

Agency Name: _____



CLARITY HMIS: HHS-PROGRAM PROGRAM EXIT FORM

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

PROGRAM EXIT DATE *[All Clients]*

Month

Day

Year

CURRENT NAME *[All Clients]*

N/A

| | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Last | | | | | | | | | | | | | | | | | | | ○ |
| First | | | | | | | | | | | | | | | | | | | ○ |
| Middle | | | | | | | | | | | | | | | | | | | ○ |
| Suffix | | | | | | | | | | | | | | | | | | | ○ |

CONTACT INFORMATION *[Optional]*

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

HOUSING STATUS AT EXIT *[All Clients]*

| | | | | | |
|---|--|---|---------------------------|---|---------------------|
| ○ | Homeless | ○ | Fleeing domestic violence | ○ | Client doesn't know |
| ○ | At imminent risk of losing housing | ○ | At-risk of homelessness | ○ | Client refused |
| ○ | Homeless only under other federal statutes | ○ | Stably housed | ○ | 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"/> | Interim Housing |
| | | <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 | <input type="radio"/> | Other: (Specify) |

CONNECTION WITH SOAR [*Heads 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 |

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"/> | Yes | <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 |
| <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 |

| | | |
|---------------|-----------------------|--|
| How confirmed | <input type="radio"/> | Unconfirmed; presumptive or self report |
| | <input type="radio"/> | Confirmed through assessment and clinical evaluation |
| | <input type="radio"/> | Confirmed by prior evaluation or clinical records |

Serious mental illness (SMI) and, if SMI, how confirmed

| | | | |
|-----------------------|---|-----------------------|---|
| <input type="radio"/> | No | <input type="radio"/> | Confirmed by prior evaluation or clinical records |
| <input type="radio"/> | Unconfirmed; presumptive or self report | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Confirmed by prior evaluation or clinical records | <input type="radio"/> | Client refused |

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 |
| How confirmed | <input type="radio"/> | Unconfirmed; presumptive or self reported | | |
| | <input type="radio"/> | Confirmed through assessment and clinical evaluation | | |
| | <input type="radio"/> | Confirmed by prior evaluation or clinical records | | |

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