Please complete one sheet for each person served, whether they are an individual or a family member.

**Project Start Date:** _______/_____/_______  **Project Name:** ________________________________

**ServicePointClient ID** ____________________________

**First Name:** __________________ MI: ______  **Last Name:** ___________________________  **Suffix:** ______

**Exit Date:** _______/_____/_______

**Reason for Leaving:**

- [ ] Left for housing opp. before completing program
- [ ] Completed program (no longer receiving services)
- [ ] Non-Payment of rent/occupancy charge
- [ ] Non-Compliance with program
- [ ] Criminal activity/violence
- [ ] Reached maximum time allowed
- [ ] Needs could not be met
- [ ] Disagreement with rules/persons
- [ ] Death
- [ ] Unknown/Disappeared
- [ ] Left for housing opportunity
- [ ] Aged Out (youth only)
- [ ] Found Placement (youth only)
- [ ] Reunification
- [ ] Other (Specify) ____________________________________________________________________

**Destination or residence at program exit:**

**-HOMELESS SITUATIONS-**

- [ ] Place Not Meant for Habitation
- [ ] Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- [ ] Safe Haven

**-INSTITUTIONAL SITUATIONS-**

- [ ] Foster Care Home or Foster Care Group Home
- [ ] Hospital or other Residential Non-Psychiatric Medical Facility
- [ ] Jail, Prison or Juvenile Detention Facility
- [ ] Long-Term Care Facility or Nursing Home
- [ ] Psychiatric Hospital or Other Psychiatric Facility
- [ ] Substance Abuse Treatment Facility or Detox Center

**-TEMPORARY AND PERMANENT HOUSING SITUATIONS-**

- [ ] Residential Project or Halfway House with no Homeless Criteria
- [ ] Hotel or Motel Paid for without an Emergency Shelter Voucher
- [ ] Transitional Housing for Homeless Persons (includes homeless youth)
- [ ] Host Home (non-crisis)
- [ ] Staying or Living with friends, temporary tenure
- [ ] Staying or Living with family, temporary tenure
- [ ] Staying or Living with family, permanent tenure
- [ ] Staying or Living with friends, permanent tenure
- [ ] Moved from one HOPWA funded project to HOPWA PH
- [ ] Moved from one HOPWA funded project to HOPWA TH
- [ ] Rental by Client, with GPD TIP housing subsidy
- [ ] Rental by Client, with VASH housing subsidy
- [ ] Permanent Housing (other than RRH) for Formerly Homeless Persons
- [ ] Rental by Client, with RRH or Equivalent Subsidy
- [ ] Rental by Client, with HCV voucher (tenant or project based)
- [ ] Rental by Client in a Public Housing Unit
### Monthly Income

<table>
<thead>
<tr>
<th>Receiving Income</th>
<th>Source of Income (Check all that apply)</th>
<th>Income Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Earned Income</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Unemployment Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Supplemental Security Income (SSI)</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Social Security Disability Income (SSDI)</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>VA Service Connected Disability Compensation</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Private Disability Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Worker’s Compensation</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>General Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Retirement Income From Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>VA Non-Service Connected Disability Pension</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Pension or Retirement Income from Another Job</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Alimony or Other Spousal Support</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Other – Specify Source</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Monthly Income</td>
<td>$</td>
</tr>
</tbody>
</table>

### Non-Cash Benefit from any source?

<table>
<thead>
<tr>
<th>Receiving Benefit</th>
<th>Source of Non-Cash Benefit (Check all that apply)</th>
<th>Benefit Amount (when applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Supplemental Nutrition Assistance Program (SNAP – Food Stamps)</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>TANF Child Care services</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>TANF Transportation services</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Other TANF-funded services</td>
<td>$</td>
</tr>
<tr>
<td>Yes</td>
<td>Other Source – Specify Source</td>
<td>$</td>
</tr>
</tbody>
</table>
Covered by Health Insurance?  □ Yes  □ No  □ Client Doesn’t Know  □ Client Refused  □ Data Not Collected

