**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 DayYear

**CLIENT LOCATION** *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |
| **IF “YES” TO PERMANENT HOUSING** | | | |
| **Housing Move-In Date:** (See Note\*) | | | \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

# DESTINATION *[All Clients]*

| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA PH |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Safe Haven | ○ | Rental by client, with GPD TIP housing subsidy |
| ○ | Foster care home or foster care group home | ○ | Rental by client, with VASH housing subsidy |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Permanent housing (other than RRH) for formerly homeless persons |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with RRH or equivalent subsidy |
| ○ | Long-term care facility or nursing home | ○ | Rental by client, with HCV voucher (tenant or project based) |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Rental by client in public housing unit |
| ○ | Substance abuse treatment facility or detox center | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Rental by client, with other ongoing housing subsidy |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Owned by client, no ongoing housing subsidy |
| ○ | Host Home (non-crisis) | ○ | No exit interview completed |
| ○ | Other |
| ○ | Staying or living with friends, temporary tenure (e.g., room, apartment or house) | *If Other, please specify:* | |
| ○ | Deceased |
| ○ | Staying or living with family, temporary tenure (e.g., room, apartment or house) | ○ | Client doesn’t know |
| ○ | Staying or living with friends, permanent tenure | ○ | Client Refused |
| ○ | Staying or living with family, permanent tenure | ○ | Data not collected |

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

| ○ | Completed project | ○ | Youth was expelled or otherwise involuntarily discharged from project |
| --- | --- | --- | --- |
| ○ | Youth voluntarily left early |

| **If youth was expelled or otherwise involuntarily discharged – Major reason** | | | |
| --- | --- | --- | --- |
| ○ | Criminal activity/destruction of property/violence | ○ | Reached max times allowed by project |
| ○ | Non­compliance with project rules | ○ | Project terminated |
| ○ | Non­payment of rent/occupancy charge | ○ | Unknown/disappeared |

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

| Date of status determination | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | |
| --- | --- | --- | --- | --- | --- | --- |
| FYSB “Youth Eligible for RHY Services” | | | | | | |
| ○ | | No | ○ | Yes | | |
| If ‘No’ for Youth Eligible for RHY Services – Reason services are not funded by BCP grant | | | | | | |
| ○ | | Out of age range | ○ | Ward of the criminal justice system – immediate reunification | | |
| ○ | | Ward of the State – Immediate Reunification | | | ○ | Other |
| **Runaway Youth?** [If ‘Yes’ to ‘Youth Eligible for RHY Services’] | | | | | ○ | Client doesn’t know |
| ○ | No | | | | ○ | Client Refused |
| ○ | Yes | | | | ○ | Data not collected |

**PHYSICAL DISABILITY** ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** ​*[All Clients]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

**CHRONIC HEALTH CONDITION** ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

**MENTAL HEALTH DISORDER** ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

**SUBSTANCE USE DISORDER** ​*[All Clients]*

| ○ | No | ○ | Both alcohol and drug use disorders | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Alcohol use disorder | ○ | Client doesn’t know | | |
| ○ | Client refused | | |
| ○ | Drug use disorder | ○ | Data not collected | | |
| **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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

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

| ○ | No | | | | ○ | Client doesn’t know | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | | ○ | Client refused | |
| ○ | Data not collected | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | | | |
| **Income Source** | | **Amount** | **Income Source** | | | | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) | | |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job | | |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support | | |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal Support | | |  |
| ○ | Private Disability Insurance |  | ○ | Other income source | | |  |
| ○ | Worker’s Compensation |  |  | *(specify):* | | |
| **Total Monthly Income for Individual:** | |  | | | | | |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** | | | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services | | |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services | | |
| ○ | Other (specify): | ○ | Other TANF-funded services | | |

**COVERED BY HEALTH INSURANCE** ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS** | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Insurance Obtained through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veterans Administration (VA) Medical Services | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify) | ○ | Indian Health Services Program | | |

**RHY SPECIFIC YOUTH INFORMATION**

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

| ○ | Less than Grade 5 | ○ | Associate Degree |
| --- | --- | --- | --- |
| ○ | Grades 5-6 | ○ | Graduate Degree |
| ○ | Grades 7-8 | ○ | Bachelor's Degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 | ○ | Client doesn’t know |
| ○ | GED | ○ | Client refused |
| ○ | School does not have grade levels | ○ | Data not collected |
| ○ | Some college |  | |

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

| ○ | Attending school regularly | ○ | Suspended |
| --- | --- | --- | --- |
| ○ | Attending school irregularly | ○ | Expelled |
| ○ | Graduated from high school | ○ | Client doesn’t know |
| ○ | Obtained GED | ○ | Client refused |
| ○ | Dropped out | ○ | Data not collected |

**CURRENTLY ATTENDING COLLEGE/UNIVERSITY**

| ○ | Not Currently Attending | ○ | Academically Disqualified |
| --- | --- | --- | --- |
| ○ | Attending Full Time | ○ | Client doesn’t know |
| ○ | Attending Part Time | ○ | Client refused |

**NAME OF COLLEGE/UNIVERSITY**

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

**EXPECTED COMPLETION YEAR**

|  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

**RHY SPECIFIC YOUTH INFORMATION**

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

| **Employed** | | | | | |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **If “Yes” for employed – Type of employment** | | | | | |
| ○ | Full­time | ○ | Seasonal/sporadic (including day labor) | | |
| ○ | Part-time |
| **If “No” for employed – Why not employed** | | | | | |
| ○ | Looking for work | ○ | Not looking for work | | |
| ○ | Unable to work |

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

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client refused |
| ○ | Fair | ○ | Data not collected |

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

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client refused |
| ○ | Fair | ○ | Data not collected |

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

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client refused |
| ○ | Fair | ○ | Data not collected |

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

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| **If “Yes” for Pregnancy Status** | | | |
| **Due Date:** | | | |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **IF “YES”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| **How many times (ever)?** | | | | | |
| ○ | 1-3 | ○ | Client doesn’t know | | |
| ○ | 4-7 | ○ | Client refused | | |
| ○ | 8-11 | ○ | Data not collected | | |
| ○ | 12 or more |  | | | |
| **Ever made/persuaded/forced to have sex in exchange for something?** | | | | | |
| ○ | No | ○ | Client doesn’t know | | |
| ○ | Yes | ○ | Client refused | | |
| ○ | 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 |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

**LABOR EXPLOITATION /TRAFFICKING** *[Adults and Head of Households]*

| **Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?** | | | | | |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **Ever promised work where work or payment was different than you expected?** | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| **IF “YES” TO EITHER “WORKPLACE VIOLENCE THREATS” OR “WORKPLACE PROMISE DIFFERENCE”** | | | | | |
| Felt forced, coerced, pressured or tricked into continuing the job? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | 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 |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

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

| ○ | No |
| --- | --- |
| ○ | Yes |

**IDENTIFY the TYPE(s) of COUNSELING RECEIVED**

| ○ | Individual | ○ | Group - including peer counseling |
| --- | --- | --- | --- |
| ○ | 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?

| ○ | No |
| --- | --- |
| ○ | 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**

| ○ | No | ○ | Client doesn’t know | ○ | Data not collected |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused | | |

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | Yes | | |
|

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

| ○ | No | ○ | Worker Doesn’t Know |
| --- | --- | --- | --- |
| ○ | 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** | ○ | Yes | ○ | No |
| **Active Location** | ○ | Yes | ○ | No |
| **Location Date** |  | | | |
| **Note** |  | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of applicant stating all information is true and correct Date**