

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]*

		-			-			
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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"/>		<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

**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	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
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	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
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	
<b>IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY</b>		
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"/>	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY</b>		
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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<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			
<b>Total Monthly Income for Individual:</b>			

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<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

**EDUCATION INFORMATION** *[All Clients 18+]*  
**LAST GRADE COMPLETED**

<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				

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

<b>Address Type</b>				
<b>Name</b>				
<b>Address (line 1)</b>				
<b>Address (line 2)</b>				
<b>City</b>				
<b>State</b>				
<b>Zip Code</b>				
<b>Phone (#1)</b>				
<b>Phone (#2)</b>				
<b>Private</b>	<input type="radio"/>	Yes	<input type="radio"/>	No
<b>Active Location</b>	<input type="radio"/>	Yes	<input type="radio"/>	No
<b>Location Date</b>				
<b>Note</b>				

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**Signature of applicant stating all information is true and correct      Date**