

CLARITY HMIS: KC- HUD-CoC 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: _____

PROGRAM EXIT DATE *[All Individual/Clients]*

		-			-				
--	--	---	--	--	---	--	--	--	--

Month

Day

Year

DESTINATION *[All Clients]*

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	☐ Moved from one HOPWA funded project to HOPWA TH
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	☐ Staying or living with family, permanent tenure
☐ Safe Haven	☐ Staying or living with friends, permanent tenure
☐ Foster care home or foster care group home	☐ Moved from one HOPWA funded project to HOPWA PH
☐ Hospital or other residential non--psychiatric medical facility	☐ Rental by client, no ongoing housing subsidy
☐ Jail, prison or juvenile detention facility	☐ Rental by client, with ongoing housing subsidy
☐ Long-term care facility or nursing home	☐ Owned by client, with ongoing housing subsidy
☐ Psychiatric hospital or other psychiatric facility	☐ Owned by client, no on-going housing subsidy
☐ Substance abuse treatment facility or detox center	☐ No exit interview completed
☐ Transitional housing for homeless persons (including homeless youth)	☐ Other
☐ Residential project or halfway house with no homeless criteria	☐ Deceased
☐ Hotel or motel paid for without emergency shelter voucher	☐ Client doesn't know
☐ Host Home (non-crisis)	☐ Client prefers not to answer
☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)	☐ Data not collected
☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:

☐ GDP TIP housing subsidy	☐ Emergency Housing Voucher
☐ VASH Housing subsidy	☐ Family Unification Program Voucher (FUP)
☐ RRH or equivalent subsidy	☐ Foster Youth to Independence Initiative (FYI)
☐ HCV voucher (tenant or project based) (not dedicated)	☐ Permanent Supportive Housing

☐ Public Housing Unit	☐ Other permanent housing dedicated for formerly homeless persons
☐ Rental by client, with other ongoing housing subsidy	

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

If Destination is permanent housing			
CITY OF PERMANENT HOUSING LOCATION			
☐	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)
☐	Kirkland	☐	Outside of Washington State
☐	Lake Forest Park	☐	Client Doesn't Know
☐	Maple Valley	☐	Client prefers not to answer
		☐	Data Not Collected

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]

☐	Able to maintain the housing they had at project entry	☐	Client became homeless – moving to a shelter or other place unfit for human habitation
☐	Moved to new housing unit		
☐	Moved in with family/friends on a temporary basis	☐	Jail/Prison
		☐	Deceased
☐	Moved in with family/friends on a permanent basis	☐	Client doesn't know
		☐	Client prefers not to answer
☐	Moved to a transitional or temporary housing facility or program	☐	Data not collected

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT
Subsidy Information

☐	Without a subsidy	☐	With an on-going subsidy acquired since project entry
☐	With the subsidy they had at project entry	☐	Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT
Subsidy Information

☐	With on-going subsidy	☐	Without an on-going subsidy
-----------------------	-----------------------	-----------------------	-----------------------------

IN PERMANENT HOUSING [Permanent Housing Projects, Head of Household]

☐	No	☐	Yes
-----------------------	----	-----------------------	-----

IF “YES” TO PERMANENT HOUSING

Housing Move-In Date: (See note) *	<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>
---	--

DISABLING CONDITION [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

- For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),
- For crisis services: Crisis Connections at: 1-866-427-4747,
- For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,
- For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).

