

Agency Name: \_\_\_\_\_



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

HOUSING ASSESSMENT AT EXIT *[All Clients]*

<input type="radio"/> Able to maintain the housing they had at project entry	<input type="radio"/> Jail/prison
<input type="radio"/> Moved to new housing unit	<input type="radio"/> Deceased
<input type="radio"/> Moved in with family/friends on a temporary basis	<input type="radio"/> Client doesn't know
<input type="radio"/> Moved in with family/friends on a permanent basis	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Moved to a transitional or temporary housing facility or program	<input type="radio"/> Data not collected
<input type="radio"/> Client became homeless – moving to a shelter or other place unfit for human habitation	

**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
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**PHYSICAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<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 prefers not to answer
		<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 prefers not to answer
	<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 prefers not to answer
	<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 prefers not to answer
		<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 prefers not to answer
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – 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 prefers not to answer
		<input type="radio"/> Data not collected

**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 prefers not to answer		
	<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 (specify):	
<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 prefers not to answer
	<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 Child Care 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 prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "YES" TO HEALTH INSURANCE &amp; REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Employer Provided Health Insurance	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Health Insurance Obtained through COBRA	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Private Pay Health Insurance	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client

		<input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> State Health Insurance for Adults		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Indian Health Services Program		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Other Health Insurance (specify)		

### IF "YES" TO HIV-AIDS:

#### Receiving AIDS Drug Assistance Program (ADAP)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON</b>	
<input type="radio"/> Applied; decision Pending	<input type="radio"/> Client doesn't know
<input type="radio"/> Applied; client not eligible	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Client did not apply	<input type="radio"/> Data not collected
<input type="radio"/> Insurance type N/A for this client	

#### Receiving Ryan White-funded Medical or Dental Assistance

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON</b>	
<input type="radio"/> Applied; decision pending	<input type="radio"/> Client doesn't know
<input type="radio"/> Applied; client not eligible	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Client did not apply	<input type="radio"/> Data not collected
<input type="radio"/> Insurance type N/A for this client	

#### T-cell (CD4) Count Available

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

T-cell Count (Integer between 0-1500): \_\_\_\_\_

How Was the Information Obtained?

<input type="radio"/> Medical Report
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<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

**Viral Load Information Available**

<input type="radio"/>	Not available	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Available	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Undetectable	<input type="radio"/>	Data not collected

Count (Integer between 0-999999): \_\_\_\_\_

**How Was the Information Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

**Has the participant been prescribed anti-retroviral drugs?**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IF "YES" TO PERMANENT HOUSING**
**Housing Move-In Date:\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*If client moved into permanent housing, make sure to update on the **enrollment screen**.*
**CONTACT INFORMATION** *[Optional – can be entered in Contact Tab]*

<b>Contact Type</b>										
<b>Email</b>										
<b>Phone (#1)</b>										
<b>Phone (#2)</b>										
<b>Active Contact</b>	<input type="radio"/>	Yes					<input type="radio"/>	No		
<b>Private</b>	<input type="radio"/>	Yes					<input type="radio"/>	No		
<b>Contact Date</b>										
<b>Note</b>										

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

<b>Street</b>			
<b>City</b>			
<b>Street</b>		<b>Zip Code</b>	



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

**Date**