

# Youth RHYMIS / HMIS Exit Form

<b>*Client Name:</b>	<b>*SSN:</b>	<b>*Date of Birth:</b> / /
<b>*Agency or Program Name:</b>	<b>*Exit Date:</b> / /	
<b>*Case Manager Name:</b>	<b>Case Manager Email:</b>	<b>*Case Manager Phone:</b> ( )

## \*Exit Data

<p><b>*1. Reason for leaving</b></p> <input type="checkbox"/> Left for a housing opportunity <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 <input type="checkbox"/> Transferred to another program <input type="checkbox"/> Other _____	<p><b>*5. Destination:</b></p> <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, or RHY-funded host home Specify shelter: _____ <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) Specify program: _____ <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons: <input type="checkbox"/> Destination Home <input type="checkbox"/> Garden Park Apartments <input type="checkbox"/> Shelter plus Care (all S+C programs) <input type="checkbox"/> Permanent Step <input type="checkbox"/> CCIH – ACCESS <input type="checkbox"/> Project Thrive <input type="checkbox"/> Tabora Gardens <input type="checkbox"/> Permanent Connections <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"/> 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"/> 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, with other ongoing subsidy <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <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"/> Other _____ <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
<p><b>2. Discharged to What City?</b></p> <p>_____</p> <p><b>*3. If Permanently Housed, Move-in Date:</b></p> <p>____/____/____</p> <p><b>*4a. If Move-in Date, city where housed:</b></p> <p>_____</p>	<p>4b). New Permanent Housing Street Address</p> <p>_____</p> <p>State _____ Zip _____</p>	

## \*Employment

<p><b>*6. Is client employed or unemployed?</b></p> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<p><b>*7. Type of employment?</b></p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	<p><b>*8. Hours per week? _____</b></p> <p><b>Where?</b></p> <p>_____</p>	<p><b>*9. If <u>unemployed</u>, why?</b></p> <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work
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## \*10. Monthly Income

	Received in Past 30 Days?		Received in Past 30 Days?
\$ _____ Earned income (i.e. employment income)	Yes / No	\$ _____ VA service-connected disability compensation	Yes / No
\$ _____ Pension from a former job (including military retirement pay)	Yes / No	\$ _____ VA non service-connected disability pension	Yes / No
\$ _____ Private disability insurance	Yes / No	\$ _____ Alimony or other spousal support	Yes / No
\$ _____ Child support	Yes / No	\$ _____ SSI	Yes / No
\$ _____ Unemployment insurance	Yes / No	\$ _____ SSDI	Yes / No
\$ _____ Worker's compensation	Yes / No	\$ _____ General Assistance	Yes / No
\$ _____ Retirement income from Social Security	Yes / No	\$ _____ TANF	Yes / No
		\$ _____ Other income source: _____	Yes / No

## \*11. Non Cash Benefits

	Received in Past 30 Days?		Received in Past 30 Days?
- Supplemental Nutrition Assistance Program (Food stamps)	Yes / No	-- Other TANF-funded services	Yes / No
- TANF Child Care Services	Yes / No	- WIC	Yes / No
- TANF Transportation Services	Yes / No	- Other _____	Yes / No

## \*12. Health Insurance

	Currently Covered?		Currently Covered?	
Medicaid/Medi-Cal	Yes / No	HOPWA: If no, reason? _____	Health insurance obtained through COBRA	Yes / No
MEDICARE	Yes / No	_____	Private Pay Health Insurance State Health	Yes / No
State Children's Health Insurance Program (SCHIP)	Yes / No	_____	Insurance for Adults	Yes / No
Veteran's Administration (VA) Medical Services	Yes / No	_____	Indian Health Services Program	Yes / No
Employer-provided Health Insurance	Yes / No	_____	Other _____	Yes / No

\*HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable)

## \*13. Disabilities (please answer Yes or No to each of the following)

Physical	Yes / No	Long Term and Impairs Independence?	Yes / No	Mental health problem	Yes / No	Long Term and Impairs Independence?	Yes / No
Developmental	Yes / No			Alcohol abuse	Yes / No	Long Term and Impairs Independence?	Yes / No
Chronic health condition	Yes / No	Long Term and Impairs Independence?	Yes / No	Drug abuse	Yes / No	Long Term and Impairs Independence?	Yes / No
HIV/AIDS	Yes / No			Both Alcohol and Drug Abuse	Yes / No	Long Term and Impairs Independence?	Yes / No

