

# HMIS Exit Form RHY

For all persons exiting HMIS project type: **RHY**

Client ID: \_\_\_\_\_

Project Name: \_\_\_\_\_

Staff Completing \_\_\_\_\_

HMIS Form: \_\_\_\_\_

**Identification** - All fields required unless otherwise noted

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

| Project EXIT Date | Social Security Number (SSN) | Birth Date (DOB) |
|-------------------|------------------------------|------------------|
| ____/____/____    | ____-____-____               | ____/____/____   |

## Destinations

### Homeless Situations

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- Safe Haven

### Institutional Situations

- 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

### Transitional Housing Situations

- 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 family, temporary tenure (e.g., room, apartment, house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, house)

### Permanent Housing Situations

- 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 subsidy
- Rental by client, with VASH 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, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy

### Other

- No exit interview
- Other: \_\_\_\_\_
- Deceased
- Client doesn't know
- Client refused

## Wellness Assessment

### Health Insurance

- Yes (Enter the Source)       No       Client Doesn't Know       Client Refused

### Health Insurance Sources

- |   |   |
|---|---|
| <input type="checkbox"/> Private Pay Health Insurance             | <input type="checkbox"/> Employer Provided Health Insurance       |
| <input type="checkbox"/> Medicare                                 | <input type="checkbox"/> Health Insurance obtained through COBRA  |
| <input type="checkbox"/> MEDICAID                                 | <input type="checkbox"/> State Health Insurance Adults (Medi-cal) |
| <input type="checkbox"/> State Children's Health Insurance(SCHIP) | <input type="checkbox"/> Indian Health Services Program           |
| <input type="checkbox"/> VA Medical Services                      | <input type="checkbox"/> Other _____                              |

## Barriers:

|                          | Barrier Present  | Condition is Indefinite  |
|--------------------------|--|--|
| Alcohol Abuse            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |
| Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |
| Developmental Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |  |
| Drug Abuse               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |
| HIV/AIDS                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |  |
| Mental health            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |
| Physical Disability      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused |

