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 *(includes 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 *[All Individuals/Clients]*

o	Able to maintain the housing they had at project entry	o	Client became homeless – moving to a shelter or other place unfit for human habitation
o	Moved to new housing unit		
o	Moved in with family/friends on a temporary basis	o	Jail/Prison
		o	Deceased
o	Moved in with family/friends on a permanent basis	o	Client doesn't know
		o	Client prefers not to answer
o	Moved to a transitional or temporary housing facility or program	o	Data not collected
IF "ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY" TO HOUSING ASSESSMENT			
Subsidy Information			
o	Without a subsidy	o	With an on-going subsidy acquired since project entry
o	With the subsidy they had at project entry	o	Only with financial assistance other than a subsidy
IF "MOVED TO NEW HOUSING UNIT" TO HOUSING ASSESSMENT			
Subsidy Information			
o	With on-going subsidy	o	Without an on-going subsidy

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]*

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

IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration?	o	No	o	Client doesn't know
	o	Yes	o	Client prefers not to answer
			o	Data not collected

A DEVELOPMENTAL DISABILITY *[All Individuals/Clients]*

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

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

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

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY			
Expected to be of long-continued and indefinite duration?	o	o	Client doesn't know
	o	o	Client prefers not to answer
		o	Data not collected

HIV-AIDS *[All Individuals/Clients]*

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

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

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

IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY			
Expected to be of long-continued and indefinite duration?	o	o	Client doesn't know
	o	o	Client prefers not to answer
		o	Data not collected

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

o	No	o	Both alcohol & drug use use disorder
o	Alcohol use disorder	o	Client doesn't know
		o	Client prefers not to answer
o	Drug use disorder	o	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?	o	o	Client doesn't know
	o	o	Client prefers not to answer
		o	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
○	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]***

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

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

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

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

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

If applicable:

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