

apartment or house



San Francisco ONE System: 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.

CLIE	CLIENT NAME OR IDENTIFIER:					
	PROJECT EXIT DATE [All Clients]					
	/ / / / /					
	Month Day	Ye				
	Month Day	re	ar			
	ENROLLMENT CoC [only if multiple CoC's]					
IN I	PERMANENT HOUSING [Permanent Housing	ig F	Projects, for Head of Household]			
0	No o Ye	S				
IF	"YES" TO PERMANENT HOUSING					
Нс	ousing Move-In Date:*		<u>/</u>			
* I f	aliant mayad into narmanant hayaina, maka ayra	+0	undata on the anyallment acrean			
"II	client moved into permanent housing, make sure	10 1	update on the enrollment screen .			
DE	STINATION [All Clients]					
	Place not meant for habitation (e.g., a vehicle,					
0	an abandoned building, bus/train/subway	0	Staying or living with family, permanent tenure			
	station/airport, or anywhere outside)					
	Emergency shelter, including hotel or motel					
0	paid for with emergency shelter voucher, or	0	Staying or living with friends, permanent tenure			
	Host Home shelter		Married frame and HODWA for deal and in the			
0	Safe Haven	0	Moved from one HOPWA funded project to HOPWA PH			
			Moved from one HOPWA funded project to			
0	Foster care home or foster care group home	0	HOPWA TH			
	Hospital or other residential non-psychiatric					
0	medical facility	0	Rental by client, no ongoing housing subsidy			
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy			
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy			
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy			
0	Substance abuse treatment facility or detox	0	Permanent housing (other than RRH) for			
	center	Ĭ	formerly homeless persons			
0	Transitional housing for homeless persons	0	No exit interview completed			
	(including homeless youth)		'			
0	Residential project or halfway house with no homeless criteria	0	Other (specify):			
	Hotel or motel paid for without emergency					
0	shelter voucher	0	Deceased			
0	Host Home (non-crisis)	0	Client doesn't know			
	Staying or living in a friend's room, apartment,					
0	or house	0	Client prefers not to answer			
	Staying or living in a family member's room,		Data not collected			

Data not collected



	_					
0	Moved from one HOPWA funded project to HOPWA TH			•	•	ther Exit Destination:
II	F "RENTAL BY CLIENT, WITH ONGOING HO	DUŞII				
0	GPD TIP housing subsidy	C				y Housing Voucher
0	VASH Housing subsidy	C				ification Program Voucher (FUP)
	RRH or equivalent subsidy					uth to Independence Initiative (FYI)
0						t Supportive Housing
0			(Other permanent housing dedicated for		
			_			omeless persons
0	HCV voucher (tenant or project based) (not			Per	manen	t Supportive Housing
	dedicated)					
0	Public Housing Unit					nanent housing dedicated for
0	Rental by client, with other ongoing housing		1	forr	nerly h	omeless persons
_	subsidy					
۲R	OJECT COMPLETION STATUS [Adults ar	nd He	ad	of I	Housel	nold: All RHY Components except
Stre	eet Outreach and BCP Prevention]					
0	Completed project			_	Client	was expelled or otherwise
0	Client voluntarily left early			0	involu	intarily discharged from project
0	Criminal activity/destruction of property/violer Non-compliance with project rules		0		Reach	ed max times allowed by project
U			Project terminated		Droing	ttorminated
0	Non-payment of rent/occupancy charge		0	-		t terminated wn/disappeared
	Non-payment of rent/occupancy charge SABLING CONDITION [All Clients] No		-	-		
)IS	SABLING CONDITION [All Clients]		-	-	Unkno	wn/disappeared
o o	SABLING CONDITION [All Clients] No		-	-	Unkno	wn/disappeared Client doesn't know
) S 	No Yes YSICAL DISABILITY [All Clients]		-	-	Unkno	Client doesn't know Client prefers not to answer Data not collected
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) S 	SABLING CONDITION [All Clients] No Yes YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIF spected to be of long-continued and indefinite	0	No		Unkno O O O O O O O O O O O O O O O O O O	Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know
PH O O O O	SABLING CONDITION [All Clients] No Yes YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIF spected to be of long-continued and indefinite tration and substantially impairs ability to live	0	0		O	Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer
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	· Yes				
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CalWORKS

Earned Income



0	Unemployment Insurance	0	CAAP
0	Supplemental Security Income (SSI)	0	Retirement income from Social Security
0	Social Security Disability Insurance (SSDI)	0	Pension or retirement income from a former job
0	VA Service-Connected Disability Compensation	0	Child support
0	VA Non-Service-Connected Disability Pension	0	Alimony and other spousal support
0	Private disability insurance	0	Other income source (specify):
0	Worker's Compensation		
То	tal Monthly Income for Individual:		

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

			· · · · · · · · · · · · · · · · · · ·
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOU	RCES	S THAT APPLY
0	CalFresh	0	CalWORKs Child Care Services
	Special Supplemental Nutrition Program for Women,		CalWORKs Transportation
0	Infants, and Children (WIC)	0	Services
0	Other (specify):	0	CalWORKs TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

	-		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE - HEALTH INS	URA	NCE COVERAGE DETAILS
0	Medi-Cal	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program



RHY SPECIFIC YOUTH INFORMATION

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

0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

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

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

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

Er	nployed		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
lf	"Yes" for employed – Type of employment		
0	Full-time	0	Seasonal/sporadic (including day labor)
0	Part-time		
lf	"No" for employed – Why not employed	·	
0	Looking for work	0	Not looking for work
0	Unable to work		

