

CLARITY HMIS: KC- HHS--RHY + 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					

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>

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

PROJECT COMPLETION STATUS *[Adults and Head of Households: All RHY Components except Street Outreach and BCP Prevention]*

☐	Completed project	☐	Client was expelled or otherwise involuntarily discharged from project
☐	Client voluntarily left early		

If youth was expelled or otherwise involuntarily discharged – Major reason

☐	Criminal activity/destruction of property/violence	☐	Reached max times allowed by project
☐	Non-compliance with project rules	☐	Project terminated
☐	Non-payment of rent/occupancy charge	☐	Unknown/disappeared

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	☐	Jail/Prison
☐	Moved in with family/friends on a temporary basis	☐	Deceased
☐	Moved in with family/friends on a permanent basis	☐	Client doesn't know
☐	Moved to a transitional or temporary housing facility or program	☐	Client prefers not to answer
☐		☐	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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IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

☐	No	☐	Yes
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IF “YES” TO PERMANENT HOUSING

Housing Move-In Date: (See note) *	*If client moved into permanent housing, make sure to update on the enrollment screen .
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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 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 abuse
☐	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
			☐ Data not collected

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 source	
☐	Worker's Compensation		<i>Other source, please specify:</i>		
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 (Specify):	☐	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
☐	Veteran's Health Administration (VHA)	☐	State Health Insurance for Adults
☐	Other (specify)	☐	Indian Health Services Program

SPECIFIC YOUTH INFORMATION

LAST GRADE COMPLETED *[Adults and Head of Households, All program types except Street Outreach]*

☐	Less than Grade 5	☐	Associate Degree
☐	Grades 5-6	☐	Graduate Degree
☐	Grades 7-8	☐	Bachelor's Degree
☐	Grades 9-11	☐	Vocational certification
☐	Grade 12	☐	Client doesn't know
☐	GED	☐	Client prefers not to answer
☐	School does not have grade levels	☐	Data not collected
☐	Some college		

SCHOOL STATUS *[Adults and Head of Households, All program types except Street Outreach]*

☐	Attending school regularly	☐	Suspended
☐	Attending school irregularly	☐	Expelled
☐	Graduated from high school	☐	Client doesn't know

☐	Obtained GED	☐	Client prefers not to answer
☐	Dropped out	☐	Data not collected

EMPLOYMENT STATUS *[Adults and Head of Households, All program types except Street Outreach]*

Employed			
☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected
If "Yes" for employed – Type of employment			
☐	Full-time	☐	Seasonal/sporadic (including day labor)
☐	Part-time		
If "No" for employed – Why not employed			
☐	Looking for work	☐	Not looking for work
☐	Unable to work		

GENERAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

☐	Excellent	☐	Poor
☐	Very good	☐	Client doesn't know
☐	Good	☐	Client prefers not to answer
☐	Fair	☐	Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

☐	Excellent	☐	Poor
☐	Very good	☐	Client doesn't know
☐	Good	☐	Client prefers not to answer
☐	Fair	☐	Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

☐	Excellent	☐	Poor
☐	Very good	☐	Client doesn't know
☐	Good	☐	Client prefers not to answer
☐	Fair	☐	Data not collected

PREGNANCY STATUS *[Adults and Head of Households]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected
If "Yes" for Pregnancy Status			
Due Date:			

COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING *[Adults and Head of Households]*

☐	No	☐	Client doesn't know	
☐	Yes	☐	Client prefers not to answer	
		☐	Data not collected	
IF "YES"				
In the last three months?	☐	No	☐	Client doesn't know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

How many times (ever)?

☐	1-3	☐	Client doesn't know
☐	4-7	☐	Client prefers not to answer
☐	8-11	☐	Data not collected
☐	12 or more		

Ever made/persuaded/forced to have sex in exchange for something?

☐	No	☐	Client doesn't know	
☐	Yes	☐	Client prefers not to answer	
		☐	Data not collected	
IF "YES"				
In the last three months?	☐	No	☐	Client doesn't know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

LABOR EXPLOITATION /TRAFFICKING *[Adults and Head of Households]*

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

Ever promised work where work or payment was different than you expected?

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

If "YES" Felt forced, coerced, pressured or tricked into continuing the job?

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

IF "YES"

In the last three months?	☐	No	☐	Client doesn't know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

COUNSELING *[Adults and Head of Households, All program types except Street Outreach]*

Client Received Counseling

☐	No
☐	Yes

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

☐	Individual	☐	Group - including peer counseling
☐	Family		

Identify the number of sessions received by exit _____

Total number of session(s) planned in youth's treatment or service plan _____

A plan is in place to start or continue counseling after exit?

☐	No
☐	Yes

SAFE AND APPROPRIATE EXIT

[Adults and Head of Households: All RHY Components except Street Outreach and Homeless Prevention]

Exit destination safe – as determined by the **client**

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

Exit destination safe – as determined by the **project/caseworker**

☐ No	☐ Worker Doesn't Know
☐ Yes	

Client has permanent **positive adult connections** outside of project?

☐ No	☐ Worker Doesn't Know
☐ Yes	

Client has permanent **positive peer connections** outside of project

☐ No	☐ Worker Doesn't Know
☐ Yes	

Client has permanent **positive community connections** outside of project

☐ No	☐ Worker Doesn't Know
☐ Yes	

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

Phone Number					-					-					
Email															
Current Address (if applicable)															
Street															
City															

State									Zip Code					
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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:

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

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If applicable:

Signature of applicant stating all information is true and correct

Date