

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"/> 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"/> 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. Specify: _____ <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth). Specify: _____ <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons Specify: _____ <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"/> Safe Haven <input type="checkbox"/> Deceased	<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, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, other 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"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other _____
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

Monthly Cash Benefits:			Non-Cash Benefits:	
(Write Yes/No if benefit is being received/not received)			Source	Yes/No
Source	Yes/No	Amount	Source	
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	_____	_____	Currently covered by Health Insurance? - Yes / No	
Workers Compensation	_____	_____	Medicaid/MediCal	_____
Alimony	_____	_____	MediCare	_____
SSI	_____	_____	State Childrens Health Insurance (SCHIP)	_____
SDDI	_____	_____	Veteran Administration (VA) Medical Services	_____
General Assistance (GA)	_____	_____	Employer provided health insurance	_____
TANF	_____	_____	Health Insurance obtained thru COBRA	_____
Other _____	_____	_____	Private Pay Health Insurance	_____
Current Total Monthly Income : \$ _____ [] No Income			State Health Insurance for Adults	_____
			Indian Health Services Program	_____

Disabilities

	Yes/No	Long term?		Yes/No	Long term?
Physical			Mental health problem		
Developmental			Alcohol abuse		
Chronic health condition			Drug abuse		
HIV/AIDS			Other		

Do you have a Disabling Condition? Yes _____ No _____ Client doesn't know _____ Client refused _____

This means: do you have a physical, mental, emotional, diagnosable substance abuse problem, or chronic health condition of expected long duration that substantially limits your ability to live on your own?

What is your General Health Status? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	What is your Dental Health Status? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
What is your Mental Health Status? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Are you pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, projected birth date: ____/____/____

Education			
27. School Status			
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Graduated from high school	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Expelled
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Suspended	<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused
28. Last grade completed?			
<input type="checkbox"/> < 5th grade	<input type="checkbox"/> 9 th – 11 th Grade	<input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Grade 5-6	<input type="checkbox"/> 12 th Grade	<input type="checkbox"/> Some college	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Grade 7-8	<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Client refused

Exploitation	
Have you ever been threatened, coerced, or manipulated to working without pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever been promised work where the work or payment ended up being different than what you expected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever willingly performed or been threatened, coerced, manipulated to perform a sexual act in exchange for money/goods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:	
a. Was in this in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. how many times? <input type="checkbox"/> 1-3 times <input type="checkbox"/> 4-7 times <input type="checkbox"/> 8-30 times <input type="checkbox"/> More than 30 times	
c. Did they make you have sex? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was this in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Transitional, Exitcare or Aftercare Plans and Actions <small>(check all that apply)</small>	
<input type="checkbox"/> A written transitional, aftercare, post TLP or follow-up plan or agreement has been worked out with the youth, understood, and agreed to.	
<input type="checkbox"/> Advice about and/or referral to appropriate mainstream assistance programs has been provided (further information can be supplied under Program Connection question).	
<input type="checkbox"/> 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).	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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:	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> A "package" with such things as maps, information about local shelters and resources, a phone card, fare tokens, healthy snacks, etc., has been provided.	
<input type="checkbox"/> Other	
<input type="checkbox"/> The youth refused or declined any and all of the above aftercare/exit care services (including any listed as "other").	

Project Completion Status: <input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from the project.	<i>If answered 'youth was expelled or otherwise involuntarily discharged from project', what was the reason?</i> <input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared
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Labor Exploitation			
33. Ever been afraid to quit/leave work due to threats of violence to you or your family/friends? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	36. If yes to either of the above, Have you had any jobs like these in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
34. Ever been promised work where the work or payment ended up being different than what you expected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	35. If yes to either of the above, did you feel forced/pressured/ tricked into continuing this job <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		

Sexual Exploitation

37. Have you ever willingly performed or been threatened/coerced/manipulated to perform a sexual act in exchange for money/goods? (Y/N) :

- Yes No Unsure

a. If yes above, was this in the last 3 months?

- Yes No Unsure

b. How many times?

- 1-3 4-7 8-11
 12 or more Client doesn't know Client Refused

c. Did someone ask/make you have sex?

- Yes No Client Refused

If yes, was this in the last 3 months?

- Yes No

Safe and Appropriate Exit:

Is the exit destination safe as determined by the client? Yes / No

Is the exit destination safe as determined by the program caseworker? Yes / No

Does the client have permanent positive adult connections outside of project? Yes / No

Does the client have permanent positive peer connections outside of project? Yes / No

Does the client have permanent positive community connections outside of project? Yes / No

Exit Worker's Signature _____ Date _____