

Agency Name: _____



CLARITY HMIS: 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]* _____

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

| | | | |
|--|----|--|-----|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
| IF "YES" TO PERMANENT HOUSING | | | |
| Housing Move-In Date: (See Note*) | | <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/airport or anywhere outside) | <input type="radio"/> | Moved from one HOPWA funded project to HOPWA PH |
| <input type="radio"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | <input type="radio"/> | Moved from one HOPWA funded project to HOPWA TH |
| <input type="radio"/> | Safe Haven | <input type="radio"/> | Rental by client, with GPD TIP housing subsidy |
| <input type="radio"/> | Foster care home or foster care group home | <input type="radio"/> | Rental by client, with VASH housing subsidy |
| <input type="radio"/> | Hospital or other residential non--psychiatric medical facility | <input type="radio"/> | Permanent housing (other than RRH) for formerly homeless persons |
| <input type="radio"/> | Jail, prison or juvenile detention facility | <input type="radio"/> | Rental by client, with RRH or equivalent subsidy |
| <input type="radio"/> | Long-term care facility or nursing home | <input type="radio"/> | Rental by client, with HCV voucher (tenant or project based) |
| <input type="radio"/> | Psychiatric hospital or other psychiatric facility | <input type="radio"/> | Rental by client in public housing unit |
| <input type="radio"/> | Substance abuse treatment facility or detox center | <input type="radio"/> | Rental by client, no ongoing housing subsidy |
| <input type="radio"/> | Residential project or halfway house with no homeless criteria | <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"/> | Owned by client, with ongoing housing subsidy |

| | | | |
|-----------------------|---|----------------------------------|---|
| <input type="radio"/> | Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> | Owned by client, no ongoing housing subsidy |
| <input type="radio"/> | Host Home (non-crisis) | <input type="radio"/> | No exit interview completed |
| | | <input type="radio"/> | Other |
| <input type="radio"/> | Staying or living with friends, temporary tenure (e.g., room, apartment or house) | <i>If Other, please specify:</i> | |
| | | <input type="radio"/> | Deceased |
| <input type="radio"/> | Staying or living with family, temporary tenure (e.g., room, apartment or house) | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Staying or living with friends, permanent tenure | <input type="radio"/> | Client Refused |
| <input type="radio"/> | Staying or living with family, permanent tenure | <input type="radio"/> | Data not collected |

PROJECT COMPLETION STATUS *[Adults and Head of Households: All RHY Components except Street Outreach and BCP Prevention]*

| | | | |
|-----------------------|------------------------------|-----------------------|---|
| <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 |

RHY - BCP STATUS *[If not collected at Entry]*

| | | | |
|---|---|-----------------------|---|
| Date of status determination | | ____/____/____ | |
| FYSB "Youth Eligible for RHY Services" | | | |
| <input type="radio"/> | No | <input type="radio"/> | Yes |
| If 'No' for Youth Eligible for RHY Services – Reason services are not funded by BCP grant | | | |
| <input type="radio"/> | Out of age range | <input type="radio"/> | Ward of the criminal justice system – immediate reunification |
| <input type="radio"/> | Ward of the State – Immediate Reunification | <input type="radio"/> | Other |
| Runaway Youth? [If 'Yes' to 'Youth Eligible for RHY Services'] | | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | No | <input type="radio"/> | Client Refused |
| <input type="radio"/> | Yes | <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"/> | | <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"/> | | <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 |

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"/> | | <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"/> | | <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"/> | Earned Income | | <input type="radio"/> | Temporary Assistance for Needy Families (TANF) | |
| <input type="radio"/> | Unemployment Insurance | | <input type="radio"/> | General Assistance (GA) | |
| <input type="radio"/> | Supplemental Security Income (SSI) | | <input type="radio"/> | Retirement Income from Social Security | |
| <input type="radio"/> | Social Security Disability Insurance (SSDI) | | <input type="radio"/> | Pension or Retirement Income from a Former Job | |
| <input type="radio"/> | VA Service-Connected Disability Compensation | | <input type="radio"/> | Child Support | |
| <input type="radio"/> | VA Non-Service-Connected Disability Pension | | <input type="radio"/> | Alimony and Other Spousal Support | |
| <input type="radio"/> | Private Disability Insurance | | <input type="radio"/> | Other source | |
| <input type="radio"/> | Worker's Compensation | | <i>Other source, please specify:</i> | | |
| Total Monthly Income for Individual: | | | | | |

