

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 | | |

ENROLLMENT CoC *[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/subway station/airport, or anywhere outside) | <input type="radio"/> Moved from one HOPWA funded project to HOPWA TH |
| <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 family, permanent tenure |
| <input type="radio"/> Safe Haven | <input type="radio"/> Staying or living with friends, permanent tenure |
| <input type="radio"/> Foster care home or foster care group home | <input type="radio"/> Moved from one HOPWA funded project to HOPWA PH |
| <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 ongoing 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"/> No exit interview completed |
| <input type="radio"/> Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> Other |

| | |
|--|--|
| <input type="radio"/> Residential project or halfway house with no homeless criteria | <input type="radio"/> Deceased |
| <input type="radio"/> Hotel or motel paid for without emergency shelter voucher | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Host Home (non-crisis) | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) | <input type="radio"/> Data not collected |
| <input type="radio"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) | |

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:

| | |
|---|---|
| <input type="radio"/> GDP 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) |
| <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 Households: 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 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"/> 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 |

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 |

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

| | | | | |
|---|---|-----|---|------------------------------|
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | Yes | ○ | Client prefers not to answer |
| | | | ○ | Data not collected |

SUBSTANCE USE DISORDER *[All Clients]*

| | | | |
|---|----------------------|---|-------------------------------------|
| ○ | No | ○ | Both alcohol and drug use disorders |
| ○ | Alcohol use disorder | ○ | Client doesn't know |
| | | ○ | Client prefers not to answer |
| ○ | 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 prefers not to answer |
| | | | ○ | Data not collected |

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

| | | | |
|---|-----|---|------------------------------|
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | 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 <i>(specify):</i> | |
| ○ | Worker's Compensation | | | | |
| Total Monthly Income for Individual: | | | | | |

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

| | | | |
|---|-----|---|------------------------------|
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | 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 prefers not to answer |
| | | <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 Health Administration (VHA) | <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 |
| <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 prefers not to answer |
| <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 prefers not to answer |
| <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 prefers not to answer |

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 prefers not to answer |
| <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 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 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 prefers not to answer |
| <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 prefers not to answer |
| <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 prefers not to answer |
| <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 prefers not to answer |
| | <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 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 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 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 |
| | | 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 |
| | | Yes | <input type="radio"/> | Client prefers not to answer |
| | | | <input type="radio"/> | Data not collected |

COUNSELING *[Adults and Head of Households, All program types except Street Outreach]*
Client Received Counseling?

| | |
|-----------------------|-----|
| <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 prefers not to answer | |

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