



COHMIS

RHY Exit Form

CLIENT NAME									
Last:									
First:									
Middle:						Suffix			
PROJECT NAME									
PROJECT EXIT DATE (MM/DD/YYYY)									
DESTINATION (ALL CLIENTS)									
<input type="checkbox"/> Place not meant for habitation (vehicle, anywhere outside)					<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH				
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded Host Home					<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH				
<input type="checkbox"/> Safe Haven					<input type="checkbox"/> Rental by client, with GPD TIP subsidy				
<input type="checkbox"/> Foster care home or foster care group home					<input type="checkbox"/> Rental by client, with VASH housing subsidy				
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility					<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons				
<input type="checkbox"/> Jail, prison or juvenile detention facility					<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy				
<input type="checkbox"/> Long-term care facility or nursing home					<input type="checkbox"/> Rental by client, with HCV voucher				
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility					<input type="checkbox"/> Rental by client in a public housing unit				
<input type="checkbox"/> Substance abuse treatment facility or detox center					<input type="checkbox"/> Rental by client, no ongoing housing subsidy				
<input type="checkbox"/> Residential project or halfway house with no homeless criteria					<input type="checkbox"/> Rental by client, with other ongoing housing subsidy				
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher					<input type="checkbox"/> Owned by client, no ongoing housing subsidy				
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)					<input type="checkbox"/> Owned by client, with other ongoing housing subsidy				
<input type="checkbox"/> Host Home (non-crisis)					<input type="checkbox"/> No Exit Interview Completed				
<input type="checkbox"/> Staying or living with friends, temporary tenure					<input type="checkbox"/> Other				
<input type="checkbox"/> Staying or living with family, temporary tenure					<input type="checkbox"/> Deceased				
<input type="checkbox"/> Staying or living with friends, permanent tenure					<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Staying or living with family, permanent tenure					<input type="checkbox"/> Client refused				
					<input type="checkbox"/> Data not collected				

PROJECT COMPLETION STATUS	
<input type="checkbox"/> Completed Project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project*	
*If Youth was expelled or involuntarily discharged from project	
Major Reason	<input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared

If client has become Engaged by project (Street Outreach Projects Only)																					
DATE OF ENGAGEMENT <i>(enter on Enrollment Screen for All Clients)</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">MONTH</td> <td colspan="3">DAY</td> <td colspan="4">YEAR</td> </tr> </table>											MONTH			DAY			YEAR			
MONTH			DAY			YEAR															

RHY-BCP STATUS (BCP-Prevention & BCP-Emergency Shelter Only)																					
DATE OF STATUS DETERMINATION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">MONTH</td> <td colspan="3">DAY</td> <td colspan="4">YEAR</td> </tr> </table>											MONTH			DAY			YEAR			
MONTH			DAY			YEAR															
FYSB YOUTH ELIGIBLE FOR RHY SERVICES	<input type="checkbox"/> No* <input type="checkbox"/> Yes*																				
*If NO for FYSB YOUTH – Reason services are not funded by BCP grant																					
<input type="checkbox"/> Ward of the State-Immediate Reunification <input type="checkbox"/> Ward of the criminal justice system-immediate reunification																					
<input type="checkbox"/> Out of age range <input type="checkbox"/> Other _____																					
*If YES for FYSB YOUTH – Runaway Youth?																					
<input type="checkbox"/> No <input type="checkbox"/> Yes																					
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected																					

DISABLING CONDITION	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
PHYSICAL DISABILITY	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Physical Disability <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
DEVELOPMENTAL DISABILITY	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
CHRONIC HEALTH CONDITION	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Chronic Health Condition <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
HIV/AIDS	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
MENTAL HEALTH PROBLEM	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Mental Health Problem <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
SUBSTANCE ABUSE PROBLEM	
<input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Both alcohol and drug abuse	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Substance Abuse Problem <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Income from Any Source – Indicate all sources that apply		
Income Source (Check all that apply)	Monthly Amount	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Social Security Disability Insurance (SSDI)		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> VA Non-Service Connected Disability Pension		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> Pension or Retirement Income from a Former Job		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Alimony and Other Spousal Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		
Total Monthly Amount		

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____)	

HEALTH INSURANCE	
Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes* <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Covered by Health Insurance – Indicate all sources that apply	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance (Specify source: _____)

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

SCHOOL STATUS			
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Suspended	<input type="checkbox"/> Client refused	
<input type="checkbox"/> Graduate from high school	<input type="checkbox"/> Expelled	<input type="checkbox"/> Data not collected	
<input type="checkbox"/> Obtained GED			

EMPLOYMENT STATUS	
Employed?	<input type="checkbox"/> No* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes* <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

***If YES to Employed**

Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
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***If NO to Employed**

Why not employed?	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work
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GENERAL HEALTH STATUS		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Good		<input type="checkbox"/> Data not collected

DENTAL HEALTH STATUS										
<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair							<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor							<input type="checkbox"/> Client refused		
<input type="checkbox"/> Good								<input type="checkbox"/> Data not collected		
MENTAL HEALTH STATUS										
<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair							<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor							<input type="checkbox"/> Client refused		
<input type="checkbox"/> Good								<input type="checkbox"/> Data not collected		
PREGNANCY STATUS										
<input type="checkbox"/> No							<input type="checkbox"/> Client doesn't know			
<input type="checkbox"/> Yes*							<input type="checkbox"/> Client refused			
						<input type="checkbox"/> Data not collected				
*If YES for Pregnancy Status, Due Date:										
				MONTH	DAY	YEAR				

COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING	
Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
*If YES to "Ever received anything in exchange for sex" – In the last three months?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to "Ever received anything in exchange for sex" – How many times?	
<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to "Ever received anything in exchange for sex" – Ever made/persuaded/forced to have sex in exchange for something?	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to "Ever made/persuaded/forced to have sex in exchange for something" – In the last three months?	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

LABOR EXPLOITATION/TRAFFICKING		
Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Ever promised work where work or payment was different than you expected?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for either "Workplace violence threats" OR "Workplace promise difference" – Felt forced, coerced, pressured or tricked into continuing the job?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for either "Workplace violence threats" OR "Workplace promise difference" – Did this happen in the last 3 months?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

COUNSELING		
Counseling received by client?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to "counseling received" – Identify the type(s) of counseling received:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group - including peer counseling
Identify the number of sessions received by exit (integer 1-48+):		
Total number of sessions planned in youth's treatment or service plan (integer 1-48+):		
A plan is in place to start or continue counseling after exit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SAFE AND APPROPRIATE EXIT	
Exit destination safe – as determined by the client?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Exit destination safe – as determined by the project/caseworker?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know
Client has permanent positive adult connections outside of project?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know
Client has permanent positive peer connections outside of project?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know
Client has permanent positive community connections outside of project?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know

CONTACT INFORMATION (Optional – entered on the Contacts tab)	
Phone number	
Email	

ADDRESS (Optional – entered on the Locations tab)			
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date