

Agency Name: _____



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.

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

		/			/				
Month			Day			Year			

ENROLLMENT CoC *[only if multiple CoC's]* _____

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

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO PERMANENT HOUSING	
Housing Move-In Date: *	___/___/_____
<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

DESTINATION *[All Clients]*

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

<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH	<input type="radio"/>	Specify Other Exit Destination:
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	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]*

<input type="radio"/>	Completed project	<input type="radio"/>	Client was expelled or otherwise involuntarily discharged from project
<input type="radio"/>	Client voluntarily left early		

If client was expelled or otherwise involuntarily discharged – Major reason

<input type="radio"/>	Criminal activity/destruction of property/violence	<input type="radio"/>	Reached max times allowed by project
<input type="radio"/>	Non-compliance with project rules	<input type="radio"/>	Project terminated
<input type="radio"/>	Non-payment of rent/occupancy charge	<input type="radio"/>	Unknown/disappeared

DISABLING CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

HIV-AIDS *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO HIV-AIDS DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know		
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer		
	<input type="radio"/> Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> CalWORKS	

<input type="checkbox"/>	Unemployment Insurance		<input type="checkbox"/>	CAAP	
<input type="checkbox"/>	Supplemental Security Income (SSI)		<input type="checkbox"/>	Retirement income from Social Security	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)		<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	VA Service-Connected Disability Compensation		<input type="checkbox"/>	Child support	
<input type="checkbox"/>	VA Non-Service-Connected Disability Pension		<input type="checkbox"/>	Alimony and other spousal support	
<input type="checkbox"/>	Private disability insurance		<input type="checkbox"/>	Other income source (<i>specify</i>):	
<input type="checkbox"/>	Worker's Compensation				
Total Monthly Income for Individual:					

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

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="checkbox"/>	CalFresh	<input type="checkbox"/>	CalWORKs Child Care Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	CalWORKs Transportation Services
<input type="checkbox"/>	Other (<i>specify</i>):	<input type="checkbox"/>	CalWORKs TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	Medi-Cal	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Health Insurance Obtained Through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (<i>specify</i>):	<input type="checkbox"/>	Indian Health Services Program

RHY SPECIFIC YOUTH INFORMATION

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

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

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

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<input type="radio"/> Attending school irregularly	<input type="radio"/> Expelled
<input type="radio"/> Graduated from high school	<input type="radio"/> Client doesn't know
<input type="radio"/> Obtained GED	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

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

Employed	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If "Yes" for employed – Type of employment	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
If "No" for employed – Why not employed	
<input type="radio"/> Looking for work	<input type="radio"/> Not looking for work
<input type="radio"/> Unable to work	

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES"		
In the last three months?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
How many times (ever)?		
<input type="radio"/> 1-3	<input type="radio"/> Client doesn't know	
<input type="radio"/> 4-7	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> 8-11	<input type="radio"/> Data not collected	
<input type="radio"/> 12 or more		
Ever made/persuaded/forced to have sex in exchange for something?		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING"		
In the last three months?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> 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?		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
Ever promised work where work or payment was different than you expected?		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"		
Felt forced, coerced, pressured or tricked into continuing the job?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"		
In the last three months?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No
<input type="radio"/> Yes

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

<input type="radio"/> Individual	<input type="radio"/> Group – including peer counseling
<input type="radio"/> Family	

Identify the number of sessions received by exit _____

Total number of session(s) planned in client's treatment or service plan _____

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

<input type="radio"/>	No
<input type="radio"/>	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**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Worker doesn't know
<input type="radio"/>	Yes		

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

<input type="radio"/>	No	<input type="radio"/>	Worker doesn't know
<input type="radio"/>	Yes		

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

<input type="radio"/>	No	<input type="radio"/>	Worker doesn't know
<input type="radio"/>	Yes		

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

<input type="radio"/>	No	<input type="radio"/>	Worker doesn't know
<input type="radio"/>	Yes		

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

Contact Type										
Email										
Phone (#1)										
Phone (#2)										
Active Contact	<input type="radio"/>	Yes		<input type="radio"/>	No					
Private	<input type="radio"/>	Yes		<input type="radio"/>	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**