

Client ID: _____

Project Name: _____

Staff Name: _____

HMIS Exit Form RHY

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

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:
 - Car/ Truck/Van
 - RV
 - Other
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or 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

Temporary Housing

- Transitional Housing for homeless persons (including homeless youth)
- Residential project or halfway house with now homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- Moved from one HOPWA funded project to HOPWA TH

Permanent Housing

- Staying or living with family, permanent tenure
 - Staying or living with friends, permanent tenure
 - Moved from one HOPWA funded project to HOPWA PH
 - Rental by client, with no ongoing housing subsidy
 - Rental by client, with other ongoing housing subsidy
- Subsidy Type:**
- GPD TIP housing subsidy
 - VASH housing subsidy
 - RRH or equivalent subsidy
 - HCV voucher (tenant or project based) (not dedicated)
 - Public Housing Unit
 - Rental by client, with other ongoing housing subsidy
 - Emergency Housing Voucher
 - Family Unification Program Voucher (FUP)
 - Foster Youth to Independence Initiative (FYI)
 - Permanent Supportive Housing
 - Other permanent housing dedicated for formerly homeless persons
 - Owned by client, with ongoing housing subsidy
 - Owned by client, no ongoing subsidy

No Exit Interview

Other: _____

Deceased

Client doesn't know

Client prefers not to answer

Does client have any Non-Cash Benefits? (If Yes, check all that apply)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Non-Cash Benefits	Monthly Amount	
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$	
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$	
<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$	
<input type="checkbox"/> CalWorks Transportation (TANF)	\$	
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$	
<input type="checkbox"/> Other Sources	\$	
Employment Assessment		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
If Yes, Type of Employment		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic (including any day labor)		
If No, Why not employed?		
<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work		
Educational Assessment		
Last Grade Completed		
<input type="checkbox"/> No School Completed <input type="checkbox"/> 5 th Grade or 6 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> GED <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> School Program does not have grade levels <input type="checkbox"/> 7 th Grade or 8 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational Certification <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Nursery School to 4 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 12 th Grade, No Diploma
School Status		
<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Obtained GED <input type="checkbox"/> Expelled	<input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Dropped out <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Graduated from high school <input type="checkbox"/> Suspended <input type="checkbox"/> Client prefers not to answer
Health Assessment		
General Health Status		
<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 prefers not to answer		
Dental Health Status		
<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 prefers not to answer		
Mental Health Status		
<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 prefers not to answer		
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 project. (Choose reason below) <ul style="list-style-type: none"> <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 		

Commercial Sexual Exploitation/Sex Trafficking
Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?
<input type="checkbox"/> Yes (<i>Answer all questions below</i>) <input type="checkbox"/> No (<i>Skip to Labor section</i>) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Has it been the past three months?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
How many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?
<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Ever made/persuaded to have sex in exchange for something?
<input type="checkbox"/> Yes (<i>Answer question below</i>) <input type="checkbox"/> No (<i>Skip to Labor section</i>) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not answer
Has it been in the past three months?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Labor Exploitation/Trafficking
Ever been afraid to leave or quit a work due to threats of violence to yourself, family or friends?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Have you ever been promised work where the work or payment ended up being different from what you expected?
<input type="checkbox"/> Yes (<i>Answer questions below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Did you feel forced, coerced, pressured, or tricked into continuing this job?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Have you had any jobs like these in the last three months?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Counseling Pre-Exit
Counseling Received by Client
<input type="checkbox"/> Yes (<i>Answer below</i>) <input type="checkbox"/> No All Session types that apply: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group # of Sessions by Exit: _____ # of Sessions planned in youth's treatment or service plan: _____
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
Exit destination safe – as determined by client:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Exit destination safe – as determined by the project/caseworker:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Client has permanent positive adult connections outside of project:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker doesn't know
Client has permanent positive peer connections outside of project:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker doesn't know
Client has permanent positive community connections outside of project:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker doesn't know

RHYS Service Connections	
Services	Date of Service
Community service/service learning (CLS)	
Criminal Justice/legal services	
Education	
Employment and/or training services	
Health/medical care	
Home-base Services	
Life skills training	
Parenting education of youth with children	
Post-natal newborn care (Wellness exams, immunizations)	
Post-natal care of mother	
Pre-natal care	
STD Testing	
Street-based Services	
Substance abuse treatment	
Substance abuse ED/Prevention Services	
RHY Aftercare Assessment	
Date Information was collected: ____/____/____	
Aftercare Provided: <input type="checkbox"/> Yes (<i>Continue below</i>) <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer	
Identify the Primary ways it was provided <input type="checkbox"/> Via emails/social media <input type="checkbox"/> Telephone <input type="checkbox"/> In person: one on one <input type="checkbox"/> In person: group	