

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



## CLARITY HMIS: EMPLOYMENT 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

<b>*If Destination is "Place not meant for habitation"</b>			
<b>Is household's destination living situation in a vehicle?</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
If "Yes", please select Vehicle type			
<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused
<input type="radio"/>	Camper/RV	<input type="radio"/>	Data Not Collected

<b>If Destination is permanent housing</b>			
<b>CITY OF PERMANENT HOUSING LOCATION</b>			
<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Bear Creek/Sammamish (Unincorporated)	<input type="radio"/>	Newcastle
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Normandy Park
<input type="radio"/>	Bellevue		North Highline (Unincorporated)
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	East Federal Way (Unincorporated)	<input type="radio"/>	Skykomish
<input type="radio"/>	East Renton (Unincorporated)	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Enumclaw	<input type="radio"/>	Snoqualmie Valley/Northeast King County (Unincorporated)
<input type="radio"/>	Fairwood (Unincorporated)	<input type="radio"/>	Southeast King County (Unincorporated)
<input type="radio"/>	Federal Way	<input type="radio"/>	Tukwila
<input type="radio"/>	Four Creeks/Tiger Mountain (Unincorporated)	<input type="radio"/>	Vashon/Maury Island
<input type="radio"/>	Hunts Point	<input type="radio"/>	West Hill (Unincorporated)
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland		Outside of Washington State
<input type="radio"/>	Lake Forest Park		Client Doesn't Know
<input type="radio"/>	Maple Valley		Client Refused
			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
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**IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]**

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

**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" TO EMPLOYED**

<b>Employment Start Date</b>		____/____/____	
<b>Full or Part Time?</b>		<input type="radio"/>	Full Time
		<input type="radio"/>	Part Time
		<input type="radio"/>	Seasonal/Sporadic (including day labor)
<b>How many hours per week do you work?</b>		_____	
<b>Hourly Wage Earned</b>		\$ _____	
<b>Place of Employment</b>		_____	
<b>Industry Sector</b>			
<input type="radio"/>	Natural Resources and Mining	<input type="radio"/>	Professional and Business Services
<input type="radio"/>	Construction	<input type="radio"/>	Education and Health Services
<input type="radio"/>	Manufacturing	<input type="radio"/>	Leisure and Hospitality
<input type="radio"/>	Trade, Transportation, and Utilities	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Information	<input type="radio"/>	Client refused
<input type="radio"/>	Financial Activities	<input type="radio"/>	Data not collected

**PARTICIPATING IN TRAINING OR APPRENTICESHIP?**

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PARTICIPATING IN TRAINING OR APPRENTICESHIP</b>	
Training or Apprenticeship Start Date	____/____/____

<b>Training or Apprenticeship Type</b>			
<input type="radio"/>	Apprenticeship – paid through program	<input type="radio"/>	Job related certification training - paid through employer
<input type="radio"/>	Apprenticeship – paid through employer	<input type="radio"/>	Other Training
<input type="radio"/>	Apprenticeship - unpaid	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Job related certification training - paid through program	<input type="radio"/>	Client refused
<input type="radio"/>	Job related certification training – no cost	<input type="radio"/>	Data not collected

**TRAINING OR APPRENTICESHIP COMPLETED?**

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO TRAINING OR APPRENTICESHIP COMPLETED</b>	
Training or Apprenticeship Completion 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	
<b>IF "YES" TO PHYSICAL DISABILITY – 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

**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	
<b>IF "YES" TO DEVELOPMENTAL DISABILITY – 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

**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"/>		<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"/>		<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"/>		<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"/>		<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"/>	<b>No</b>	<input type="radio"/>	Client doesn't know
<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	Client refused
<input type="radio"/>		<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"/>		<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"/>		<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"/>		<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):		
<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

**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 ( <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

**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

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

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

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**Signature of applicant stating all information is true and correct      Date**