

## CLARITY HMIS: KC- 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		

**DESTINATION** *[All Clients]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<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"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed
<input type="radio"/>		<input type="radio"/>	Other

	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<i>If Other, please specify:</i>	
○	Staying or living with family, temporary tenure (e.g., room, apartment or house)	○	Deceased
		○	Client doesn't know
○	Staying or living with friends, permanent tenure	○	Client refused
○	Staying or living with family, permanent tenure	○	Data not collected

<b>*If Destination is "Place not meant for habitation"</b>			
<b>Is household's destination living situation in a vehicle?</b>	○	No	○ Client doesn't know
	○	Yes	○ Client refused
			○ Data not collected
If "Yes", please select Vehicle type			
○	Van	○	Client Doesn't Know
○	Automobile/Car	○	Client Refused
○	Camper/RV	○	Data Not Collected

<b>If Destination is permanent housing</b>			
<b>CITY OF PERMANENT HOUSING LOCATION</b>			
○	Unincorporated King County (includes any community not otherwise listed)	○	Medina
○	Algona	○	Mercer Island
○	Auburn	○	Milton
○	Beaux Arts	○	Newcastle
○	Bellevue	○	Normandy Park
○	Black Diamond	○	North Bend
○	Bothell	○	Pacific
○	Burien	○	Redmond
○	Carnation	○	Renton
○	Clyde Hill	○	Sammamish
○	Covington	○	Sea Tac
○	Des Moines	○	Seattle
○	Duvall	○	Shoreline
○	Enumclaw	○	Skykomish
○	Federal Way	○	Snoqualmie
○	Hunts Point	○	Tukwila
○	Issaquah	○	Woodinville
○	Kenmore	○	Yarrow Point
○	Kent	○	Washington State (outside of King County)

<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

**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"/>
	<input type="radio"/>	Part Time	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
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**IF "YES" TO PARTICIPATING IN TRAINING OR APPRENTICESHIP**

<b>Training or Apprenticeship Start Date</b>	____/____/____
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<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	____/____/____

**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

**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	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – 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

**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"/>	Client refused	
<input type="radio"/>	Drug abuse	<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

**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>					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or Retirement Income from a Former Job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Alimony and Other Spousal Support	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other Income source	
<input type="radio"/>	Worker's Compensation				
<b>Total Monthly Income for Individual:</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 Non-Cash Benefit	<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

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

<b>Contact Type</b>										
<b>Email</b>										
<b>Phone (#1)</b>										
<b>Phone (#2)</b>										
<b>Active Contact</b>	<input type="radio"/>	Yes				<input type="radio"/>	No			
<b>Private</b>	<input type="radio"/>	Yes				<input type="radio"/>	No			
<b>Contact Date</b>										
<b>Note</b>										

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

**Date**