

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 NAME OR IDENTIFIER: _____

PROGRAM EXIT DATE *[All Individual/Clients]*

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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 the 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

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 *[Not Required for SSVF]*

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

DEVELOPMENTAL DISABILITY *[not required for SSVF]*

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

CHRONIC HEALTH CONDITION *[not required for SSVF]*

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

MENTAL HEALTH PROBLEM *[not required for SSVF]*

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

SUBSTANCE ABUSE PROBLEM *[not required for SSVF]*

☐ 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	☐	No	☐	Client doesn't know
	☐	Yes	☐	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 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
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☐ 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

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

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

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

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

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

☐ Less than Grade 5	☐ Grades 5-6
☐ Grades 7-8	☐ Grades 9-11
☐ Grade 12	☐ School does not have grade levels
☐ GED	☐ Some college
☐ Associate’s Degree	☐ Bachelor’s degree
☐ Graduate Degree	☐ Vocational certification

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

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

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 *[Head of Households and Adults, HUD-VASH OTH only]*

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