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"/> | Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> | TANF Childcare Services |
| <input type="radio"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> | TANF Transportation Services |
| <input type="radio"/> | Other (Specify): | <input type="radio"/> | Other TANF-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"/> | MEDICAID | <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 |

EDUCATION INFORMATION *[All Clients 18+]*
LAST GRADE COMPLETED

| | | | |
|-----------------------|---|-----------------------|--------------------------|
| <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 refused |
| <input type="radio"/> | GED | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Some college | <input type="radio"/> | |

SCHOOL STATUS *[Adults and Head of Households, 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 refused |
| <input type="radio"/> | Dropped out | <input type="radio"/> | Data not collected |

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

| | | | |
|-----------------------|-------------------------|-----------------------|---------------------------|
| <input type="radio"/> | Not Currently Attending | <input type="radio"/> | Academically Disqualified |
| <input type="radio"/> | Attending Full Time | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Attending Part Time | <input type="radio"/> | Client refused |

NAME OF COLLEGE/UNIVERSITY

| | | | |
|-----------------------|---------------------------|-----------------------|-----------------------------------|
| <input type="radio"/> | De Anza College | <input type="radio"/> | West Valley College |
| <input type="radio"/> | Evergreen Valley College | <input type="radio"/> | Other Bay Area College/University |
| <input type="radio"/> | Foothill College | <input type="radio"/> | Other CA College/University |
| <input type="radio"/> | Gavilan College | <input type="radio"/> | Other College/University |
| <input type="radio"/> | Mission College | <input type="radio"/> | Other Vocational Program |
| <input type="radio"/> | San Jose City College | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | San Jose State University | <input type="radio"/> | Client refused |
| <input type="radio"/> | Santa Clara University | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Stanford University | | |

EXPECTED COMPLETION YEAR

| | | | | | | | | |
|-------|--|---|-----|--|---|--|------|--|
| | | - | | | - | | | |
| Month | | | Day | | | | Year | |

RHY SPECIFIC YOUTH INFORMATION

EMPLOYMENT STATUS *[Adults and Head of Households, 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 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 *[Adults and Head of Households, 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 refused |
| <input type="radio"/> | Fair | <input type="radio"/> | Data not collected |

DENTAL HEALTH STATUS *[Adults and Head of Households, 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 refused |
| <input type="radio"/> | Fair | <input type="radio"/> | Data not collected |

MENTAL HEALTH STATUS *[Adults and Head of Households, 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 refused |
| <input type="radio"/> | Fair | <input type="radio"/> | Data not collected |

PREGNANCY STATUS *[Female Adults and Head of Households]*

| | | | |
|-----------------------|-----|-----------------------|---------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client refused |

| | | | |
|--------------------------------------|--|-----------------------|--------------------|
| <input type="radio"/> | | <input type="radio"/> | Data not collected |
| If "Yes" for Pregnancy Status | | | |
| Due Date: | | | |

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

| | | | |
|-----------------------|-----|-----------------------|---------------------|
| <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 *[Adults and Head of Households]*

| | | | |
|-----------------------|-----|-----------------------|---------------------|
| <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 *[Adults and Head of Households, 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 youth'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 Households: 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"/> Data not collected |
| <input type="radio"/> Yes | <input type="radio"/> Client refused | |

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]*

| | |
|-------------------------|--|
| Address Type | |
| Name | |
| Address (line 1) | |
| Address (line 2) | |
| City | |
| State | |
| Zip Code | |

| | | | | |
|------------------------|-----------------------|-----|-----------------------|----|
| Phone (#1) | | | | |
| Phone (#2) | | | | |
| Private | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Active Location | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Location Date | | | | |
| Note | | | | |

Signature of applicant stating all information is true and correct
Date