| Financial Assessment  |   |  |   |
|---|---|--|---|
| Income Source   | Stated Income (Monthly)   | Non-Cash Resources   | Stated Amounts (Monthly)  |
| <input type="checkbox"/> Yes (Check all Sources that Apply)<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused   |   | <input type="checkbox"/> Yes (Check all Sources that Apply)<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused  |   |
| <input type="checkbox"/> Earned Income ( <i>employment wages / cash</i> )   | \$  | <input type="checkbox"/> Special Supplemental nutritional Program Women and Children   | \$  |
| <input type="checkbox"/> Unemployment Insurance   | \$  | <input type="checkbox"/> Food Stamps (CalFresh) SNAP   | \$  |
| <input type="checkbox"/> Supplemental Security Income (SSI)   | \$  | <input type="checkbox"/> CalWorks Child Care/TANF Child Care Services  | \$  |
| <input type="checkbox"/> Social Security Disability Income (SSDI)   | \$  | <input type="checkbox"/> CalWorks Transportation (TANF)  | \$  |
| <input type="checkbox"/> Private Disability Insurance   | \$  | <input type="checkbox"/> Other CalWorks-Funded Services (TANF)   | \$  |
| <input type="checkbox"/> Workers Compensation   | \$  | <input type="checkbox"/> Other   | \$  |
| <input type="checkbox"/> VA Service-Connected Disability Compensation   | \$  |  |   |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension  | \$  |  |   |
| <input type="checkbox"/> Pension or Retirement income from a job  | \$  |  |   |
| <input type="checkbox"/> TANF   | \$  |  |   |
| <input type="checkbox"/> General Assistance   | \$  |  |   |
| <input type="checkbox"/> Retirement (Social Security)   | \$  |  |   |
| <input type="checkbox"/> Child Support  | \$  |  |   |
| <input type="checkbox"/> Alimony or other Spousal Support   | \$  |  |   |
| <input type="checkbox"/> Other Income   | \$  |  |   |
| Employment Assessment   |   |  |   |
| Is the client employed?   | <input type="checkbox"/> <b>Yes (Answer Below)</b><br><input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Seasonal/Sporadic  | <input type="checkbox"/> <b>No (Answer Below)</b><br><input type="checkbox"/> Looking for Work<br><input type="checkbox"/> Unable to Work<br><input type="checkbox"/> Not looking for work   | <input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused |
| Educational Assessment  |   | Post-Secondary Options   |   |
| <b>Highest Grade Completed</b><br><input type="checkbox"/> No School Completed<br><input type="checkbox"/> School program does not have a grade level<br><input type="checkbox"/> Nursery School to 4 <sup>th</sup><br><input type="checkbox"/> 5 <sup>th</sup> or 6 <sup>th</sup> grade<br><input type="checkbox"/> 7 <sup>th</sup> or 8 <sup>th</sup> grade<br><input type="checkbox"/> 9 <sup>th</sup> grade | <input type="checkbox"/> 10 <sup>th</sup> grade<br><input type="checkbox"/> 11 <sup>th</sup> grade<br><input type="checkbox"/> 12 <sup>th</sup> grade, No Diploma<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> GED<br><input type="checkbox"/> Post-Secondary (Fill-in level)<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused | <input type="checkbox"/> Associates Degree<br><input type="checkbox"/> Bachelor's Degree<br><input type="checkbox"/> Master's Degree<br><input type="checkbox"/> Doctorate Degree<br><input type="checkbox"/> Other Graduate/Professional degree<br><input type="checkbox"/> Vocational certification/ Certificate of advanced training or skilled artisan |   |
| <b>School Status</b><br><input type="checkbox"/> Attending school regularly<br><input type="checkbox"/> Attending School irregularly<br><input type="checkbox"/> Graduated high school<br><input type="checkbox"/> Obtained GED<br><input type="checkbox"/> Dropped out   | <input type="checkbox"/> Suspended<br><input type="checkbox"/> Expelled<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused  |  |   |

|   |   |  |
|---|---|--|
| <b>Health Assessment</b>  |   |  |
| <b>General Health Status</b>  | <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                   |  |
| <b>Dental Health Status</b>   | <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                   |  |
| <b>Mental Health Status</b>   | <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                   |  |
| <b>Project Completion Status</b>  |   |  |
| <input type="checkbox"/> Completed Project  |   |  |
| <input type="checkbox"/> Youth voluntarily left early   |   |  |
| <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharge from project. (Choose reason below)                                  |   |  |
| <input type="checkbox"/> Criminal Activity/destruction of property/violence   |   |  |
| <input type="checkbox"/> Non-compliance with project rules  |   |  |
| <input type="checkbox"/> Non-payment of rent or occupancy charge  |   |  |
| <input type="checkbox"/> Reached maximum time allowed by project  |   |  |
| <input type="checkbox"/> Project terminated   |   |  |
| <input type="checkbox"/> Unknown/disappeared  |   |  |
| <b>Commercial sexual exploitation/ Sex trafficking</b>  |   |  |
| <b>Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?</b>           | <input type="checkbox"/> Yes (answer all questions below) | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No (Skip to Labor section)       | <input type="checkbox"/> Client refused      |
| <b>Has it been in the past three months?</b>  | <input type="checkbox"/> Yes                              | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No                               | <input type="checkbox"/> Client refused      |
| <b>How many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs or shelter?</b> | <input type="checkbox"/> 1-3                              | <input type="checkbox"/> 8-11                |
|   | <input type="checkbox"/> 4-7                              | <input type="checkbox"/> 12 or more          |
|   | <input type="checkbox"/> Client doesn't know              |  |
|   | <input type="checkbox"/> Client refused                   |  |
| <b>Ever made/persuaded to have sex in exchange for something?</b>   | <input type="checkbox"/> Yes (answer question below)      | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No (Skip to Labor section)       | <input type="checkbox"/> Client refused      |
| <b>Has it been in the past three months?</b>  | <input type="checkbox"/> Yes                              | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No                               | <input type="checkbox"/> Client refused      |
| <b>Commercial Labor Exploitation</b>  |   |  |
| <b>Ever been afraid to leave or quit a work due to threats of violence to yourself, family, or friends ?</b>  | <input type="checkbox"/> Yes (answer question below)      | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No                               | <input type="checkbox"/> Client refused      |
| <b>Have you ever been promised work where the work or payment ended up being different from what you expected?</b>                                    | <input type="checkbox"/> Yes (answer question below)      | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No                               | <input type="checkbox"/> Client refused      |
| <b>Did you feel forced, coerced, pressured or tricked into continuing this job?</b>   | <input type="checkbox"/> Yes                              | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No                               | <input type="checkbox"/> Client refused      |
| <b>Have you had any jobs like these in the last 3 months?</b>   | <input type="checkbox"/> Yes                              | <input type="checkbox"/> Client doesn't know |
|   | <input type="checkbox"/> No                               | <input type="checkbox"/> Client refused      |

