

CLARITY HMIS: KC- VA SERVICES EXIT FORM (Including HUD VASH, SSVF, GPD) Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

CLIENT	CLIENT NAME OR IDENTIFIER:													
	PRO.	JECT	EXIT	DAT	E [All	Clier	nts]							
	Me	onth		D	ay		I	Y	ear					

DESTINATION [All Clients]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA PH
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	0	Moved from one HOPWA funded project to HOPWA TH
0	Safe Haven	0	Rental by client, with GPD TIP housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with VASH housing subsidy
0	Hospital or other residential nonpsychiatric medical facility	0	Permanent housing (other than RRH) for formerly homeless persons
0	Jail, prison or juvenile detention facility	0	Rental by client, with RRH or equivalent subsidy
0	Long-term care facility or nursing home	0	Rental by client with HCV voucher (tenant or project based)
0	Psychiatric hospital or other psychiatric facility	0	Rental by client in a public housing unit
0	Substance abuse treatment facility or detox center	0	Rental by client, no ongoing housing subsidy
0	Residential project or hallway house with no homeless criteria	0	Rental by client, with other ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, with ongoing housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Owned by client, no ongoing housing subsidy
0	Host Home (non-crisis)	0	No exit interview completed
0	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	0	Other (specify):
0	Staying or living with family, temporary tenure (e.g.,	0	Deceased
	room, apartment or house)	0	Client doesn't know

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0	Staying or living with family, permanent tenure	0	Client refused
0	Staying or living with friends, permanent tenure	0	Data not collected

*If [*If Destination is "Place not meant for habitation"										
				0	No	0	Client doesn't know				
ls h	ousehold's destination living situation	n in a	vehicle?	0	Yes	0	Client refused				
					162	0	Data not collected				
If "Y	es", please select Vehicle type										
0	Van	0	Client Doesn't Kr	now							
0	Automobile/Car	0	Client Refused								
0	Camper/RV	0	Data Not Collected								

If Destination is permanent housing CITY OF PERMANENT HOUSING LOCATION

0	Unincorporated King County (includes any community not otherwise listed)	0	Medina
0	Algona	0	Mercer Island
0	Auburn	0	Milton
0	Beaux Arts	0	Newcastle
0	Bellevue	0	Normandy Park
0	Black Diamond	0	North Bend
0	Bothell	0	Pacific
0	Burien	0	Redmond
0	Carnation	0	Renton
0	Clyde Hill	0	Sammamish
0	Covington	0	Sea Tac
0	Des Moines	0	Seattle
0	Duvall	0	Shoreline
0	Enumclaw	0	Skykomish
0	Federal Way	0	Snoqulamie
0	Hunts Point	0	Tukwila
0	Issaquah	0	Woodinville
0	Kenmore	0	Yarrow Point
0	Kent	0	Washington State (outside of King County)
0	Kirkland	0	Outside of Washington State
0	Lake Forest Park	0	Client Doesn't Know
0	Maple Valley	0	Client Refused
		0	Data Not Collected

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PHYSICAL DISABILITY [not required for SSVF]

	<u> </u>				
0	No			0	Client doesn't know
s Vee					Client refused
0	Yes	0	Data not collected		
IF "Y	'ES" TO PHYSICAL DISABILITY – SPECIFY				
Expe	cted to be of long-continued and indefinite duration?	No	0	Client doesn't know	
				0	Client refused
			Yes	0	Data not collected

DEVELOPMENTAL DISABILITY [not required for SSVF]

0	No	0	Client doesn't know
	V ₂	0	Client refused
0	Yes	0	Data not collected

CHRONIC HEALTH CONDITION [not required for SSVF]

o No					Client doesn't know	
	Vas	0	Client refused			
0	o Yes				Data not collected	
IF "	YES" TO CHRONIC HEALTH CONDITION – SPEC	IFY				
		0	No	0	Client doesn't know	
Expected to be of long-continued and indefinite duration?			Vaa	0	Client refused	
uura	uion?		Yes	0	Data not collected	

MENTAL HEALTH PROBLEM [not required for SSVF]

0	No			0	Client doesn't know
	V ₂ -				Client refused
0	· Yes			0	Data not collected
IF "	YES" TO MENTAL HEALTH PROBLEMS – SPECII	FΥ			
_		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration?			Voc	0	Client refused
dure	AUOT!		Yes	0	Data not collected

SUBSTANCE ABUSE PROBLEM [not required for SSVF]

F	IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY						
	Drug abuse			Data not collected			
	O	Alcohol abuse	0	Client refused			
	0	Alaahal ahusa	0	Client doesn't know			
	0	No	0	Both alcohol & drug abuse			

