

CARR Exit/Update Form - Adults

Completed By: _____ Program: _____ Clarity ID #: _____

Update

Annual Review

Exit

Client Name: _____

Update/Exit Date:

		/			/				
month			day			year			

Reason for Leaving *(Exit Only)*

- | | |
|---|--|
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Reached maximum time allowed by program |
| <input type="checkbox"/> Left for housing opportunity before completing program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Death |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | <input type="checkbox"/> Unknown/disappeared |
| <input type="checkbox"/> Other: _____ | |

Exit Destination *(Exit Only)*

Homeless Situation:

- | | |
|---|--|
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Safe Haven | |

Institutional Situation:

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Transitional and Permanent Housing Situation:

- | | |
|--|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> PH (other than RRH) for formerly homeless persons |
| <input type="checkbox"/> Rental by client with HCV voucher (tenant or project based) | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Rental by client in a public housing unit | <input type="checkbox"/> Transitional Housing for homeless persons |
| <input type="checkbox"/> Staying or living in a friends, temporary tenure | <input type="checkbox"/> Staying or living in a family, temporary tenure |
| <input type="checkbox"/> Staying or living in a friends, permanent tenure | <input type="checkbox"/> Staying or living in a family, permanent tenure |
| <input type="checkbox"/> Host Home (non-crisis) | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="checkbox"/> No Exit Interview Completed | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client refused |

Exit Address: _____

Disabling Conditions (all clients)

Physical

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Developmental

- | | |
|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | |

Chronic Health

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

HIV

- | | |
|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | |

Mental Health

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Alcohol Use Disorder

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Drug Abuse

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Both Alcohol/Drug

Long term?

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client refused | | <input type="checkbox"/> Client refused | |

Income

Income from Any Source (HoH & Adults (child-->HoH))

- No Yes
 Client doesn't know Client refused

Answer Yes or No for each income source (status at time of entry)

Source of Income	Receiving income?	If yes, monthly amount from source (round down to nearest dollar)
Earned income (i.e., employment income)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
VA Service-Connected Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Retirement Income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Pension or retirement income from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Other Source If yes, specify source: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$.00
Total Monthly Income from all sources		\$ 0 .00

Non-Cash Benefits

Non-Cash Benefits from any source? (HoH & Adults (children go on HoH))

- Yes
 No
 Client doesn't know
 Client refused

Answer 'Yes' or 'No' for each non-cash benefit source
(Based on the status at the time of entry)

No Yes Source of non-cash benefit

- Special Supplemental Nutrition Assistance Program (SNAP)
 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 TANF Child Care services
 TANF transportation services
 Other TANF-Funded Services
 Other source: _____

Non-Cash Benefits

Non-Cash Benefits from any source? (HoH & Adults (children go on HoH))

<input type="checkbox"/> Yes	Answer 'Yes' or 'No' for each non-cash benefit source (Based on the status at the time of entry)
<input type="checkbox"/> No	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client refused	
	No Yes Source of non-cash benefit
	<input type="checkbox"/> <input type="checkbox"/> Special Supplemental Nutrition Assistance Program (SNAP)
	<input type="checkbox"/> <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	<input type="checkbox"/> <input type="checkbox"/> TANF Child Care services
	<input type="checkbox"/> <input type="checkbox"/> TANF transportation services
	<input type="checkbox"/> <input type="checkbox"/> Other TANF-Funded Services
	<input type="checkbox"/> <input type="checkbox"/> Other source: _____

Health Insurance

Covered by health insurance (all clients)

<input type="checkbox"/> Yes	Answer 'Yes' or 'No' for each health insurance source. (Based on the status at the time of entry)
<input type="checkbox"/> No	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client refused	
	No Yes Source of insurance coverage
	<input type="checkbox"/> <input type="checkbox"/> Medicaid
	<input type="checkbox"/> <input type="checkbox"/> Medicare
	<input type="checkbox"/> <input type="checkbox"/> State Children's Health Insurance Program
	<input type="checkbox"/> <input type="checkbox"/> Veteran's Administration (VA) Medical Services
	<input type="checkbox"/> <input type="checkbox"/> Employer-Provided Health Insurance
	<input type="checkbox"/> <input type="checkbox"/> Health insurance obtained through COBRA
	<input type="checkbox"/> <input type="checkbox"/> Private Pay Health Insurance
	<input type="checkbox"/> <input type="checkbox"/> State Health Insurance for Adults (or use local name)
	<input type="checkbox"/> <input type="checkbox"/> Indian Health Services Program
	<input type="checkbox"/> <input type="checkbox"/> Other source: _____

For Permanent Destinations:

Housing Move-In Date:

			/				/			
month				day				year		

Monthly Rent & Utilities Combined (estimated): _____

CARR Update/Exit Form

If linked to a mental health agency please list:

OR:

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

Pregnant No Yes

Due Date: _____

Employment

Employed

- Yes
- No
- Data not collected

If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

If Employed Average Number of Hours Worked Per Week

If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

Last Grade Completed

- | | |
|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> GED | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Some College | |