



HMIS Program Exit Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

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]*

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

0	Transitional housing for homeless persons (including homeless youth)	0	Owned by client, no ongoing housing subsidy
0	Host Home (non-crisis)	0	No exit interview completed
0	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	0	Other
		<i>If Other, please specify:</i>	
0	Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	Deceased
		0	Client doesn't know
0	Staying or living with friends, permanent tenure	0	Client refused
0	Staying or living with family, permanent tenure	0	Data not collected

HOUSING ASSESSMENT AT EXIT [HOMELESS PREVENTION ONLY]

0	Able to maintain the housing they had at project entry	0	Client became homeless – moving to a shelter or other place unfit for human habitation
0	Moved to new housing unit		
0	Moved in with family/friends on a temporary basis	0	Client went to jail/prison
		0	Client died
0	Moved in with family/friends on a permanent basis	0	Client doesn't know
		0	Client refused
0	Moved to a transitional or temporary housing facility or program	0	Data not collected

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT
Subsidy Information

0	Without a subsidy	0	With an on going subsidy acquired since project entry
0	With the subsidy they had at project entry	0	Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT
Subsidy Information

0	With on going subsidy	0	Without an on going subsidy
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IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
0	No	0	Yes

IF "YES" TO PERMANENT HOUSING	
Housing Move-In Date: (See note*)	<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>

PHYSICAL DISABILITY *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
0			Data not collected	

DEVELOPMENTAL DISABILITY *[All Clients]*
CHRONIC HEALTH CONDITION *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
0			Data not collected	

HIV-AIDS *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	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	0	No	0	Client doesn't know
	0	Yes	0	Client refused
0			Data not collected	

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol & drug use disorders	
0	Alcohol use disorder	0	Client doesn't know	
		0	Client refused	
0	Drug use disorder	0	Data not collected	
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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job	
0	VA Service-Connected Disability Compensation		0	Child Support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support	
0	Private Disability Insurance		0	Other income source (specify):	
0	Worker's Compensation				
Total Monthly Income for Individual:					

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO NON CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other Non-Cash Benefit	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH [Head of Household]

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS [Head of Household]

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

CLIENT PERCEIVES THEY HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES [Head of Household]

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

CLIENT'S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID [Head of Household]

<input type="radio"/>	Not at all	<input type="radio"/>	At least every day
<input type="radio"/>	Once a month	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Several times a month	<input type="radio"/>	Client refused
<input type="radio"/>	Several times a week	<input type="radio"/>	Data not collected

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE *[Head of Household]*

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Client refused
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected

IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client refused
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher education: Pursuing a credential but not currently attending		

IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:

<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client refused
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

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

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

Contact Date	
Note	

Signature of applicant stating all information is true and correct

Date