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	○	Snoqulamie
○	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) *		**If client moved into permanent housing, make sure to update on the **enrollment screen**.*	

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 <u>NOT</u> 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

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 NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
○	Supplemental Nutrition Assistance Program (SNAP)	○	TANF Child Care 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 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 Administration (VA) Medical Services	○	State Health Insurance for Adults
○	Other (specify)	○	Indian Health Services Program

If applicable:

Signature of applicant stating all information is true and correct **Date**