

Agency Name: _____



CLARITY HMIS: HUD-HOPWA 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 [-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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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]

<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"/>	Client refused

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	
IF "YES" TO HIV-AIDS – 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

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
			<input type="radio"/>	Data not collected

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"/> Yes
	<input type="radio"/> Client doesn't know
	<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			
Income Source	Amount	Income Source	Amount
<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):	
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"/> 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 (Specify):	<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

IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)	
○ MEDICAID	<input type="radio"/> Applied; Decision Pending
	<input type="radio"/> Applied; Client Not Eligible
	<input type="radio"/> Client Did Not Apply
	<input type="radio"/> Insurance Type N/A for this Client
	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> Client Refused
	<input type="radio"/> Data Not Collected
○ MEDICARE	<input type="radio"/> Applied; Decision Pending
	<input type="radio"/> Applied; Client Not Eligible
	<input type="radio"/> Client Did Not Apply
	<input type="radio"/> Insurance Type N/A for this Client
	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> Client Refused
	<input type="radio"/> Data Not Collected
○ State Children's Health Insurance (SCHIP)	<input type="radio"/> Applied; Decision Pending
	<input type="radio"/> Applied; Client Not Eligible
	<input type="radio"/> Client Did Not Apply
	<input type="radio"/> Insurance Type N/A for this Client
	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> Client Refused
	<input type="radio"/> Data Not Collected
○ Veteran's Administration (VA) Medical Services	<input type="radio"/> Applied; Decision Pending
	<input type="radio"/> Applied; Client Not Eligible
	<input type="radio"/> Client Did Not Apply
	<input type="radio"/> Insurance Type N/A for this Client
	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> Client Refused
	<input type="radio"/> Data Not Collected
○ Employer Provided Health Insurance	<input type="radio"/> Applied; Decision Pending
	<input type="radio"/> Applied; Client Not Eligible
	<input type="radio"/> Client Did Not Apply
	<input type="radio"/> Insurance Type N/A for this Client
	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> Client Refused
	<input type="radio"/> Data Not Collected
○ Health Insurance Obtained through COBRA	<input type="radio"/> Applied; Decision Pending
	<input type="radio"/> Applied; Client Not Eligible
	<input type="radio"/> Client Did Not Apply
	<input type="radio"/> Insurance Type N/A for this Client
	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> Client Refused
	<input type="radio"/> Data Not Collected

<input type="radio"/>	Private Pay Health Insurance	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	State Health for Adults	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Indian Health Services Program	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:
Receiving Public HIV/AIDS Medical Assistance

<input type="radio"/>	Public HIV/AIDS Medical Assistance	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

Receiving AIDS Drug Assistance Program (ADAP)

<input type="radio"/>	Receiving AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

T-cell (CD4) Count Available

<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

T-cell Count (Integer between 0-1500):

How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

Viral Load Available

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

Viral Load (Integer between 0-999999): _____

How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

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