**CLARITY HMIS: HUD - YHDP 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 DayYear**

DESTINATION*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non­psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on­going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected |
| ○ | Staying or living in a family member’s room, apartment or house |  |
|  **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

IN PERMANENT HOUSING *​[Permanent Housing Projects, for Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** |
| **Housing Move-In Date:\*** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

PROJECT COMPLETION STATUS

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Completed project | ○ | Client was expelled or otherwise involuntarily discharged from project |
| ○ | Client voluntarily left early |

If youth was expelled or otherwise involuntarily discharged – Major reason

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Criminal activity/destruction of property/violence | ○ | Reached max times allowed by project |
| ○ | Non­compliance with project rules | ○ | Project terminated |
| ○ | Non­payment of rent/occupancy charge | ○ | Unknown/disappeared  |

PHYSICAL DISABILITY*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​ *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

CHRONIC HEALTH CONDITION​ *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

HIV-AIDS *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

MENTAL HEALTH DISORDER​ *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

SUBSTANCE USE DISORDER​ *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | ○ | Client prefers not to answer |
| ○ | Drug use disorder | ○ | Data not collected |
| ○ | Both alcohol and drug use disorders |  |
| **IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

INCOME FROM ANY SOURCE*​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** |
| **Income Source** | **Amount** | **Income Source** | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE*​[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE** – **HEALTH INSURANCE COVERAGE DETAILS** |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE | ○ | Health Insurance Obtained Through COBRA |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance |
| ○ | Veteran’s Health Administration (VHA) | ○ | State Health Insurance for Adults |
| ○ | Other (specify): | ○ | Indian Health Services Program |

Additional Information

SCHOOL STATUS *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Attending school regularly | **○** | Suspended |
| **○** | Attending school irregularly | **○** | Expelled |
| **○** | Graduated from high school | **○** | Client doesn’t know |
| **○** | Obtained GED | **○** | Client prefers not to answer |

GENERAL HEALTH STATUS*[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

DENTAL HEALTH STATUS *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

MENTAL HEALTH STATUS*[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

PREGNANCY STATUS *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **If “Yes” for Pregnancy Status** |
| **Due Date** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

SAFE AND APPROPRIATE EXIT *[Head of Household and Adults]*

**Exit destination safe – as determined by the client**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**Exit destination safe – as determined by the project/caseworker**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

**Client has permanent positive adult connections outside of project?**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

**Client has permanent positive peer connections outside of project**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

**Client has permanent positive community connections outside of project**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

YOUTH EDUCATION STATUS*[Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not currently enrolled in any school or educational course | ○ | Client doesn’t know |
| ○ | Currently enrolled but NOT attending regularly(when school or the course is in session) | ○ | Client prefers not to answer |
| ○ | Currently enrolled and attending regularly(when school or the course is in session) | ○ | Data not collected |
| **IF “NOT CURRENTLY ENROLLED” – MOST RECENT EDUCATIONAL STATUS** |
| ○ | K12: Graduated from high school | ○ | Higher education: Pursuing a credential but not currently attending |
| ○ | K12: Obtained GED | ○ | Higher education: Dropped out |
| ○ | K12: Dropped out | ○ | Higher education: Obtaining a credential/degree |
| ○ | K12: Suspended | ○ | Client doesn’t know |
| ○ | K12: Expelled | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “CURRENTLY ENROLLED” – CURRENT EDUCATIONAL STATUS** |
| ○ | Pursuing a high school diploma or GED | ○ | Pursuing other post-secondary credential |
| ○ | Pursuing Associate’s Degree | ○ | Client doesn’t know |
| ○ | Pursuing Bachelor’s Degree | ○ | Client prefers not to answer |
| ○ | Pursuing Graduate Degree | ○ | Data not collected |

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

|  |  |
| --- | --- |
| **Contact Type** |  |
| **Email** |  |
| **Phone (#1)** |  |  |  |  |  |  |  |  |  |  |
| **Phone (#2)** |  |  |  |  |  |  |  |  |  |  |
| **Active Contact** | ○ | Yes | ○  | No |
| **Private** | ○ | Yes | ○ | No |
| **Contact Date** |  |
| **Note** |  |

CURRENT ADDRESS (IF APPLICABLE)*[Optional – can be entered in Location Tab]*

|  |  |
| --- | --- |
| **Street** |  |
| **City** |  |
| **Street** |  | **Zip Code** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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