

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"/> Left for a housing opportunity <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 <input type="checkbox"/> Other _____ | <p>*5. 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"/> Permanent housing (other than RRH) for formerly homeless persons: <input type="checkbox"/> Destination Home <input type="checkbox"/> Garden Park Apartments <input type="checkbox"/> Shelter plus Care (all S+C programs) <input type="checkbox"/> Permanent Step <input type="checkbox"/> CCIH – ACCESS <input type="checkbox"/> Project Thrive <input type="checkbox"/> Tabora Gardens <input type="checkbox"/> Permanent Connections <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"/> 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, no housing subsidy <input type="checkbox"/> Rental by client, VASH Subsidy <input type="checkbox"/> Rental by client, GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing subsidy <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <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"/> Other _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed |
| <p>2. Discharged to What City?</p> <p>_____</p> <p>*3. If Permanently Housed, Move-in Date:</p> <p>____/____/____</p> <p>*4a. If Move-in Date, city where housed:</p> <p>_____</p> | <p>4b). New Permanent Housing Street Address</p> <p>_____</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>_____</p> | <p>*9. If <u>unemployed</u>, 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? | | Currently Covered? | |
|---|--------------------|-----------------------------|---|----------|
| Medicaid/Medi-Cal | Yes / No | HOPWA: If no, reason? _____ | Health insurance obtained through COBRA | Yes / No |
| MEDICARE | Yes / No | _____ | Private Pay Health Insurance State Health | Yes / No |
| State Children's Health Insurance Program (SCHIP) | Yes / No | _____ | Insurance for Adults | Yes / No |
| Veteran's Administration (VA) Medical Services | Yes / No | _____ | Indian Health Services Program | Yes / No |
| Employer-provided Health Insurance | 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 |

| Well-Being - Use the scale provided below. You may also use Client doesn't know (DK) or Client refused(R) | | | | | | | |
|--|--|---|---|--|--|---------------------|----------------|
| Strongly disagree (0), Somewhat disagree (1), Neither agree or disagree (2) Somewhat agree (3), Strongly agree (4), | Client perceives their life has value and worth _____ | | | | | | |
| | Client perceives they have support from others who will listen to problems _____ | | | | | | |
| | Client perceives they have a tendency to bounce back after hard times _____ | | | | | | |
| Not at all (0) , Once a month (1) , Several times a month (2), Several times a week (3), At least every day (4) | Client's frequency of feeling nervous, tense, worried, frustrated, or afraid _____ | | | | | | |
| Excellent Very Good Good Fair Poor | | | | | | | |
| *14. What is your General Health Status? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Client doesn't know | Client refused |
| *15. What is your Dental Health Status? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Client doesn't know | Client refused |
| *16. What is your Mental Health Status? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Client doesn't know | Client refused |
| 17. Are you pregnant? <input type="checkbox"/> Yes, projected birth date ____/____/____ <input type="checkbox"/> No | | | | | | | |
| *Education | | | | | | | |
| *18. School Status | | | | | | | |
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Dropped out | | | <input type="checkbox"/> Client doesn't know | | |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Suspended | | | <input type="checkbox"/> Client refused | | |
| | | | | | | | |
| *19. Last grade completed? | | | | | | | |
| <input type="checkbox"/> < 5th grade | <input type="checkbox"/> 12th Grade | <input type="checkbox"/> Associates degree | | <input type="checkbox"/> Client doesn't know | | | |
| <input type="checkbox"/> Grade 5-6 | <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree | | <input type="checkbox"/> Client refused | | | |
| <input type="checkbox"/> Grade 7-8 | <input type="checkbox"/> School program does not have grade levels | | <input type="checkbox"/> Graduate degree | | | | |
| <input type="checkbox"/> 9th – 11th Grade | <input type="checkbox"/> Some college | | <input type="checkbox"/> Vocational certification | | | | |
| 20. GPA of current or most recent education level completed _____ | | | | | | | |
| 21. Exit into college/university campus living? <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | | | *24. Ever been promised work where the work or payment ended up being different than what you expected? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused | | | |
| *25. If yes to Question 23, did you feel forced/pressured/ tricked into continuing this job? | | | | *26. If yes to Question 23, have you had any jobs like these in the last 3 months? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused | | | |
| *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? | | b) Has it been in the past 3 months? | | c) How many times? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused | | <input type="checkbox"/> 1-3 <input type="checkbox"/> 12 or more <input type="checkbox"/> 4-7 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 8-11 <input type="checkbox"/> Client refused | | | |
| *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)? | | | | b) has it been in the past 3 months? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused | | | |
| Counseling | | | | | | | |
| 29. a) Counseling received by client? | | b) Type(s) of counseling received: | | | c) Number of sessions received by exit: _____ | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group – including peer counseling | | | | | |
| 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: | | | | 33. If answered 'youth was expelled or involuntarily discharged', what was the reason? | | | |
| <input type="checkbox"/> Completed project | | | | <input type="checkbox"/> Criminal activity/destruction of property/violence | | | |
| <input type="checkbox"/> Youth voluntarily left early | | | | <input type="checkbox"/> Non-compliance with project rules | | | |
| <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from the project. | | | | <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?: Yes No

Safe and Appropriate Exit:

35. Is the exit destination safe as determined by the client? Yes / No / Client doesn't know / Client refused

36. Is the exit destination safe as determined by the program caseworker? Yes / No / Worker doesn't know

37. Does the client have permanent positive adult connections outside of project? Yes / No / Worker doesn't know

38. Does the client have permanent positive peer connections outside of project? Yes / No / Worker doesn't know

39. Does the client have permanent positive community connections outside of project? Yes / No / Worker doesn't know

Exit Worker's Signature: _____ Date: _____