<table>
<thead>
<tr>
<th>Covered</th>
<th>Health Insurance Type (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes  □ No</td>
<td>MEDICAID</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>State Children’s Health Insurance Program</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>Veteran’s Administration (VA) Medical Services</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>Employer-Provided Health Insurance</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>Health Insurance obtained through COBRA</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>Private Pay Health Insurance</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>State Health Insurance for Adults</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>Indian Health Services Program</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td>Other – Specify: _________________________</td>
</tr>
</tbody>
</table>

Health, Substance Abuse, and Disabilities

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>Developmental</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
<tr>
<td>Both Alcohol and Drug Abuse</td>
<td>□ Yes □ No □ Client Doesn’t Know □ Client Refused □ DNC</td>
</tr>
</tbody>
</table>
Last Grade Completed:

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12/High School Diploma
- School Program does not have grade levels
- Graduate Degree
- Some College
- Associate’s Degree
- Bachelor’s Degree
- Vocational Certification
- Client Doesn’t Know
- Client Refused
- Data Not Collected

School Status:

- Attending School Regularly
- Attending School Irregularly
- Graduated High School
- Obtained GED
- Dropped Out
- Suspended
- Expelled
- Client Doesn’t Know
- Client Refused
- Data Not Collected

Employed?:

- Yes
- No
- Client Doesn’t Know
- Client Refused
- Data Not Collected

If Yes, Type of Employment:

- Full Time
- Part Time
- Seasonal/Sporadic (Including Day Labor)
- Data Not Collected

If No, Why not employed?

- Looking for work
- Unable to work
- Not looking for work
- Data Not Collected

General Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn’t Know
- Client Refused
- Data Not Collected

Dental Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn’t Know
- Client Refused
- Data Not Collected

Mental Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn’t Know
- Client Refused
- Data Not Collected

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

- Yes
- No
- Client Doesn’t Know
- Client Refused
- Data Not Collected

If Yes for ever received anything in exchange for sex – in the past 3 months?

- Yes
- No
- Client Doesn’t Know
- Client Refused
- Data Not Collected

If Yes for ever received anything in exchange for sex – how many times?

- 1-3
- 4-7
- 8-11
- 12 or more
- Client Doesn’t Know
- Client Refused
- Data Not Collected
Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused ☐ Data Not Collected

Ever promised work where work or payment was different than you expected?

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused ☐ Data Not Collected

If Yes for either “workplace violence threats” or “workplace promise difference” – felt forced, coerced, pressured, or tricked into continuing?

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused ☐ Data Not Collected

If Yes for either “workplace violence threats” or “workplace promise difference” – in the last 3 months?

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused ☐ Data Not Collected

Project Completion Status:

☐ Completed Project ☐ Youth voluntarily left early ☐ Youth was expelled or otherwise involuntarily discharged

If expelled or involuntarily discharged, what is the major reason?

☐ Criminal Activity/destruction of property/violence ☐ Non-payment of rent/occupancy charge ☐ Project Terminated

☐ Non-compliance with Project rules ☐ Reached maximum time allowed by Project ☐ Unknown/Disappeared

Counseling received by Client: ☐ Yes ☐ No

If Yes to “Counseling received by Client”, identify the type(s) of counseling received:

Individual ☐ Yes ☐ No

Family ☐ Yes ☐ No

Group (including peer counseling) ☐ Yes ☐ No

Total number of sessions planned in youth’s treatment or service plan:__________

A plan is in place to start or continue counseling after Exit: ☐ Yes ☐ No

Exit destination safe – as determined by the Client:

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused ☐ Data Not Collected

Exit destination safe – as determined by the Project/Caseworker:

☐ Yes ☐ No ☐ Worker Doesn’t Know

Client has permanent positive adult connections outside of Project:

☐ Yes ☐ No ☐ Worker Doesn’t Know

Client has permanent positive peer connections outside of Project:

☐ Yes ☐ No ☐ Worker Doesn’t Know

Client has permanent positive community connections outside of Project:

☐ Yes ☐ No ☐ Worker Doesn’t Know