FY 2022 OC HMIS: PROJECT EXIT FORM — RHY

PROJECT EXIT

PROJECT NAME	_____
CLIENT'S NAME	_____
PROJECT EXIT DATE	☐☐ — ☐☐ — ☐☐☐☐

Destination (Check only one)

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
☐ Safe Haven
☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center
☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Transitional housing for homeless persons (including homeless youth)
☐ Host Home (non-crisis)
☐ Staying or living with friends, temporary tenure (e.g., room apartment or house)
☐ Staying or living with family, temporary tenure (e.g., room, apartment or house)
☐ Staying or living with family, permanent tenure
☐ Staying or living with friends, permanent tenure
☐ Moved from one HOPWA funded project to HOPWA PH
☐ Moved from one HOPWA funded project to HOPWA TH
☐ Rental by client, with GPD TIP housing subsidy
☐ Rental by client, with VASH housing subsidy
☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Rental by client, with RRH or equivalent subsidy
☐ Rental by client, with HCV voucher (tenant or project based)
☐ Rental by client in a public housing unit
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with other ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ No exit interview completed
☐ Other: Specify Other Exit Destination: _____
☐ Deceased
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Project Completion Status	☐ Completed project ☐ Youth voluntarily left early ☐ Youth was expelled or otherwise involuntarily discharged from project

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RHY BCP STATUS

Date of Status Determination	____/____/_____
Youth Eligible for RHY Services	☐ No ☐ Yes
If No for 'Youth Eligible for RHY Services', **Reason why services are not funded by BCP grant**	☐ Out of age range ☐ Ward of the State – Immediate Reunification ☐ Ward of the Criminal Justice System – Immediate Reunification ☐ Other

If Yes for 'Youth Eligible for RHY Services', **Runaway youth**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a physical disability?

☐ No ☐ Yes		☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes for Physical Disability, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Do you have a developmental disability?

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

Do you have a chronic health condition?

☐ No ☐ Yes		☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes for Chronic Health Condition, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Do you have a mental health problem?

☐ No ☐ Yes		☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes for Mental Health Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Do you have a substance abuse problem?

☐ No ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol and Drug	☐ Client doesn't know ☐ Client refused ☐ Data not collected

FY 2022 OC HMIS: PROJECT EXIT FORM — RHY

If you have any Substance Abuse Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

MONTHLY INCOME AND SOURCES

Income from Any Source	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income	
☐ Unemployment Insurance	
☐ Worker's Compensation	
☐ Private Disability Insurance	
☐ VA Service-Connected Disability Compensation	
☐ Social Security Disability Income (SSDI)	
☐ Supplemental Security Income (SSI)	
☐ Retirement Income from Social Security	
☐ VA Non-Service-Connected Disability Pension	
☐ Pension or retirement income from a former job	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Alimony or other spousal support	
☐ Child Support	
☐ Other Cash Income (Specify:_____)	

NON-CASH BENEFITS

Receiving Non-Cash Benefits	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY	
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services
☐ TANF Childcare Services	☐ Other Non-Cash Benefits (Specify Source):_____

HEALTH INSURANCE

Covered by Health Insurance	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY	
☐ MEDICAID	☐ Insurance Obtained through COBRA
☐ MEDICARE	☐ Private Pay Health Insurance
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults
☐ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Program
☐ Employer-provided Health Insurance	☐ Other Health Insurance (Specify Source):_____

FY 2022 OC HMIS: PROJECT EXIT FORM — RHY

RHY SPECIFIC YOUTH INFORMATION

Last Grade Completed	☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12 ☐ School program does not have grade levels ☐ GED ☐ Some College	☐ Associates degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client refused ☐ Data not collected
School Status	☐ Attending school regularly ☐ Attending school irregularly ☐ Graduated from high school ☐ Obtained GED ☐ Dropped Out	☐ Suspended ☐ Expelled ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Employed	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If No for Employed, **Why not employed?**	☐ Looking for work ☐ Unable to work ☐ Not looking for work	
If Yes for Employed, **What type of employment do you have?**	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)	
General Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Dental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Mental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you pregnant? (Required only for females over 18)	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If Yes for Pregnant, **What is your due date?**	____/____/_____	

COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING

Ever received anything in exchange for having sexual relations with another person, (e.g. money, food, drugs or shelter)?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes for 'Ever received anything in exchange for sex', **In the last three months?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

FY 2022 OC HMIS: PROJECT EXIT FORM — RHY

If yes for 'Ever received anything in exchange for sex', **How many times?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes for 'Ever received anything in exchange for sex', **Ever made/ persuade/forced to have sex with anyone else in exchange for something?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If Yes for 'Ever made/ persuade/ forced to have sex in exchange for something', **In the last three months?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

LABOR EXPLOITATION/ TRAFFICKING

Ever afraid to quit/ leave work due to threats of violence to yourself, family, friends?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Ever promised work where work or payment was different than you expected?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If Yes for either 'Workplace violence threats' OR 'Workplace promise difference', **Felt forced, coerced, pressured or tricked into continuing this job?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If Yes for either 'Workplace violence threats' OR 'Workplace promise difference', **In the last three months?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

COUNSELING

Counseling received by client?	☐ No ☐ Yes
If Yes for 'Counseling received', **Identify the type(s) of counseling received** *(Select all types that apply)*	☐ Individual ☐ Family ☐ Group – including peer counseling
If Yes for 'Counseling received', **Identify the number of sessions received by exit**	Number : _____
If Yes for 'Counseling received', **Total number of session planned in youth's treatment or service plan**	Number : _____
If Yes for 'Counseling received', **A plan is in place to start or continue counseling after exit**	☐ No ☐ Yes

SAFE AND APPROPRIATE EXIT

Exit destination safe – as determined by the client	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Exit destination safe – as determined by the project/caseworker	☐ No ☐ Yes ☐ Worker does not know	

FY 2022 OC HMIS: PROJECT EXIT FORM — RHY

Client has permanent positive adult connections outside of project	☐ No ☐ Yes ☐ Worker does not know
Client has permanent positive peer connections outside of project	☐ No ☐ Yes ☐ Worker does not know
Client has permanent positive community connections outside of project	☐ No ☐ Yes ☐ Worker does not know

I certify that the information above is correct to the best of my knowledge.

_____   _____
Client Signature   Date

_____   _____
Agency Staff Signature   Date

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: _____/_____/_____

Question	Answer	Comments
Was the hard copy exit form completely filled out correctly?	☐ No ☐ Yes	

Staff Name (verifying completion of Data Entry): _____