	Excellent	Very Good	Good	Fair	Poor		
*14. What is your General Health Status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Client doesn't know	Client refused
*15. What is your Dental Health Status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Client doesn't know	Client refused
*16. What is your Mental Health Status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Client doesn't know	Client refused

17. Are you pregnant?  Yes, projected birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  No

**\*Education**

\*18. School Status

<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Graduated from high school	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Suspended	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Expelled	

\*19. Last grade completed?

<input type="checkbox"/> < 5th grade	<input type="checkbox"/> 12th Grade	<input type="checkbox"/> Associates degree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grade 5-6	<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Grade 7-8	<input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> Graduate degree	
<input type="checkbox"/> 9th – 11th Grade	<input type="checkbox"/> Some college	<input type="checkbox"/> Vocational certification	

20. GPA of current or most recent education level completed \_\_\_\_\_

21. Exit into college/university campus living?  Yes  No

**Criminal history**

22. Have you ever been convicted of a crime (Y/N)? \_\_\_\_ Explain crime: \_\_\_\_\_

If yes, were you convicted within the last 6 months (Y/N)? \_\_\_\_\_

**\*Exploitation**

**\*Labor Exploitation**

\*23. Ever been afraid to quit/leave work due to threats of violence to you or your family/friends?

Yes  No  Client Doesn't Know  Client Refused

\*24. Ever been promised work where the work or payment ended up being different than what you expected?

Yes  No  Client Doesn't Know  Client Refused

\*25. If yes to Question 23, did you feel forced/pressured/ tricked into continuing this job?

Yes  No  Client Doesn't Know  Client Refused

\*26. If yes to Question 23, have you had any jobs like these in the last 3 months?

Yes  No  Client Doesn't Know  Client Refused

**\*Sexual Exploitation**

\*27. a) Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?

Yes  No  Doesn't know  Refused

b) Has it been in the past 3 months?  Yes  No  Doesn't know  Refused

c) How many times?

1-3  12 or more

4-7  Client doesn't know

8-11  Client refused

\*28. a) If yes to question 27, did someone ever make or persuade you to have sex with someone else in exchange for something (i.e., money, food, drugs or shelter)?

Yes  No  Client doesn't know  Client Refused

b) has it been in the past 3 months?

Yes  No  Doesn't know  Refused

**Counseling**

29. a) Counseling received by client?  Yes  No

b) Type(s) of counseling received:  Individual  Family  Group – including peer counseling

c) Number of sessions received by exit: \_\_\_\_\_

30. Total number of sessions planned in youth's treatment or service plan: \_\_\_\_\_

31. A plan is in place to start or continue counseling after exit:  Yes  No

**Exit Status**

<p>32. Project Completion Status:</p> <p><input type="checkbox"/> Completed project</p> <p><input type="checkbox"/> Youth voluntarily left early</p> <p><input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from the project.</p>	<p>33. If answered 'youth was expelled or involuntarily discharged', what was the reason?</p> <p><input type="checkbox"/> Criminal activity/destruction of property/violence</p> <p><input type="checkbox"/> Non-compliance with project rules</p> <p><input type="checkbox"/> Non-payment of rent/occupancy charge</p> <p><input type="checkbox"/> Reached maximum time allowed by project</p> <p><input type="checkbox"/> Project terminated</p> <p><input type="checkbox"/> Unknown/disappeared</p>
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34. Resource packet distributed?:  Yes  No

**Safe and Appropriate Exit:**

35. Is the exit destination safe as determined by the client? Yes / No / Client doesn't know / Client refused

36. Is the exit destination safe as determined by the program caseworker? Yes / No / Worker doesn't know

37. Does the client have permanent positive adult connections outside of project? Yes / No / Worker doesn't know

38. Does the client have permanent positive peer connections outside of project? Yes / No / Worker doesn't know

39. Does the client have permanent positive community connections outside of project? Yes / No / Worker doesn't know

Exit Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_