

Agency Name: _____



CLARITY HMIS: HUD-CoC 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 | | | 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 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 halfway 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 |
| | | <i>If Other, please specify:</i> | |
| <input type="radio"/> | Staying or living with family, temporary tenure (e.g., room, apartment or house) | <input type="radio"/> | Deceased |
| | | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Staying or living with friends, permanent tenure | <input type="radio"/> | Client refused |
| <input type="radio"/> | Staying or living with family, permanent tenure | <input type="radio"/> | Data not collected |

WHAT TYPE OF RENTAL HOME DO YOU LIVE IN? [ALL CLIENTS WITH ANSWER TO "DESTINATION" IS ANY OPTION STARTING WITH "RENTAL BY CLIENT.."]

| | |
|---|---|
| <input type="radio"/> Market rate rental housing | <input type="radio"/> Affordable housing (unit or complex designated affordable or BMR) |
| <input type="radio"/> Rent stabilized (rental unit that is covered by rent control) | <input type="radio"/> Housing subsidized by Section 8 |
| <input type="radio"/> Housing subsidized by another long term subsidy | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Client refused | |

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]

| | |
|--|--|
| <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 on-going 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 on-going subsidy | <input type="radio"/> Without an on-going subsidy |
|---|---|

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> |
|---|--|

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

| | | | |
|-----------------------|---|-----------------------|---------------------------|
| <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 | | |
| <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 | | | |

ADDITIONAL HOMELESS PREVENTION INFORMATION

WHAT IS YOUR CURRENT MONTHLY RENT?

[The enrolled household's share of the rent if they split the rent with others]

| | |
|---------|----------|
| Amount: | \$ _____ |
|---------|----------|

ARE YOU DOUBLED-UP, MEANING THERE IS MORE THAN ONE HOUSEHOLD/FAMILY LIVING IN A SINGLE FAMILY UNIT?

| | | | |
|-----------------------|---------------------|-----------------------|----------------|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
| <input type="radio"/> | Client doesn't know | <input type="radio"/> | Client refused |

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 | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <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 *[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 |

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 | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <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 *[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 |

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

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 | | Amount |
|---|--|--------|-----------------------|--|--------|
| <input type="radio"/> | Earned Income | | <input type="radio"/> | Temporary Assistance for Needy Families (TANF) | |
| <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 a 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 | | | | |
| Total Monthly Income 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 Non-Cash Benefit | <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 |

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