

CLARITY HMIS: KC-HUD-HOPWA 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 <i>(includes community not otherwise listed)</i>	☐ 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 <i>(outside of King County)</i>

○	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 *[All Individuals/Clients]*

○	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
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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?	☐	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?	☐	☐	Client doesn't know
	☐	☐	Client prefers not to answer
		☐	Data not collected

HIV-AIDS *[All Individuals/Clients]*

☐	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?	☐	☐	Client doesn't know
	☐	☐	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
☐	Drug use disorder	☐	Client prefers not to answer
		☐	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?	☐	☐	Client doesn't know
	☐	☐	Client prefers not to answer
		☐	Data not collected

MONTHLY INCOME AND SOURCES *[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		☐	TANF (Temporary Assist for Needy Families)	
☐	Unemployment Insurance		☐	General Assistance (GA)	
☐	Supplemental Security Income (SSI)		☐	Retirement Income from Social Security	
☐	Social Security Disability Insurance (SSDI)		☐	Pension or retirement income from 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		☐	Other income source	

Total monthly income for Individual:
RECEIVING NON CASH BENEFITS *[Head of Household and Adults]*

☐	No	☐	Client doesn't know
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☐	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 (Specify):	☐	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

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

IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
☐	MEDICAID	☐	Applied; Decision Pending
		☐	Applied; Client Not Eligible
		☐	Client Did Not Apply
		☐	Insurance Type N/A for this Client
		☐	Client Doesn't Know
		☐	Client prefers not to answer
		☐	Data Not Collected
☐	MEDICARE	☐	Applied; Decision Pending
		☐	Applied; Client Not Eligible
		☐	Client Did Not Apply
		☐	Insurance Type N/A for this Client
		☐	Client Doesn't Know
		☐	Client prefers not to answer
		☐	Data Not Collected
☐	State Children's Health Insurance (SCHIP)	☐	Applied; Decision Pending
		☐	Applied; Client Not Eligible
		☐	Client Did Not Apply

		☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data Not Collected
☐	Veterans Health Administration (VHA)	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data Not Collected
☐	Employer Provided Health Insurance	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data Not Collected
☐	Health Insurance Obtained through COBRA	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data Not Collected
☐	Private Pay Health Insurance	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data Not Collected
☐	State Health for Adults	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client prefers not to answer

		○	Data Not Collected
○	Indian Health Services Program	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client prefers not to answer
		○	Data Not Collected
○	Other Health Insurance (specify)		

IF “YES” TO HIV-AIDS:
Receiving AIDS Drug Assistance Program (ADAP)

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

IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) — SPECIFY REASON

☐ Applied; Decision Pending	☐ Client Doesn't Know
☐ Applied; Client Not Eligible	☐ Client prefers not to answer
☐ Client Did Not Apply	☐ Data Not Collected
☐ Insurance Type N/A for this Client	

Receiving Ryan White-funded Medical or Dental Assistance

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

IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON

☐ Applied; Decision Pending	☐ Client Doesn't Know
☐ Applied; Client Not Eligible	☐ Client prefers not to answer
☐ Client Did Not Apply	☐ Data Not Collected
☐ Insurance Type N/A for this Client	

T-cell (CD4) Count Available

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

T-cell Count (Integer between 0-1500): _____
How Was the Information Obtained?

☐ Medical Report
☐ Client Reported
☐ Other (specify)

Viral Load Available

☐ Available	☐ Not Available
☐ Undetectable	☐ Client Doesn't Know

☐ Client prefers not to answer	☐ Data Not Collected
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Viral Load (Integer between 0-999999): _____

How Was the Information Obtained?

☐ Medical Report
☐ Client Reported
☐ Other (specify)

Has the participant been prescribed anti-retroviral drugs?

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

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>

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