| Counseling Pre-Exit   |                 |  |                 |
|---|-----------------|--|-----------------|
| <b>Counseling Received by Client</b>  |                 | _____ # of Sessions by exit                                      |                 |
| <input type="checkbox"/> Yes (Answer Below) <input type="checkbox"/> No   |                 | _____ # of Sessions planned in youth's treatment or service plan |                 |
| Session All Types that apply: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group              |                 |  |                 |
| Counseling Post-Exit  |                 |  |                 |
| Are there plans to start or continue counseling after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                 |  |                 |
| Safe and Appropriate Exit   |                 |  |                 |
| <b>Exit destination safe - as determined by client:</b>   |                 |  |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |                 |  |                 |
| <b>Exit destination safe - as determined by the project/caseworker:</b>   |                 |  |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Doesn't Know   |                 |  |                 |
| <b>Client has permanent positive adult connections outside of project:</b>  |                 |  |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Doesn't Know   |                 |  |                 |
| <b>Client has permanent positive peer connections outside of project:</b>   |                 |  |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Doesn't Know   |                 |  |                 |
| <b>Client has permanent positive community connections outside of project:</b>  |                 |  |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Doesn't Know   |                 |  |                 |
| RHYS Service Connections  |                 |  |                 |
| Services  | Date of Service | Services   | Date of Service |
| Community service/service learning (CLS)  |                 | Post-natal care of mother  |                 |
| Criminal justice/legal services   |                 | Pre-natal care   |                 |
| Education   |                 | STD Testing  |                 |
| Employment and/or training services   |                 | Street-based Services  |                 |
| Health/ medical care  |                 | Substance abuse treatment  |                 |
| Home-base Services  |                 | Substance abuse ED/Prevention Services                           |                 |
| Life skills training  |                 |  |                 |
| Parenting education of youth with children  |                 |  |                 |
| Post-natal newborn care<br>(Wellness exams; immunizations)  |                 |  |                 |
| RHY Aftercare Assessment  |                 |  |                 |
| <b>Date Information was collected</b>   |                 |  |                 |
| ____ / ____ / ____  |                 |  |                 |
| Aftercare Provided: <input type="checkbox"/> Yes (Continue below) <input type="checkbox"/> No <input type="checkbox"/> Client Refused         |                 |  |                 |
| <b>Identify the Primary ways it was provided</b>  |                 |  |                 |
| <input type="checkbox"/> Via email/social media   |                 |  |                 |
| <input type="checkbox"/> Telephone  |                 |  |                 |
| <input type="checkbox"/> In person: one on one  |                 |  |                 |
| <input type="checkbox"/> In person: group   |                 |  |                 |