

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"/>		<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

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

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

<input type="radio"/> No	<input type="radio"/> Yes
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IF “YES” TO PERMANENT HOUSING

Housing Move-in Date	____/____/____
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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"/> Drug abuse	<input type="radio"/> Client refused	
	<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"/> 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			
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 - HEALTH INSURANCE COVERAGE DETAILS

<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]*

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:			

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

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

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																			
Current Address (if applicable)																			
Street																			
City																			
State																		Zip Code	

 Signature of applicant stating all information is true and correct

 Date