DOES THE INDIVIDUAL/CLIENT HAVE:
A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All Individuals/Clients]

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer

☐		☐	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?	☐	No	☐	Client doesn’t know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

A DEVELOPMENTAL DISABILITY *[All Individuals/Clients]*

☐	No	☐	Client doesn’t know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

A CHRONIC HEALTH CONDITION *[All Individuals/Clients]*

☐	No	☐	Client doesn’t know	
☐	Yes	☐	Client prefers not to answer	
		☐	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?	☐	No	☐	Client doesn’t know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

A MENTAL HEALTH CONDITION *[All Individuals/Clients]*

☐	No	☐	Client doesn’t know	
☐	Yes	☐	Client prefers not to answer	
		☐	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	☐	No	☐	Client doesn’t know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

A SUBSTANCE ABUSE ISSUE *[Head of Household and Adults]*

☐	No	☐	Both alcohol & drug use disorder	
☐	Alcohol use disorder	☐	Client doesn’t know	
		☐	Client prefers not to answer	
☐	Drug use disorder	☐	Data not collected	
IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDER”– SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	☐	No	☐	Client doesn’t know
	☐	Yes	☐	Client prefers not to answer

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

☐	No	☐	Client doesn’t know
-----------------------	----	-----------------------	---------------------

☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
☐	Earned Income		☐	Temporary Assistance for Needy Families (TANF)	
☐	Unemployment Insurance		☐	General Assistance (GA)	
☐	Supplemental Security Income (SSI)		☐	Retirement Income from Social Security	
☐	Social Security Disability Insurance (SSDI)		☐	Pension or Retirement Income from a Former Job	
☐	VA Service-Connected Disability Compensation		☐	Child Support	
☐	VA Non-Service-Connected Disability Pension		☐	Alimony and Other Spousal Support	
☐	Private Disability Insurance		☐	Other Income source	
☐	Worker's Compensation				
Total Monthly Income for Individual:					

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

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

☐	Supplemental Nutrition Assistance Program (SNAP)	☐	TANF Childcare Services
☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	TANF Transportation Services
☐	Other Non-Cash Benefit	☐	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Individuals/Clients]

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

☐	MEDICAID	☐	Employer Provided Health Insurance
☐	MEDICARE	☐	Insurance Obtained through COBRA
☐	State Children's Health Insurance (SCHIP)	☐	Private Pay Health Insurance
☐	Veterans Health Administration (VHA)	☐	State Health Insurance for Adults
☐	Other (specify)	☐	Indian Health Services Program

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE [For CoC: YHDP funded programs
 Head of Household]

☐	Not currently enrolled in any school or educational course	☐	Client doesn't know
☐	Currently enrolled but NOT attending regularly (when school or the course is in session)	☐	Client prefers not to answer
☐	Currently enrolled and attending regularly (when school or the course is in session)	☐	Data not collected
IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:			
☐	K12: Graduated from high school	☐	Higher education: Dropped out
☐	K12: Obtained GED	☐	Higher education: Obtained a credential/degree
☐	K12: Dropped out	☐	Client doesn't know
☐	K12: Suspended	☐	Client prefers not to answer
☐	K12: Expelled	☐	Data not collected
☐	Higher education: Pursuing a credential but not currently attending		
IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:			
☐	Pursuing a high school diploma or GED	☐	Pursuing other post-secondary credential
☐	Pursuing Associate's Degree	☐	Client doesn't know
☐	Pursuing Bachelor's Degree	☐	Client prefers not to answer
☐	Pursuing Graduate Degree	☐	Data not collected

The following fields should be completed for Permanent Housing Program Exits Only
 (Permanent Supportive Housing, Permanent Housing (housing only), and Permanent Housing (housing with services)).

Primary Reason For Exit:

☐	Criminal Activity/Violence	☐	Non-Compliance with rules
☐	Death	☐	Non-Payment of rent
☐	Disagreement with rules	☐	Not Satisfied with housing or location
☐	Does not meet criteria for the program	☐	Safety Concerns
☐	Hospitalized	☐	Other (provide detail)

☐	Incarcerated	☐	Dependent Minor – Adult Household Member Exited
☐	Left For Housing Opportunity	☐	
☐	Lost Contact	☐	

If “Other” was selected, provide detail:

Please provide any additional relevant details about the circumstances of this exit:

If applicable:

Signature of applicant stating all information is true and correct

Date