

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			

CLIENT LOCATION *[only if multiple CoC's]* _____

DESTINATION *[-All Clients]*

<input type="radio"/>	Deceased	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Residential project or halfway house with no homeless criteria
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Safe Haven
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Staying or living with family, permanent tenure
<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH	<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH	<input type="radio"/>	Staying or living with friends, permanent tenure
<input type="radio"/>	Owned by client, no ongoing housing subsidy	<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)
<input type="radio"/>	Owned by client, with ongoing 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"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Other (specify):
<input type="radio"/>		<input type="radio"/>	No exit interview completed
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Client doesn't know
<input type="radio"/>		<input type="radio"/>	Client refused
<input type="radio"/>	Rental by client, no ongoing housing subsidy	<input type="radio"/>	Data not collected

PROJECT COMPLETION STATUS *[Head of Household, Adults, and Unaccompanied youth]*

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

If youth 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 if 'yes' to any condition, mark 'yes']*

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

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY

Expected to substantially impair ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused
	<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 refused
		<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 refused
	<input type="radio"/> Data not collected
IF "YES" TO HIV-AIDS – SPECIFY	
Expected to substantially impair ability to live independently?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client refused
	<input type="radio"/> Data not collected

MENTAL HEALTH PROBLEM *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO MENTAL HEALTH PROBLEMS – 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 refused
	<input type="radio"/> Data not collected

SUBSTANCE ABUSE PROBLEM *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Both alcohol & drug abuse
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – 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 refused
	<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 refused				
	<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"/>	Alimony and Other Spousal Support		<input type="radio"/>	Child support	
<input type="radio"/>	Pension or Retirement income from former job		<input type="radio"/>	Earned Income	
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	CAAP	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Private Disability Insurance	

<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance	
<input type="radio"/>	CalWORKs		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Other source	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		Other (specify):		
Total monthly amount:					

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

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

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	CalFresh	<input type="radio"/>	CalWORKs Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	CalWORKs Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other CalWORKs-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

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

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	Medi-Cal	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

RHY SPECIFIC YOUTH INFORMATION
LAST GRADE COMPLETED [*Head of Household, Adults and unaccompanied Youth*]

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

SCHOOL STATUS *[Head of Household, Adults, and unaccompanied Youth]*

<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 refused
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

EMPLOYMENT STATUS *[Head of Household, Adults, and unaccompanied Youth]*

Employed			
<input type="radio"/> No			<input type="radio"/> Client doesn't know
<input type="radio"/> Yes			<input type="radio"/> Client refused
			<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 *[Head of Household, Adults, and unaccompanied Youth]*

<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 refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

DENTAL HEALTH STATUS *[Head of Household, Adults, and unaccompanied Youth]*

<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 refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

MENTAL HEALTH STATUS *[Head of Household, Adults, and unaccompanied Youth]*

<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 refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

PREGNANCY STATUS *[All Female Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
If "Yes" for Pregnancy Status	Due Date:

COMMERCIAL SEXUAL Exploitation/Sex TRAFFICKING

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?

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

LABOR EXPLOITATION /TRAFFICKING

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 refused
	<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 refused
	<input type="radio"/> Data not collected

If "YES" 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 refused
	<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 refused
			<input type="radio"/> Data not collected

COUNSELING

Counseling received by client?

<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 _____

SAFE and APPROPRIATE EXIT

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 refused
		<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

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:				

Signature of applicant stating all information is true and correct

Date