Agency Name: _____

 CLARITY HUMAN SERVICES

CLARITY HMIS: HHS-RHY 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**

ENROLLMENT CoC *[only if multiple CoC's]* _____

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**.			

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		

PROJECT COMPLETION STATUS *[Adults and Head of Household: All RHY Components except Street Outreach and BCP Prevention]*

○	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

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
○	Inland Empire Health Plan (IEHP)	○	Molina Healthcare
○	Kaiser Permanente	○	Indian Health Services Program
○	Other (specify):	○	

RHY SPECIFIC YOUTH INFORMATION

LAST GRADE COMPLETED *[Adults and Head of Household, All program types except Street Outreach]*

○	Less than Grade 5	○	Associate's degree
○	Grades 5-6	○	Bachelor's degree
○	Grades 7-8	○	Graduate degree
○	Grades 9-11	○	Vocational certification
○	Grade 12/High school diploma	○	Client doesn't know
○	School program does not have grade levels	○	Client prefers not to answer
○	GED	○	Data not collected
○	Some college		

SCHOOL STATUS *[Adults and Head of Household, All program types except Street Outreach]*

○	Attending school regularly	○	Suspended
○	Attending school irregularly	○	Expelled
○	Graduated from high school	○	Client doesn't know
○	Obtained GED	○	Client prefers not to answer
○	Dropped out	○	Data not collected

EMPLOYMENT STATUS *[Adults and Head of Household, All program types except Street Outreach]*

Employed			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
If "Yes" for employed – Type of employment			
○	Full-time	○	Seasonal/sporadic (including day labor)
○	Part-time		
If "No" for employed – Why not employed			
○	Looking for work	○	Not looking for work
○	Unable to work		

GENERAL HEALTH STATUS *[Adults and Head of Household, All program types except Street Outreach]*

○	Excellent	○	Poor
○	Very good	○	Client doesn't know
○	Good	○	Client prefers not to answer
○	Fair	○	Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Household, All program types except Street Outreach]*

○	Excellent	○	Poor
○	Very good	○	Client doesn't know
○	Good	○	Client prefers not to answer
○	Fair	○	Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Household, All program types except Street Outreach]*

○	Excellent	○	Poor
○	Very good	○	Client doesn't know
○	Good	○	Client prefers not to answer
○	Fair	○	Data not collected

COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING *[Adults and Head of Household]*

○	No			○	Client doesn't know
○	Yes			○	Client prefers not to answer
				○	Data not collected
IF "YES"					
In the last three months?		○	No	○	Client doesn't know
		○	Yes	○	Client prefers not to answer
				○	Data not collected
How many times (ever)?					
○	1-3			○	Client doesn't know
○	4-7			○	Client prefers not to answer
○	8-11			○	Data not collected
○	12 or more				
Ever made/persuaded/forced to have sex in exchange for something?					
○	No			○	Client doesn't know
○	Yes			○	Client prefers not to answer
				○	Data not collected
IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING"					
In the last three months?		○	No	○	Client doesn't know
		○	Yes	○	Client prefers not to answer
				○	Data not collected

LABOR EXPLOITATION/TRAFFICKING *[Adults and Head of Household]*

	Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?			
○	No		○	Client doesn't know
○	Yes		○	Client prefers not to answer
			○	Data not collected

	Ever promised work where work or payment was different than you expected?			
○	No		○	Client doesn't know
○	Yes		○	Client prefers not to answer
			○	Data not collected

IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"				
Felt forced, coerced, pressured or tricked into continuing the job?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"				
In the last three months?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

COUNSELING *[Adults and Head of Household, All program types except Street Outreach]*

○	No
○	Yes

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

○	Individual	○	Group – including peer counseling
○	Family		

Identify the number of sessions received by exit _____

Total number of session(s) planned in youth's treatment or service plan _____

A plan is in place to start or continue counseling after exit?

○	No
○	Yes

SAFE AND APPROPRIATE EXIT

[Adults and Head of Household: All RHY Components except Street Outreach and Homeless Prevention]

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		

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