

# HHS RHY Exit 2020

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Completed program (no longer receiving services) |
| <input type="checkbox"/> Non-Payment of rent/occupancy charge            | <input type="checkbox"/> Non-Compliance with program                      |
| <input type="checkbox"/> Criminal activity/violence                      | <input type="checkbox"/> Reached maximum time allowed                     |
| <input type="checkbox"/> Needs could not be met                          | <input type="checkbox"/> Disagreement with rules/persons                  |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Unknown/Disappeared                              |
| <input type="checkbox"/> Left for housing opportunity                    | <input type="checkbox"/> Aged Out (youth only)                            |
| <input type="checkbox"/> Found Placement (youth only)                    | <input type="checkbox"/> Reunification                                    |
| <input type="checkbox"/> 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

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- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

- No Exit interview completed
- Other
- Deceased
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Income from any source?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**Monthly Income**

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$
<b>Total Monthly Income</b>		<b>\$</b>

**Non-Cash Benefit from any source?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**Non-Cash Benefits**

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$

# HHS RHY Exit 2020

**Covered by Health Insurance?**    Yes No Client Doesn't Know Client Refused Data Not Collected

## Health Insurance

Covered	Health Insurance Type <i>(Check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAID
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Children's Health Insurance Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer-Provided Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance obtained through COBRA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pay Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Health Insurance for Adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify: _____

## Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
<b>Physical</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Developmental</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<b>Not Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Chronic Health Condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>HIV/AIDS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<b>Not Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Mental Health Problem</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Alcohol Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Drug Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Both Alcohol and Drug Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

# HHS RHY Exit 2020

## Last Grade Completed:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than Grade 5            | <input type="checkbox"/> School Program does not have grade levels | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 5-6                   | <input type="checkbox"/> Some College                              | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> Grades 7-8                   | <input type="checkbox"/> Associate's Degree                        | <input type="checkbox"/> Client Doesn't Know      |
| <input type="checkbox"/> Grades 9-11                  | <input type="checkbox"/> Bachelor's Degree                         | <input type="checkbox"/> Client Refused           |
| <input type="checkbox"/> Grade 12/High School Diploma |  | <input type="checkbox"/> Data Not Collected       |

## School Status:

- |   |  |
|---|--|
| <input type="checkbox"/> Attending School Regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated High School        | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Dropped Out                  | <input type="checkbox"/> 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:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor                |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Data Not Collected  |

## Dental Health Status:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor                |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Data Not Collected  |

## Mental Health Status:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor                |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> 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

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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-compliance with Project rules  
Non-payment of rent/occupancy charge Reached maximum time allowed by Project  
Project Terminated 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