

# 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**

<p><b>Homeless Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation</li> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter</li> <li><input type="checkbox"/> Safe Haven</li> </ul> <p><b>Institutional Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul> <p><b>Transitional Housing Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> <li><input type="checkbox"/> Host Home (non-crisis)</li> <li><input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, house)</li> <li><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, house)</li> </ul>	<p><b>Permanent Housing Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staying or living with family, permanent tenure</li> <li><input type="checkbox"/> Staying or living with friends, permanent tenure</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</li> <li><input type="checkbox"/> Rental by client, with GPD TIP subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH subsidy</li> <li><input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</li> <li><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</li> <li><input type="checkbox"/> Rental by client in a public housing unit</li> <li><input type="checkbox"/> Rental by client, with no ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No exit interview</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Deceased</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>
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**Wellness Assessment**

**Health Insurance**

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

<p><b>Health Insurance Sources</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Pay Health Insurance</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> MEDICAID</li> <li><input type="checkbox"/> State Children's Health Insurance (SCHIP)</li> <li><input type="checkbox"/> VA Medical Services</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Employer Provided Health Insurance</li> <li><input type="checkbox"/> Health Insurance obtained through COBRA</li> <li><input type="checkbox"/> State Health Insurance Adults (Medi-cal)</li> <li><input type="checkbox"/> Indian Health Services Program</li> <li><input type="checkbox"/> Other _____</li> </ul>
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**Barriers:**

	Barrier Present	Condition is Indefinite
Alcohol Use Disorder	<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 Use Disorder	<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 Disorder	<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



<b>School Status</b>		<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending School irregularly <input type="checkbox"/> Graduated high school <input type="checkbox"/> Obtained GED <input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client Doesn't Know <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) <ul style="list-style-type: none"> <li><input type="checkbox"/> Criminal Activity/destruction of property/violence</li> <li><input type="checkbox"/> Non-compliance with project rules</li> <li><input type="checkbox"/> Non-payment of rent or occupancy charge</li> <li><input type="checkbox"/> Reached maximum time allowed by project</li> <li><input type="checkbox"/> Project terminated</li> <li><input type="checkbox"/> Unknown/disappeared</li> </ul>			
<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"/> No (Skip to Labor section)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Has it been in the past three months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <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"/> No (Skip to Labor section)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Has it been in the past three months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <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"/> No	<input type="checkbox"/> Client doesn't know <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"/> No	<input type="checkbox"/> Client doesn't know <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"/> No	<input type="checkbox"/> Client doesn't know <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"/> No	<input type="checkbox"/> Client doesn't know <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 (Wellness exams; immunizations)			
RHY Aftercare Assessment			
<b>Date Information was collected</b>			
____ / ____ / ____			
<b>Aftercare Provided:</b> <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			