

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 no 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

Wellness Assessment

Health Insurance

Yes (Select source)

No

Client doesn't know

Client prefers not to answer

Health Insurance Sources (Check all that apply)

Private Pay Health Insurance

Medicare

MEDICAID

Health Net (Medi-Cal)-Adults

Health Net (Medi-Cal)-Children

State Kaiser (Medi-Cal)-Adults

State Kaiser (Medi-Cal)-Children

Health Plan of San Joaquin (Medi-Cal)-Adults

Health Plan of San Joaquin (Medi-Cal)-Children

State Children's Health Insurance (Medi-Cal)

Veteran's Health Administration (VHA)

Employer Provided Health Insurance

Health Insurance obtained through COBRA

State Funded Insurance for Adults (Medi-Cal)

Indian Health Services Program (IHS)

Other: _____

Barriers-All programs except SSVF (Check all that apply)		
	Barrier Present	Condition is indefinite
<input type="checkbox"/> Alcohol Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
Financial Assessment		
Does client have any source of income? (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		
Income Source		Monthly Amount
<input type="checkbox"/> Earned Income (employment wages/cash)		\$
<input type="checkbox"/> Unemployment Insurance		\$
<input type="checkbox"/> Supplemental Security Income (SSI)		\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)		\$
<input type="checkbox"/> Private Disability Insurance		\$
<input type="checkbox"/> Workers Compensation		\$
<input type="checkbox"/> VA Service-Connected Disability Compensation		\$
<input type="checkbox"/> VA Non-Service Connected Disability Pension		\$
<input type="checkbox"/> Pension of Retirement Income from a job		\$
<input type="checkbox"/> TANF (CalWorks)		\$
<input type="checkbox"/> General Assistance		\$
<input type="checkbox"/> Retirement (Social Security)		\$
<input type="checkbox"/> Child Support		\$
<input type="checkbox"/> Alimony		\$
<input type="checkbox"/> Other Income		\$
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"/> School Program does not have grade levels	<input type="checkbox"/> Nursery School to 4 th Grade
<input type="checkbox"/> 5 th Grade or 6 th Grade	<input type="checkbox"/> 7 th Grade or 8 th Grade	<input type="checkbox"/> 9 th Grade
<input type="checkbox"/> 10 th Grade	<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> 12 th Grade, No Diploma
<input type="checkbox"/> GED	<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 doesn't know	<input type="checkbox"/> Client prefers not to answer	
School Status		
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Graduated from 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 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)		
<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 (Answer all questions below) <input type="checkbox"/> No (Skip to Labor section) <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 (Answer question below) <input type="checkbox"/> No (Skip to Labor section) <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: Yes (*Continue below*) No Client prefers not to answer

Identify the Primary ways it was provided

- Via emails/social media Telephone
In person: one on one In person: group