <input type="radio"/> | Client refused |
| <input type="radio"/> | Rental by client, no ongoing housing subsidy | <input type="radio"/> | Data not collected |

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]

| | | | |
|-----------------------|--|-----------------------|--|
| <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"/> | Moved in with family/friends on a temporary basis | <input type="radio"/> | Client went to jail/prison |
| | | <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"/> | Client refused |
| <input type="radio"/> | Moved to a transitional or temporary housing facility or program | <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 |
|-----------------------|-----------------------|-----------------------|-----------------------------|

IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

| | | | |
|--------------------------------------|----|-----------------------|-----|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
| IF "YES" TO PERMANENT HOUSING | | | |
| Housing Move-in Date | | ____/____/____ | |

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 | |

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 | | | | |
| 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"/> | 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 | | | | |
| 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 |

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[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 WHEN EXPERIENCE OCCURRED | | | | |
| <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"/> | Client refused | |
| <input type="radio"/> | Six months to one year ago (excluding one year exactly) | <input type="radio"/> | Data not collected | |
| Are you currently fleeing? | <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 |
| IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | |

| | | | | | |
|------------------------------|--|--|--------------------------|------------------------------|--|
| <input type="checkbox"/> | Pension or Retirement income from former job | | <input type="checkbox"/> | Earned Income | |
| <input type="checkbox"/> | Retirement Income from Social Security | | <input type="checkbox"/> | General Assistance (GA) | |
| <input type="checkbox"/> | Social Security Disability Insurance (SSDI) | | <input type="checkbox"/> | Private Disability Insurance | |
| <input type="checkbox"/> | Supplemental Security Income (SSI) | | <input type="checkbox"/> | Unemployment Insurance | |
| <input type="checkbox"/> | TANF (Temporary Assist for Needy Families) | | <input type="checkbox"/> | Worker's Compensation | |
| <input type="checkbox"/> | VA Service Connected Disability Compensation | | <input type="checkbox"/> | Other source | |
| <input type="checkbox"/> | VA Non--Service Connected Disability Pension | | Other (specify): | | |
| Total monthly amount: | | | | | |

RECEIVING NON-CASH BENEFITS [*Head of Household and Adults*]

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | <input type="checkbox"/> | Data not collected |

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

| | | | |
|--------------------------|---|--------------------------|------------------------------|
| <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | TANF Childcare Services |
| <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> | TANF Transportation Services |
| <input type="checkbox"/> | Other (Specify): | <input type="checkbox"/> | Other TANF-funded services |

COVERED BY HEALTH INSURANCE [*All Clients*]

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | <input type="checkbox"/> | Data not collected |

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

| | | | |
|--------------------------|--|--------------------------|------------------------------------|
| <input type="checkbox"/> | MEDICAID | <input type="checkbox"/> | Employer Provided Health Insurance |
| <input type="checkbox"/> | MEDICARE | <input type="checkbox"/> | Insurance Obtained through COBRA |
| <input type="checkbox"/> | State Children's Health Insurance (SCHIP) | <input type="checkbox"/> | Private Pay Health Insurance |
| <input type="checkbox"/> | Veteran's Administration (VA) Medical Services | <input type="checkbox"/> | State Health Insurance for Adults |
| <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> | Indian Health Services Program |



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

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

Signature of applicant stating all information is true and correct Date