

Agency Name: _____



CLARITY HMIS: VA SERVICES EXIT FORM (HUD VASH, SSVF, GPD)

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

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

| | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|
| | | - | | | - | | | |
| Month | | | Day | | | Year | | |

CLIENT LOCATION *[only if multiple CoC's]* _____

DESTINATION *[-All Clients]*

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

| | | | |
|--------------------------|--|--------------------------|--------------------|
| <input type="checkbox"/> | Rental by client, no ongoing housing subsidy | <input type="checkbox"/> | Data not collected |
|--------------------------|--|--------------------------|--------------------|

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

| | | | |
|---|----|--------------------------|-----|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| IF "YES" TO PERMANENT HOUSING | | | |
| Housing Move-in Date | | ____/____/____ | |
| Did the client stay in the same rental unit at exit (transition in place)? | | <input type="checkbox"/> | No |
| | | <input type="checkbox"/> | Yes |

CONNECTION WITH SOAR *[Heads of Households and Adults, SSVF only]*

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| SOAR | | | |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | <input type="checkbox"/> | Data not collected |

LAST GRADE COMPLETED *[for SSVF and HUD-VASH; not required for GPD]*

| | | | |
|-----------------------|---------------------|-----------------------|-----------------------------------|
| <input type="radio"/> | Less than Grade 5 | <input type="radio"/> | Grades 5-6 |
| <input type="radio"/> | Grades 7-8 | <input type="radio"/> | Grades 9-11 |
| <input type="radio"/> | Grade 12 | <input type="radio"/> | School does not have grade levels |
| <input type="radio"/> | GED | <input type="radio"/> | Some college |
| <input type="radio"/> | Associate's Degree | <input type="radio"/> | Bachelor's degree |
| <input type="radio"/> | Graduate Degree | <input type="radio"/> | Vocational certification |
| <input type="radio"/> | Client doesn't know | | |
| <input type="radio"/> | Data not collected | <input type="radio"/> | Client refused |

EMPLOYMENT STATUS *[Head of Households and Adults HUD-VASH OTH and SSVF]*

| | | | |
|---|------------------|--------------------------|---|
| Employed | | | |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | <input type="checkbox"/> | Data not collected |
| If "Yes" for employed – Type of employment | | | |
| <input type="checkbox"/> | Full-time | <input type="checkbox"/> | Seasonal/sporadic (including day labor) |
| <input type="checkbox"/> | Part-time | | |
| If "No" for employed – Why not employed | | | |
| <input type="checkbox"/> | Looking for work | <input type="checkbox"/> | Not looking for work |
| <input type="checkbox"/> | Unable to work | | |

GENERAL HEALTH STATUS *[Head of Households and Adults, HUD-VASH OTH only]*

| | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Poor |
| <input type="checkbox"/> | Very good | <input type="checkbox"/> | Client doesn't know |

| | | | |
|--------------------------|------|--------------------------|--------------------|
| <input type="checkbox"/> | Good | <input type="checkbox"/> | Client refused |
| <input type="checkbox"/> | Fair | <input type="checkbox"/> | Data not collected |

DISABLING CONDITION [All Clients]

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

PHYSICAL DISABILITY [not required for SSVF]

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | <input type="checkbox"/> | 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? | <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | | <input type="checkbox"/> | Data not collected |

DEVELOPMENTAL DISABILITY [not required for SSVF]

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

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY

| | | | | |
|---|--------------------------|-----|--------------------------|---------------------|
| Expected to substantially impair ability to live independently? | <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | | <input type="checkbox"/> | Data not collected |

CHRONIC HEALTH CONDITION [not required for SSVF]

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | <input type="checkbox"/> | 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? | <input type="checkbox"/> | No | <input type="checkbox"/> | Client doesn't know |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client refused |
| | | | <input type="checkbox"/> | Data not collected |

HIV-AIDS [not required for SSVF]

