CLARITY HMIS: KC- HHS--RHY 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 Clients]*

		-			-				
Month			Day			Year			

IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Households]*

○	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**.*	

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** [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 and substantially impairs ability to live independently?	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 and substantially impairs ability to live independently?	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 and substantially impairs ability to live independently	o	No	o	Client doesn't know
	o	Yes	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 disorder
o	Alcohol use disorder	o	Client doesn't know
		o	Client prefers not to answer
o	Drug abuse	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 and substantially impairs ability to live independently?	o	No	o	Client doesn't know
	o	Yes	o	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 source	
○	Worker's Compensation		*Other source, please specify:*		
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
○	Veterans Health Administration (VHA)	○	State Health Insurance for Adults
○	Other (specify)	○	Indian Health Services Program

RHY SPECIFIC YOUTH INFORMATION
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			
o	No	o	Client doesn't know
o	Yes	o	Client prefers not to answer
		o	Data not collected

If "Yes" for employed – Type of employment			
o	Full-time	o	Seasonal/sporadic (including day labor)

o	Part-time		
If "No" for employed – Why not employed			
o	Looking for work	o	Not looking for work
o	Unable to work		

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

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

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

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

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

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

PREGNANCY STATUS *[Adults and Head of Households]*

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

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

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

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

How many times (ever)?

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

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

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

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

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

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

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

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

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

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

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

			o	Data not collected

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

o	No
o	Yes

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

o	Individual	o	Group - including peer counseling
o	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?

o	No
o	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**

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

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

o	No	o	Worker Doesn't Know
o	Yes		

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

o	No	o	Worker Doesn't Know
o	Yes		

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

o	No	o	Worker Doesn't Know
o	Yes		

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

o	No	o	Worker Doesn't Know
o	Yes		

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

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

If applicable:

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