

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? <i>[If 'Yes' to 'Youth Eligible for RHY Services']</i>	
<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

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

MENTAL HEALTH DISORDER [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 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 refused
			<input type="radio"/>	Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	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?	<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 income source	
<input type="radio"/>	Worker's Compensation			(specify):	
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 Child Care 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"/>	Veterans 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 [*Adults and Head of Households, All program types except Street Outreach*]

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

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 *[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” 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
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	<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" 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 refused
				<input type="radio"/>	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?					
<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" 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 refused
				<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 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