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	0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration?	0	Voc	0	Client refused
duration:		Yes	0	Data not collected

MONTHLY INCOME AND SOURCES [Head of Household and Adults]

	111121 111001112 71112 00011020 [110aa 01 1	1000011010	a arre	i i taanoj								
0	No	0	Client doesn't know									
	Yes			0	Client refuse	d						
0	o Data no											
IF "	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY											
Inc	ome Source	Amount	Inc	ome Source		Amount						
0	Earned Income		0	TANF (Tempo Needy Familie								
0	Unemployment Insurance		0	General Assist	ance (GA)							
0	Supplemental Security Income (SSI)		0	Retirement Inc								
0	Social Security Disability Insurance (SSDI)		0	Pension or ret income from								
0	VA Service-Connected Disability Compensation		0	Child Support								
0	VA Non-Service Connected Disability Pension		0	Alimony and c	ther spousal							
0	Private disability insurance		0	Other income	source							
0	Worker's Compensation		0	Other income so	ource							
Total	monthly for Individual:											

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

0	No	0	Client doesn't know			
	Yes	 Client refused 				
0	165	0	Data not collected			
IF "	YES" TO NON-CASH BENEFITS – INDICATE ALL SOUR	LY				
0	Supplemental Nutrition Assistance Program (SNAP)	TANF Ch	TANF Childcare Services			
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services			
0	Other (Specify):	0	Other TANF-funded services			

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know					
	Voc	0	Client refused					
O	Yes	0	Data not collected					
IF "	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS							

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0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

HUD-VASH Exit Information [*HUD-VASH only*] Case Management Exit Reason

0	Accomplished goals and/or obtained services and no longer need CM	0	Transferred to another HUD-VASH program site
0	Found/chose other Housing	0	Did not comply with HUD-VASH CM
0	Eviction and/or other Housing related issues	0	Unhappy with HUD-VASH housing
0	No longer financially eligible for HUD-VASH Voucher	0	No longer interested in participating in this program
0	Veteran cannot be located	0	Veteran too ill to participate at this time
0	Veteran is incarcerated	0	Veteran is deceased
0	Other (specify)		

CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

SOAR								
0	No	0	Client doesn't know					
	V	0	Client refused					
0	es es	0	Data not collected					

LAST GRADE COMPLETED [Head of Households and Adults, required for SSVF and VASH]

	L	,	1
0	Less than Grade 5	0	Grades 5-6
0	Grades 7-8	0	Grades 9-11
0	Grade 12		School does not have grade levels
0	GED		Some college
0	Associate's Degree	0	Bachelor's degree
0	Graduate Degree	0	Vocational certification
0	Client doesn't know		
0	Data not collected	0	Client refused

EMPLOYMENT STATUS [Head of Households and Adults, SSVF, GPD and VASH]

			, -		
Employed					
Lilipioyeu					

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Date

0	No												0	Clie	nt does	n't know
	110												0		nt refus	
0	Yes											-	0		not co	
If "\	/es" for en	nnlove	T – b	vne	of em	nlovi	nen	<u> </u>								
0	Full-time	.p.oye		JPC	0. 0	picy.										
0	Part-time		0	Seas	onal/s	porac	lic (in	cludir	ng day l	abor)						
If "N	lo" for em	ployed	d – W	hy n	ot em	ploye	ed	·	·							
0	"No" for employed – Why not employed Looking for work															
0	Unable to work Not looking										for w	ork				
GEN	IERAL HE	ALTH:	STAT	US [Head o	of Hou	seho	olds ar	nd Aa	lults, H	IUD-V	ASH	отн	only]	1	
0	Excellent											0	Po	or		
0	Very good											0	Cli	ent d	oesn't k	now
0	Good									0	Cli	ent re	efused			
0	Fair											0	Da	ta no	t collec	ted
IN P	ERMANEN	т но	JSIN(G [Pe	ermane	ent H	ousi	ng Pro	oject	s, for	Heads	s of F	louse	ehola	s]	
0	No					0	Ye	s								
IF "	YES" TO PE	RMAN	ENT H	HOUS	ING		ı									
Hou	sing Move-i	n Date	(see r	note*)						ed into e enroli	-			sing, r	nake sı	ıre to
	CONTA	CT IN	FORI	MATI	ON [O	ption	al- c	an be	ente	ered ir	ı Loca	ation	Tab]			
	Phone						-				_					
	Email															
	Currer	t Addr	ess (i	f app	licable	e)										
	Street															
	City															
										Code						
	State Zip Code															

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Signature of applicant stating all information is true and correct