

RHYMIS / HMIS Exit Form

Client Name: _____ Program: _____ Exit Date: _____

Exit Data

Reason for leaving:	Destination:	
<input type="checkbox"/> Left for a housing opportunity before completing program <input type="checkbox"/> Completed program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Voluntarily did not complete Transitional Living Program because of other Opportunities <input type="checkbox"/> Voluntarily did not complete Transitional Living Program, No Plans <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Death <input type="checkbox"/> Unknown/disappeared If Other, specify: _____	<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; or HUD legacy programs; or HOPWA PH) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Jail, prison or juvenile detention facility <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"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, VASH Subsidy <input type="checkbox"/> Rental by client, GPD TIP housing subsidy <input type="checkbox"/> Rental by client, other (non- VASH) housing subsidy <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Safe Haven <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other _____
Housing status at Program Exit: <input type="checkbox"/> Category 1 - Homeless (e.g. streets, shelter, transitional housing) <input type="checkbox"/> Category 2 - At imminent risk of losing housing (within 14 days) <input type="checkbox"/> Category 3 - Homeless only under other federal statutes <input type="checkbox"/> Category 4 - Fleeing domestic violence <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Stably housed <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know NOTE: Category 1 Homeless includes individuals recently exiting an institution who were homeless prior to entering the institution	If moved into a permanent housing situation, Move-in Date? ____/____/____	Discharged to What City? City: _____

Income and Benefits

Employment: Are you employed: [] Yes [] No **If no, are you** [] Unable to Work [] Looking for work [] Not looking for work

<u>Monthly Cash Benefits:</u>			<u>Non-Cash Benefits:</u>	
(Write Yes/No if benefit is being received/not received)			Source	Yes/No
Source	Yes/No	Amount		
Earned Income (employment)	_____	_____	Food Stamps	_____
Retirement Income from Social Security	_____	_____	TANF Child Care Services	_____
Pension from former job	_____	_____	TANF Transportation Services	_____
Private disability insurance	_____	_____	Other TANF-funded services	_____
Child support	_____	_____	WIC	_____
Unemployment insurance	_____	_____	Section 8, Public Housing/rental assistance	_____
Workers Compensation	_____	_____		
Alimony	_____	_____	Currently covered by Health Insurance? - Yes / No	
SSI	_____	_____	Medicaid/MediCal	_____
SSDI	_____	_____	MediCare	_____
General Assistance (GA)	_____	_____	State Childrens Health Insurance (SCHIP)	_____
TANF	_____	_____	Veteran Administration (VA) Medical Services	_____
Other _____	_____	_____	Employer provided health insurance	_____
			Health Insurance obtained thru COBRA	_____
			Private Pay Health Insurance	_____
			State Health Insurance for Adults	_____
			Indian Health Services Program	_____

Current Total Monthly Income : \$ _____ [] No Financial Resources

Disabilities

	Yes/No	Severity Documented? (Y/N)	Long Term? (Y/N)	Currently receiving services? (Y/N)		Yes/No	Severity Documented? (Y/N)	Long Term? (Y/N)	Currently receiving services? (Y/N)
1) Mental Health Problem	_____	_____	_____	_____	5) Physical Disability	_____	_____	_____	_____
2) Alcohol Abuse	_____	_____	_____	_____	6) Developmental Disability	_____	_____	_____	_____
3) Drug Abuse	_____	_____	_____	_____	7) Chronic Health Condition	_____	_____	_____	_____
4) HIV/AIDS	_____	_____	_____	_____	8) Other: _____	_____	_____	_____	_____

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.

<p>What is your General Health Status?</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>What is your Dental Health Status?</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>What is your Mental Health Status?</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>Are you pregnant?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>If yes, projected birth date: ____/____/____</p>

Transitional, Exitcare or Aftercare Plans and Actions (check all that apply) **A plan developed for the period during and after the young person has exited the program.** (NOTE: Current law requires all TLP youth to be provided a transitional plan.) If referral to mainstream or non-agency assistance programs is part of aftercare, please also respond to next question "Program Connection". If mentoring is part of aftercare service, please also respond to Mentoring question above.

- A written transitional, aftercare, post TLP or follow-up plan or agreement has been worked out with the youth, understood, and agreed to.
- Advice about and/or referral to appropriate mainstream assistance programs has been provided (further information can be supplied under Program Connection question).
- Placement in appropriate, permanent, stable housing (not a shelter) or residency accommodations has been arranged. (This option goes beyond mere referral to mainstream housing assistance alluded to in 2. and assumes the youth is eligible for and guaranteed an immediately available or reserved slot, with a waiting period for reserved accommodations of no longer than 2 weeks and suitable interim arrangements).
- Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter that can provide age-appropriate safety, security and services, and supervision if advisable.
- Exit counseling has been provided, including, at minimum, a discussion between staff and the youth of exit options, resources, and destinations appropriate for his/her well-being and continued progress, possibly including continued follow-up, such as the next two actions:
- A course of future follow-up treatment or services (e.g., family reunification or counseling) has been prescribed and scheduled, via referral, or on an outpatient or drop in basis.
- A follow-up meeting or series of staff/youth meetings or contacts has been scheduled to be held after youth has departed the TLP program.
- A "package" with such things as maps, information about local shelters and resources, a phone card, fare tokens, healthy snacks, etc., has been provided.
- Other
- The youth refused or declined any and all of the above aftercare/exit care services (including any listed as "other").

Formerly a ward of child welfare or foster care agency? Yes No If yes, year(s) _____ If less than a year, months? _____

Formerly a ward of the juvenile justice system? Yes No If yes, year(s) _____ If less than a year, months? _____

Have you ever been threatened, coerced, or manipulated to working without pay? (labor trafficking) Yes No

Have you ever willingly performed or been threatened, coerced, manipulated to perform a sexual act in exchange for money/goods? Yes No

Have you in the past 3 months received something in exchange for sex? Yes No

If yes, how many times? 1-3 times 4-7 times 8-30 times More than 30 times

If yes, did they make you have sex? Yes No If yes, was this in the last 3 months? Yes No

Project Completion Status:

- Completed project
- Youth voluntarily left early
- Youth was expelled or otherwise involuntarily discharged from the project.

If answered 'youth voluntarily left early' above, why?

- Left for other opportunities:
- Independent living
- Education
- Military
- Other: _____
- Needs could not be met by project

If Youth was expelled or otherwise involuntarily discharged from project, what was the reason?

- Criminal activity/destruction of property/violence
- Non-compliance with project rules
- Non-payment of rent/occupancy charge
- Reached maximum time allowed by project
- Project terminated
- Unknown/disappeared

Family reunification achieved?

- No
- Yes
- Client doesn't know
- Client refused

Exit Worker's Signature _____ Date _____