

Agency Name: _____



CLARITY HMIS: VA SERVICES EXIT FORM (Including 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		

DESTINATION *[All Clients]*

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

<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Data not collected

PHYSICAL DISABILITY [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 PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	<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

DEVELOPMENTAL DISABILITY [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

CHRONIC HEALTH CONDITION [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 CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	<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

HIV-AIDS [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

MENTAL HEALTH PROBLEM [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 MENTAL HEALTH PROBLEMS – SPECIFY				
Expected to be of long-continued and indefinite duration?	<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

SUBSTANCE ABUSE PROBLEM [not required for SSVF]

<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				
Expected to be of long-continued and indefinite duration?	<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

MONTHLY INCOME AND SOURCES [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		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist 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 Insurance (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 Non-Service Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other income source	
<input type="radio"/>	Worker's Compensation		<input type="radio"/>	Other income source	
Total monthly for Individual:					

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) _____	



CONNECTION WITH SOAR [*Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention*]

SOAR			
<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

EDUCATION INFORMATION [*All Clients 18+*]

LAST GRADE COMPLETED [*Head of Households and Adults, required for SSVF and VASH*]

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

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/>	Not Currently Attending	<input type="radio"/>	Academically Disqualified
<input type="radio"/>	Attending Full Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Attending Part Time	<input type="radio"/>	Client refused

NAME OF COLLEGE/UNIVERSITY

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

EXPECTED COMPLETION YEAR

		-			-			
Month		Day		Year				

EMPLOYMENT STATUS *[Head of Households and Adults, SSVF, GPD and VASH]*

Employed			
<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" for employed – Type of employment			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

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

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

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	<input type="radio"/>	Yes	<input type="radio"/>	No
Active Location	<input type="radio"/>	Yes	<input type="radio"/>	No
Location Date				
Note				

Signature of applicant stating all information is true and correct Date