Agency Name: _____

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			**Day**			**Year**			

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 non-psychiatric 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 on-going housing subsidy
○	Psychiatric hospital or other psychiatric facility	○	Owned by client, no on-going 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
○	Non-compliance with project rules	○	Project terminated
○	Non-payment 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**