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected



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

Yes Client prefers not to answer Data not collected F "YES" S	0	No	0	Client doesn't know						
In the last three months?	0	Yes	0	Client prefers not to answer						
No Client doesn't know			0	Data not collected						
In the last three months? O Yes O Client prefers not to answer O Data not collected How many times (ever)? O 1-3 O Client doesn't know O 4-7 O Client prefers not to answer O B-11 O Data not collected Ever made/persuaded/forced to have sex in exchange for something? O No O Yes O Client doesn't know O Client doesn't know O Client prefers not to answer O Data not collected F "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING" O No O Client doesn't know O Data not collected F "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING" O No O Client doesn't know O Client doesn't know O Client prefers not to answer	IF	"YES"								
Data not collected How many times (ever)? 1-3			0	No	0	Client doesn't know				
How many times (ever)? 1-3	In	the last three months?	0	Yes	0	Client prefers not to answer				
 □ 1-3 □ 4-7 □ B-11 □ Data not collected □ 12 or more □ Ver made/persuaded/forced to have sex in exchange for something? □ No □ Client doesn't know □ Client doesn't know □ Client prefers not to answer □ Data not collected IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING" □ No □ Client doesn't know □ Client doesn't know □ Client doesn't know □ Client prefers not to answer 					0	Data not collected				
o 4-7 o 8-11 o Data not collected o 12 or more Ever made/persuaded/forced to have sex in exchange for something? o No o Client doesn't know o Yes o Data not collected IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING" In the last three months? o No o Client doesn't know o Client prefers not to answer	Но	ow many times (ever)?								
 ○ 8-11 ○ 12 or more Ever made/persuaded/forced to have sex in exchange for something? ○ No ○ Client doesn't know ○ 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 ○ Client doesn't know ○ Client prefers not to answer 	0	1-3		0	Client doesn't know					
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" ○ No ○ Client doesn't know In the last three months? ○ Yes ○ Client prefers not to answer	0	4-7	0	Client prefers not to answer						
Ever made/persuaded/forced to have sex in exchange for something? ○ No	0	8-11		0	Data not collected					
○ 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" ○ No ○ Client doesn't know In the last three months? ○ Yes ○ Client prefers not to answer	0	12 or more								
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Data not collected IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING" No Client doesn't know	0	No		0	Client doesn't know					
IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING" ○ No ○ Client doesn't know In the last three months? ○ Yes ○ Client prefers not to answer	0	Yes		0	Client prefers not to answer					
○ No ○ Client doesn't know ○ In the last three months? ○ Yes ○ Client prefers not to answer				0	Data not collected					
In the last three months? Output Description: Output Descript	IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETH									
			No	0	Client doesn't know					
o Data not collected	In the last three months?					Client prefers not to answer				
			0	Data not collected						

LABOR EXPLOITATION/TRAFFICKING [Adults and Head of Household]

Εv	Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?								
o No					Client doesn't know				
0	Yes	0	Client prefers not to answer						
		0	Data not collected						
Ever promised work where work or payment was different than you expected?									
o No				0	Client doesn't know				
0	Yes	0	Client prefers not to answer						
		0	Data not collected						
IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"									
Folt formed approad pressured or tripled into		0	No	0	Client doesn't know				
Felt forced, coerced, pressured or tricked into continuing the job?			Yes	0	Client prefers not to answer				
				0	Data not collected				
IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"									
		0	No	0	Client doesn't know				
In the last three months?			o Yes		Client prefers not to answer				
				0	Data not collected				

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

0	No
0	Yes

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

0	Individual	0	Group – including peer counseling
0	Family		

Identify the number of sessions received by exit



Total number of	sessior	n(s) plan	ned in	client's	treatme	ent o	r sei	vice pla	an			
A plan is in place	to start	or contin	ue coun	seling at	fter exit?	?						
o No												
o Yes												
SAFE AND APPE [Adults and Head of Exit destination safe	f Househ	old: All F	RHY Com		except S	Street	Outr	each an	d Homele	ess Preve	ention	
No	e – as ue	terrineu	by the c	пени		Το	Clie	ent doesi	n't know			
o Yes						0	Client prefers not to answer					
3 100						0	Data not collected					
Exit destination safe	e – as de	termined	by the n	roiect/ca	sework	er	1					
Exit destination safe – as determined by the project/casewor							Wo	rker doe	sn't knov	V		
o Yes												
Client has permanent positive adult connections outside of project? No Worker doesn't know												
o Yes							, ,,,	THOI GOO	011 (1010)	<u>-</u>		
Client has permane	ent positi	ve peer	connect	ions outs	ide of pr	oject						
o No						0	Worker doesn't know					
o Yes												
Client has permane	ent positi	ve comn	nunity c	onnectio	ns outsid	de of	<u> </u>					
○ No							Worker doesn't know					
○ Yes												
CONTACT INFO	RMATIC	N [Option	onal – ca	an be en	tered in	Cont	tact	Tab]				
Contact Type												
Email		T	Ι	1					1		T	
Phone (#1)												
Phone (#2)												
Active Contact	0	Yes				С)	No				
Private	0	Yes				С)	No				
Contact Date												
Note												



CURRENT ADDRESS (IF APPLICABLE) [Optional – can be entered in Location Ta

Street	
City	
Street	Zip Code
Street	Zip Code

Signature of applicant stating all information is true and correct Date