

Youth RHYMIS / HMIS Exit Form

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

*Exit Data		
<p>*1. Reason for leaving</p> <input type="checkbox"/> Reason for Leaving <input type="checkbox"/> Left for a housing opportunity <input type="checkbox"/> Completed prevention program and retained housing <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 within agency due to reason not listed above <input type="checkbox"/> Other _____	<p>*4b. Destination:</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"/> 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"/> 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"/> 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, without ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> With GPD TIP housing subsidy <input type="checkbox"/> With VASH housing subsidy <input type="checkbox"/> With RRH or equivalent subsidy <input type="checkbox"/> With Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> In a public housing unit <input type="checkbox"/> With other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Permanent Supportive Housing Specify: _____ <input type="checkbox"/> Other permanent housing for formerly homeless <input type="checkbox"/> Other _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> No exit interview completed
<p>*2. Discharged to What City? _____</p> <p>*3. If Permanently Housed, Move-in Date: _____/_____/_____</p> <p>*4a. If Move-in Date, city where housed: _____</p>	<p>*5. New Permanent Housing Street Address</p> <p style="text-align: center;">_____ City _____</p> <p>State _____ Zip _____</p>	

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

*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?	HOPWA: If no, reason?		Currently Covered?	HOPWA: If no, reason?
Medicaid/Medi-Cal	Yes / No	_____	Health insurance obtained through	Yes / No	_____
MEDICARE	Yes / No	_____	COBRA	Yes / No	_____
State Children's Health Insurance Program (SCHIP)	Yes / No	_____	Private Pay Health Insurance State	Yes / No	_____
Veteran's Health Administration (VHA)	Yes / No	_____	Health Insurance for Adults	Yes / No	_____
Employer-provided Health Insurance	Yes / No	_____	Indian Health Services Program	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 disorder	Yes / No	Long Term and Impairs Independence?	Yes / No
Developmental	Yes / No			Alcohol use disorder	Yes / No	Long Term and Impairs Independence?	Yes / No
Chronic health condition	Yes / No	Long Term and Impairs Independence?	Yes / No	Drug use disorder	Yes / No	Long Term and Impairs Independence?	Yes / No
HIV/AIDS	Yes / No			Both Alcohol and Drug Use	Yes / No	Long Term and Impairs Independence?	Yes / No

Excellent Very Good Good Fair Poor

- *14. What is your General Health Status?** Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer
- *15. What is your Dental Health Status?** Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer
- *16. What is your Mental Health Status?** Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer

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

***Education**

***18. School Status**

- Attending school regularly Graduated from high school Dropped out Client doesn't know
 Attending school irregularly Obtained GED Suspended Client prefers not to answer
 Expelled

***19. Last grade completed?**

- < 5th grade 12th Grade Associates degree Client doesn't know
 Grade 5-6 GED Bachelor's degree Client prefers not to answer
 Grade 7-8 School program does not have grade levels Graduate degree
 9th – 11th Grade Some college 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 Client Doesn't Know No Client prefers not to answer
- *24. Ever been promised work where the work or payment ended up being different than what you expected?**
 Yes Client Doesn't Know No Client prefers not to answer
- *25. If yes to Question 23, did you feel forced/pressured/ tricked into continuing this job?**
 Yes Client Doesn't Know No Client prefers not to answer
- *26. If yes to Question 23, have you had any jobs like these in the last 3 months?**
 Yes Client Doesn't Know No Client prefers not to answer

***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 Doesn't know No Refused
- c) How many times?**
 1-3 12 or more
 4-7 Client doesn't know
 8-11 Client prefers not to answer
- *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 prefers not to answer
- b) has it been in the past 3 months?**
 Yes No Doesn't know Refused

Counseling		
29. a) Counseling received by client? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Type(s) of counseling received: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exit Status		
32. Project Completion Status: <input type="checkbox"/> Completed project <input type="checkbox"/> Client voluntarily left early <input type="checkbox"/> Client was expelled or otherwise involuntarily discharged from the project.	33. If answered 'youth was expelled or involuntarily discharged', what was the reason? <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	
34. Resource packet distributed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Safe and Appropriate Exit:</u>		
35. Is the exit destination safe as determined by the client? <div style="text-align: right;">Yes / No / Client doesn't know / Client prefers not to answer</div>		
36. Is the exit destination safe as determined by the program caseworker? <div style="text-align: right;">Yes / No / Worker doesn't know</div>		
37. Does the client have permanent positive <u>adult</u> connections outside of project? <div style="text-align: right;">Yes / No / Worker doesn't know</div>		
38. Does the client have permanent positive <u>peer</u> connections outside of project? <div style="text-align: right;">Yes / No / Worker doesn't know</div>		
39. Does the client have permanent positive <u>community</u> connections outside of project? <div style="text-align: right;">Yes / No / Worker doesn't know</div>		
Exit Worker's Signature: _____		Date: _____