Agency	Name:
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CLARITY HMIS: HHS-PATH 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:												
PROJECT EXIT DATE [All Clients]												
			-			-						
!	Month		Day			ı	Year					

DESTINATION [All Clients]

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA PH
Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	0	Moved from one HOPWA funded project to HOPWA TH
Safe Haven	0	Rental by client, with GPD TIP housing subsidy
Foster care home or foster care group home	0	Rental by client, with VASH housing subsidy
Hospital or other residential nonpsychiatric medical facility	0	Permanent housing (other than RRH) for formerly homeless persons
Jail, prison or juvenile detention facility	0	Rental by client, with RRH or equivalent subsidy
Long-term care facility or nursing home	0	Rental by client with HCV voucher (tenant or project based)
Psychiatric hospital or other psychiatric facility	0	Rental by client in a public housing unit
Substance abuse treatment facility or detox center	0	Rental by client, no ongoing housing subsidy
Residential project or hallway house with no homeless criteria	0	Rental by client, with other ongoing housing subsidy
Hotel or motel paid for without emergency shelter voucher	0	Owned by client, with ongoing housing subsidy
Transitional housing for homeless persons (including homeless youth)	0	Owned by client, no ongoing housing subsidy
Host Home (non-crisis)	0	No exit interview completed
Staying or living with friends, temporary tenure (e.g., room, apartment or house)	0	Other (specify):
Staying or living with family, temporary tenure (e.g.,	0	Deceased
room, apartment or house)	0	Client doesn't know
Staying or living with family, permanent tenure	0	Client refused
	abandoned building, bus/train/airport or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter Safe Haven Foster care home or foster care group home Hospital or other residential nonpsychiatric medical facility Jail, prison or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center Residential project or hallway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Transitional housing for homeless persons (including homeless youth) Host Home (non-crisis) Staying or living with friends, temporary tenure (e.g., room, apartment or house)	abandoned building, bus/train/airport or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter Safe Haven Foster care home or foster care group home Hospital or other residential nonpsychiatric medical facility Jail, prison or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center Residential project or hallway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Transitional housing for homeless persons (including homeless youth) Host Home (non-crisis) Staying or living with friends, temporary tenure (e.g., room, apartment or house)



Data not collected

0

0	NO NOTE OF THE NO.	.5 0, 110	<u> </u>	20110140	aria	_		0	Client doesn't know
0	NO							0	Client refused
0	Yes							0	Data not collected
DΛ	TH STATUS [If not at intake]							-1	
	of Status Determination				_/				
Client Became Enrolled in PATH			I	No					
			-	Yes					
"N	O" TO ENROLLED IN PATH		_						
		0	(Client w	as fo	ur	nd ineligible	for P	ATH
eas	on Not Enrolled	0	(Client w	as no	t	enrolled for	other	reason(s)
		0	ı	Unable 1	to loc	at	e client		
PH	YSICAL DISABILITY [All Client	s]							,
0	No							0	Client doesn't know
0	Yes							0	Client refused
	1.00							0	Data not collected
= "`	YES" TO PHYSICAL DISABILITY	- SPECI	F	Y	-			T	
_,,,	sected to be of long continued and i	ndofinito		-	0		No	0	Client doesn't know
	ected to be of long-continued and i ation?	naennie	;		0		Yes	0	Client refused
					Ŭ	162		0	Data not collected
DE	VELOPMENTAL DISABILITY [All Clien	nts	s]					
0	No							0	Client doesn't know
	V							0	Client refused
0	Yes							0	Data not collected
C	HRONIC HEALTH CONDITION	[All Clie	n	ts]					
0	No							0	Client doesn't know
_	Vac							0	Client refused
0	Yes							0	Data not collected
	YES" TO CHRONIC HEALTH CO	NDITION	-	- SPECI	IFY				
F "									

Staying or living with friends, permanent tenure

0



Retirement Income from

Social Security

Exp	pected to be of long-continued and indefinite		Yes		0	С	lient refused	
dur	ation?	0	165		0	D	ata not collecte	ed
шк	A AIDS [All Cliente]							
0	V-AIDS [All Clients]				0	Cli	ient doesn't kn	OW
					0	Cli	ient refused	
0	Yes				0	Da	ata not collecte	ed .
ME	ENTAL HEALTH PROBLEM [All Clients]							
0	No No				0	Cli	ient doesn't kn	ow
_					0	Cli	ient refused	
0	Yes				0	Da	ata not collecte	d
IF "	YES" TO MENTAL HEALTH PROBLEMS – SPEC	CIFY						
		0	No		0	С	lient doesn't kr	now
	pected to be of long-continued and indefinite ation?	0	Yes		0	Client refused		
			103			D	ata not collecte	ed
	BSTANCE ABUSE PROBLEM [All Clients]				1	_		
SU	BSTANCE ABUSE PROBLEM [All Clients] No				0		th alcohol & dr	
	T				0	Cli	ent doesn't kn	
0	No Alcohol abuse					Cli Cli	ent doesn't kno ent refused	ow
0 0	No Alcohol abuse Drug abuse	I ALCO	OHOL	AND D	0 0	Cli Cli Da	ent doesn't kn ent refused ta not collecte	ow d
0 0	No Alcohol abuse	I ALCC	PHOL No	AND D	0 0	Cli Cli Da	ent doesn't kn ent refused ta not collecte	ow d FY
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© IF "Exp	No Alcohol abuse Drug abuse ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH Dected to be of long-continued and indefinite ation? DNTHLY INCOME AND SOURCES [Head of Head] No	0	No Yes		ORUG A	Cli Da ABL C C	ent doesn't kno ent refused ita not collecte JSE"- SPECII lient doesn't kno lient refused ata not collecte	d FY now ed
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Supplemental Security Income (SSI)



0	Social Security Disability I	nsurance (SSDI)	()	Pension or retirement income from former job	
0	VA Service-Connected Di Compensation	sability	0	Child Support	
0	VA Non-Service Connecte	d Disability Pension	0	Alimony and other spousal support	
0	Private disability insurance	e	0	Other income source	
0	Worker's Compensation		0	Other income source	
	al monthly income for vidual:				

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

	-								
0	No				Client doesn't know				
_	V			0	Client refused				
0	Yes	0	Data not collected						
IF "YE	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY								
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services						
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services						
0	Other (specify):	0	Other TANF-funded services						

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED

0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12 / High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client refused
0	GED	0	Data not collected
0	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

0	Not Currently Attending	0	Academically Disqualified
0	Attending Full Time	0	Client doesn't know
0	Attending Part Time	0	Client refused



NAME OF COLLEGE/UNIVERSITY

0	De Anza College	0	West Valley College
0	Evergreen Valley College	0	Other Bay Area College/University
0	Foothill College	0	Other CA College/University
0	Gavilan College	0	Other College/University
0	Mission College	0	Other Vocational Program
0	San Jose City College	0	Client doesn't know
0	San Jose State University	0	Client refused
0	Santa Clara University	0	Data not collected
0	Stanford University		

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COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know					
	Voe		0	Client refused				
0	Yes			Data not collected				
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS								
0	MEDICAID	0	Employer Provided Health Insurance					
0	MEDICARE	0	Insurance Obtained through COBRA					
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance					
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults					
0	Other (specify):	0	Indian Health Services Program					

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

Address Type	
Name	
Address (line 1)	
Address (line 2)	
City	
State	
Zip Code	
Phone (#1)	
Phone (#2)	



Private	0	Yes	0	No
Active Location	0	Yes	0	No
Location Date				
Note				

Signature of applicant stating all information is true and correct Date