

Agency Name: _____



CLARITY HMIS: HUD-CoC PROGRAM EXIT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

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PROGRAM EXIT DATE *[All Clients]*

Month

Day

Year

CURRENT NAME <i>[All Clients]</i>														N/A	
Last															<input type="radio"/>
First															<input type="radio"/>
Middle															<input type="radio"/>
Suffix															<input type="radio"/>

CONTACT INFORMATION *[Optional]*

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

HOUSING STATUS AT EXIT *[All Clients]*

<input type="radio"/> Homeless	<input type="radio"/> Fleeing domestic violence	<input type="radio"/> Client doesn't know
<input type="radio"/> At imminent risk of losing housing	<input type="radio"/> At-risk of homelessness	<input type="radio"/> Client refused
<input type="radio"/> Homeless only under other federal statutes	<input type="radio"/> Stably housed	<input type="radio"/> Data not collected

DESTINATION [*Head of Household and Adults*]

<input type="radio"/>	Deceased	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Residential project or halfway house with no homeless criteria
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Safe Haven
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Staying or living with family, permanent tenure
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH	<input type="radio"/>	Staying or living with friends, permanent tenure
<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH	<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)
<input type="radio"/>	Owned by client, NO ongoing housing subsidy	<input type="radio"/>	Substance abuse treatment facility or detox center
<input type="radio"/>	Owned by client, with ongoing housing subsidy	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)
<input type="radio"/>	Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)	<input type="radio"/>	Other
		<input type="radio"/>	No exit interview completed
<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bust/train/airport or anywhere outside)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Data not collected
<input type="radio"/>	Rental by client, no ongoing housing subsidy	Specify Other	

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY All Clients]*

<input type="radio"/> Yes	<input type="radio"/> No
IF “YES” TO PERMANENT HOUSING	
Date of MoveIn	___/___/_____

HOUSING ASSESSMENT AT EXIT *[HOMELESS PREVENTION ONLY All Clients]*

<input type="radio"/> Able to maintain the housing they had at project entry	<input type="radio"/> Client became homeless – moving to a shelter or other place unfit for human habitation
<input type="radio"/> Moved to new housing unit	
<input type="radio"/> Moved in with family/friends on a temporary basis	<input type="radio"/> Client went to jail/prison
	<input type="radio"/> Client died
<input type="radio"/> Moved in with family/friends on a permanent basis	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Moved to a transitional or temporary housing facility or program	<input type="radio"/> Data not collected
IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT	
Subsidy Information	
<input type="radio"/> Without a subsidy	<input type="radio"/> With an ongoing subsidy acquired since project entry
<input type="radio"/> With the subsidy they had at project entry	<input type="radio"/> Only with financial assistance other than a subsidy
IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT	
Subsidy Information	
<input type="radio"/> With ongoing subsidy	<input type="radio"/> Without an ongoing subsidy

DISABLING CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
Receiving services for physical disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Long-term physical disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Receiving services for developmental disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

HIV-AIDS *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

MENTAL HEALTH PROBLEM *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
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<input type="radio"/> Yes	<input type="radio"/>	Client refused
	<input type="radio"/>	Data not collected
IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY		
Receiving services/treatment for this condition	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
Long-term mental health problem	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes

SUBSTANCE ABUSE PROBLEM [All Clients]

<input type="radio"/> No	<input type="radio"/>	Both alcohol & drug abuse
<input type="radio"/> Alcohol abuse	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Client refused
<input type="radio"/> Drug abuse	<input type="radio"/>	Data not collected
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE"– SPECIFY		
Receiving services/treatment for this condition	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
Long-term substance abuse problem	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
Documentation of the disability and severity on file	<input type="radio"/> No	<input type="radio"/> Yes

DOMESTIC VIOLENCE [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO DOMESTIC VIOLENCE				
LAST OCCURRENCE				
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more	
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected	
Are you currently fleeing?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

INCOME FROM ANY SOURCE [*Head of Households and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY				
Income Source		Amount	Income Source	Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assistance for Needy Families)
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>	Pension or retirement income from former job
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child support

<input type="radio"/>	VA NonService Connected Disability Pension	<input type="radio"/>	Alimony and other spousal support
<input type="radio"/>	Private disability insurance	<input type="radio"/>	Other source
<input type="radio"/>	Worker's Compensation	Specify "Other"	
Total monthly amount:			

RECEIVING NONCASH BENEFITS [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other source
Specify "Other"			

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

Signature of applicant stating all information is true and correct Date