

Agency Name: _____



CLARITY HMIS: MINIMUM 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/subway station/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 PH |
| <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 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>Specify</i>): |
| <input type="radio"/> | | <input type="radio"/> | Deceased |
| <input type="radio"/> | Staying or living with family, temporary tenure (e.g. room, apartment or house) | <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 |

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