**CLARITY HMIS: HHS - RHY PROJECT EXIT FORM**

 **Use block letters for text and bubble in the appropriate circles.**

**Please complete a separate form for each household member.**

**CLIENT NAME OR IDENTIFIER:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **PROJECT EXIT DATE**​ *​[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |  */*  |  |  |  */*  |  |  |  |  |

 **Month DayYear**

**ENROLLMENT CoC** *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

IN PERMANENT HOUSING *​[Permanent Housing Projects, for Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** |
| **Housing Move-In Date:\*** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

DESTINATION *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non­psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on­going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected |
| ○ | Staying or living in a family member’s room, apartment or house |  |

|  |
| --- |
|  **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

PROJECT COMPLETION STATUS*[Adults and Head of Household: All RHY Components except Street Outreach and BCP Prevention]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Completed project | ○ | Client was expelled or otherwise involuntarily discharged from project |
| ○ | Client voluntarily left early |

If youth was expelled or otherwise involuntarily discharged – Major reason

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Criminal activity/destruction of property/violence | ○ | Reached max times allowed by project |
| ○ | Non­compliance with project rules | ○ | Project terminated |
| ○ | Non­payment of rent/occupancy charge | ○ | Unknown/disappeared  |

PHYSICAL DISABILITY ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

CHRONIC HEALTH CONDITION ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

MENTAL HEALTH DISORDER ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

SUBSTANCE USE DISORDER ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | ○ | Client prefers not to answer |
| ○ | Drug use disorder | ○ | Data not collected |
| ○ | Both alcohol and drug use disorders |  |
| **IF** **“ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

INCOME FROM ANY SOURCE *​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** |
| **Income Source** | **Amount** | **Income Source** | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** |

RECEIVING NON-CASH BENEFITS**​** *​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | No | **○** | Client doesn’t know |
| **○** | Yes | **○** | Client prefers not to answer |
|  | **○** | Data not collected |
| **IF “YES” TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS** |
| **○** | MEDICAID | **○** | Employer Provided Health Insurance |
| **○** | MEDICARE | **○** | Health Insurance Obtained Through COBRA |
| **○** | State Children’s Health Insurance (SCHIP) | **○** | Private Pay Health Insurance |
| **○** | Veteran’s Health Administration (VHA) | **○** | State Health Insurance for Adults |
| **○** | Other (specify): | **○** | Indian Health Services Program |

**RHY SPECIFIC YOUTH INFORMATION**

LAST GRADE COMPLETED*​[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Less than Grade 5 | **○** | Associate’s degree |
| **○** | Grades 5-6 | **○** | Bachelor’s degree |
| **○** | Grades 7-8 | **○** | Graduate degree |
| **○** | Grades 9-11 | **○** | Vocational certification |
| **○** | Grade 12/High school diploma | **○** | Client doesn’t know |
| **○** | School program does not have grade levels | **○** | Client prefers not to answer |
| **○** | GED | **○** | Data not collected |
| **○** | Some college |  |

SCHOOL STATUS​*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Attending school regularly | **○** | Suspended |
| **○** | Attending school irregularly | **○** | Expelled |
| **○** | Graduated from high school | **○** | Client doesn’t know |
| **○** | Obtained GED | **○** | Client prefers not to answer |
| **○** | Dropped out | **○** | Data not collected |

EMPLOYMENT STATUS​*[Adults and Head of Household, All program types except Street Outreach]*

|  |
| --- |
| **Employed** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **If “Yes” for employed – Type of employment** |
| ○ | Full­time | ○ | Seasonal/sporadic (including day labor) |
| ○ | Part-time |  |
| **If “No” for employed – Why not employed** |
| ○ | Looking for work | ○ | Not looking for work |
| ○ | Unable to work |  |

GENERAL HEALTH STATUS​*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

DENTAL HEALTH STATUS​*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

MENTAL HEALTH STATUS​*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

PREGNANCY STATUS

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **If “Yes” for Pregnancy Status** |
| **Due Date** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING *[Adults and Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES”** |
| In the last three months? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |
| **How many times (ever)?** |
| ○ | 1-3 |  |  | ○ | Client doesn’t know |
| ○ | 4-7 |  |  | ○ | Client prefers not to answer |
| ○ | 8-11 |  |  | ○ | Data not collected |
| ○ | 12 or more |  |  |  |
| **Ever made/persuaded/forced to have sex in exchange for something?** |
| ○ | No |  |  | ○ | Client doesn’t know |
| ○ | Yes |  |  | ○ | Client prefers not to answer |
|  |  |  | ○ | Data not collected |
| **IF “YES” TO “EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING”** |
| In the last three months? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

LABOR EXPLOITATION/TRAFFICKING*[Adults and Head of Household]*

|  |
| --- |
| **Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Ever promised work where work or payment was different than you expected?** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO EITHER “WORKPLACE VIOLENCE THREATS” OR “WORKPLACE PROMISE DIFFERENCE”** |
| Felt forced, coerced, pressured or tricked into continuing the job? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |
| **IF “YES” TO EITHER “WORKPLACE VIOLENCE THREATS” OR “WORKPLACE PROMISE DIFFERENCE”** |
| In the last three months? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

COUNSELING​*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |
| --- | --- |
| ○ | No |
| ○ | Yes |

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Individual | ○ | Group – including peer counseling |
| ○ | Family |  |

Identify the number of sessions received by exit \_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of session(s) planned in youth’s treatment or service plan \_\_\_\_\_\_\_\_\_\_\_\_\_

A plan is in place to start or continue counseling after exit?

|  |  |
| --- | --- |
| ○ | No |
| ○ | Yes |

SAFE AND APPROPRIATE EXIT

*[Adults and Head of Household:**All RHY Components except Street Outreach and**Homeless Prevention]*

Exit destination safe – as determined by the **client**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

Exit destination safe – as determined by the **project/caseworker**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

Client has permanent **positive adult connections** outside of project?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

Client has permanent **positive peer connections** outside of project

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

Client has permanent **positive community connections** outside of project

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  |

CONTACT INFORMATION*[Optional – can be entered in Contact Tab]*

|  |  |
| --- | --- |
| **Contact Type** |  |
| **Email** |  |
| **Phone (#1)** |  |  |  |  |  |  |  |  |  |  |
| **Phone (#2)** |  |  |  |  |  |  |  |  |  |  |
| **Active Contact** | ○ | Yes | ○  | No |
| **Private** | ○ | Yes | ○ | No |
| **Contact Date** |  |
| **Note** |  |

CURRENT ADDRESS (IF APPLICABLE)*[Optional – can be entered in Location Tab]*

|  |  |
| --- | --- |
| **Street** |  |
| **City** |  |
| **Street** |  | **Zip Code** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of applicant stating all information is true and correct Date**