

HMIS Exit Form RHY

Client ID: _____

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons including homeless youth <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Rental by client, with no on-going housing subsidy <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g apartment, room, or house.) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Staying or living with friends, temporary tenure (eg apartment, room, or house.) <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle , an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Safe haven | <ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (Non-VASH) ongoing housing subsidy <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Foster Care Home Or Foster Care Group Home <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Long-term care facility or nursing home <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"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria. <input type="checkbox"/> No Exit Interview Completed |
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Wellness Assessment

Health Insurance

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

Health Insurance Sources

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

Barriers:

	Barrier Present	Condition is Indefinite
Alcohol Abuse	<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
Development 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
Drug Abuse	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Mental health	<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

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Financial Assessment (Check all that Apply and Enter amount)			
Income Source (Check all that apply)	Stated Income (Monthly)	Non-Cash Resources (Check all that apply)	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income (<i>employment wages / cash</i>)	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		
Employment Assessment			
Is the client employed?	<input type="checkbox"/> Yes (Answer Below) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic	<input type="checkbox"/> No (Answer Below) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Not looking for work	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Educational Assessment		Post-Secondary Options	
Highest Grade Completed	<input type="checkbox"/> No School Completed <input type="checkbox"/> School program does not have a grade level <input type="checkbox"/> Nursery School to 4 th <input type="checkbox"/> 5 th or 6 th grade <input type="checkbox"/> 7 th 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"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary (Fill-in level) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other Graduate/Professional degree <input type="checkbox"/> Vocational certification/ Certificate of advanced training or skilled artisan

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School Status	<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Suspended
	<input type="checkbox"/> Attending School irregularly	<input type="checkbox"/> Expelled
	<input type="checkbox"/> Graduated high school	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Dropped out	
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 Refused	
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 Refused	
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 Refused	
Project Completion Status		
<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)		
	<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 refused	<input type="checkbox"/> Data not collected
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 refused	<input type="checkbox"/> Data not collected
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"/> Client doesn't know	
<input type="checkbox"/> 4-7	<input type="checkbox"/> Client refused	
<input type="checkbox"/> 8-11	<input type="checkbox"/> Data not collected	
<input type="checkbox"/> 12 or more		
Ever made/persuaded to have sex in exchange		
<input type="checkbox"/> No (Skip to Labor section)	<input type="checkbox"/> Yes (answer question below)	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
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 refused	<input type="checkbox"/> Data not collected
Commercial Labor Exploitation		
Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?		
<input type="checkbox"/> Yes (answer all questions below)	<input type="checkbox"/> No (answer next question only)	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Have you ever been promised work where the work or payment ended up being different from what you expected?		
<input type="checkbox"/> Yes (answer all questions below)	<input type="checkbox"/> No (Skip to Counseling)	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Did you feel forced, pressured or tricked into continue this job?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
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"/> Data not collected

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Counseling Pre-Exit			
Counseling Received by Client	_____ # of Sessions by exit	_____ # of Sessions planned in youth's treatment or service plan	
<input type="checkbox"/> Yes(Answer Below) <input type="checkbox"/> No	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			
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 Refused			
Exit destination safe - as determined by the project/caseworker:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Doesn't Know			
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	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			
Date Information was collected			
_____ / _____ / _____			
Aftercare Provided: <input type="checkbox"/> Yes (Continue below) <input type="checkbox"/> No <input type="checkbox"/> Client Refused			
Identify the Primary ways it was provided			
<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			