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

| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | | | |
|---|--------------------------|-----|--|
| Expected to substantially impair ability to live independently? | <input type="checkbox"/> | No | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> Client refused |
| | | | <input type="checkbox"/> Data not collected |

MENTAL HEALTH PROBLEM [not required for SSVF]

| | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> 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? | <input type="checkbox"/> | No | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> Client refused |
| | | | <input type="checkbox"/> Data not collected |

SUBSTANCE ABUSE PROBLEM [not required for SSVF]

| | | |
|--------------------------|---------------|--|
| <input type="checkbox"/> | No | <input type="checkbox"/> Both alcohol & drug abuse |
| <input type="checkbox"/> | Alcohol abuse | <input type="checkbox"/> Client doesn't know |
| | | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> | Drug abuse | <input type="checkbox"/> Data not collected |

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY

| | | | |
|---|--------------------------|-----|--|
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="checkbox"/> | No | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> Client refused |
| | | | <input type="checkbox"/> Data not collected |

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults, not required for SSVF]

| | | |
|-----------------------|-----|---|
| <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
WHEN EXPERIENCE OCCURRED

| | | |
|-----------------------------------|---|--|
| <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 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 INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | |
| Income Source | | Amount | Income Source |
| <input type="radio"/> | Alimony and other spousal support | | <input type="radio"/> |
| <input type="radio"/> | Pension or retirement income from former job | | <input type="radio"/> |
| <input type="radio"/> | Retirement Income from Social Security | | <input type="radio"/> |
| <input type="radio"/> | Social Security Disability Insurance (SSDI) | | <input type="radio"/> |
| <input type="radio"/> | Supplemental Security Income (SSI) | | <input type="radio"/> |
| <input type="radio"/> | TANF (Temporary Assist for Needy Families) | | <input type="radio"/> |
| <input type="radio"/> | VA Service Connected Disability Compensation | | <input type="radio"/> |
| <input type="radio"/> | VA Non--Service Connected Disability Pension | | <input type="radio"/> |
| | | Other (specify): | |
| Total monthly amount: | | | |

RECEIVING NON-CASH 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 NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| <input type="radio"/> | Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> | TANF Childcare Services |
| <input type="radio"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> | TANF Transportation Services |
| <input type="radio"/> | Other (Specify): | <input type="radio"/> | Other TANF-funded services |

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 Health Insurance |
| <input type="radio"/> | MEDICARE | <input type="radio"/> | Insurance Obtained through COBRA |
| <input type="radio"/> | State Children's Health Insurance (SCHIP) | <input type="radio"/> | Private Pay Health Insurance |
| <input type="radio"/> | Veteran's Administration (VA) Medical Services | <input type="radio"/> | State Health Insurance for Adults |
| <input type="radio"/> | Other (specify) | <input type="radio"/> | Indian Health Services Program |

HUD-VASH Exit Information [HUD-VASH only]
Case Management Exit Reason

| | | | |
|-----------------------|---|-----------------------|---|
| <input type="radio"/> | Accomplished goals and/or obtained services and no longer need CM | <input type="radio"/> | Transferred to another HUD-VASH program site |
| <input type="radio"/> | Found/chose other Housing | <input type="radio"/> | Did not comply with HUD-VASH CM |
| <input type="radio"/> | Eviction and/or other Housing related issues | <input type="radio"/> | Unhappy with HUD-VASH housing |
| <input type="radio"/> | No longer financially eligible for HUD-VASH Voucher | <input type="radio"/> | No longer interested in participating in this program |
| <input type="radio"/> | Veteran cannot be located | <input type="radio"/> | Veteran too ill to participate at this time |
| <input type="radio"/> | Veteran is incarcerated | <input type="radio"/> | Veteran is deceased |
| <input type="radio"/> | Other (specify) _____ | | |

CONTACT INFORMATION [Optional- can be entered in Location Tab]

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

Signature of applicant stating all information is true and correct Date