**HMIS Iowa PC RHY Exit -- Youth Household/Unaccompanied Youth**

**HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXIT DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Reason for Leaving:**\_\_\_\_\_Advanced to new program \_\_\_\_\_ Aged out of program\_\_\_\_\_Completed program \_\_\_\_\_ Criminal activity/violence \_\_\_\_\_ Death \_\_\_\_\_ Disagreement with rules/ persons \_\_\_\_\_ Left for housing opportunity before completing program \_\_\_\_\_Needs could not be met by project \_\_\_\_\_ Non-compliance with project \_\_\_\_\_Non-payment of rent/ occupancy charge \_\_\_\_\_ Reached maximum time allowed by project\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unknown/ disappeared \_\_\_\_\_Voluntary break in shelter stay\_\_\_\_\_Voluntary checkout |
| **Destination:****Homeless Situations**\_\_\_\_\_ Place not meant for habitation \_\_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter\_\_\_\_\_ Safe Haven**Institutional Situations**\_\_\_\_\_ Foster care home or foster care group home\_\_\_\_\_ Hospital or other residential nonpsychiatric 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 Housing Situations**\_\_\_\_\_ Transitional housing for homeless persons (including homeless youth)\_\_\_\_\_ Residential project or halfway house with no homeless criteria\_\_\_\_\_ Hotel or motel paid for without emergency shelter voucher\_\_\_\_\_ Host Home (non-crisis)\_\_\_\_\_ Staying or living with family, temporary tenure (e.g., room, apartment, or house)\_\_\_\_\_ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)\_\_\_\_\_ Moved from one HOPWA funded project to HOPWA TH**Permanent Housing Situation**\_\_\_\_\_ Staying or living with family, permanent tenure\_\_\_\_\_ Staying or living with friends, permanent tenure\_\_\_\_\_ Moved from one HOPWA funded project to HOPWA PH\_\_\_\_\_ Rental by client, no ongoing housing subsidy\_\_\_\_\_ Rental by client, with ongoing housing subsidy **(Please select subsidy type below)**\_\_\_\_\_ Owned by client, with ongoing housing subsidy\_\_\_\_\_ Owned by client, no ongoing housing subsidy **Other** \_\_\_\_\_ No exit interview completed\_\_\_\_\_ Other\_\_\_\_\_ Deceased \_\_\_\_\_ Worker unable to determine\_\_\_\_\_ Client doesn’t know\_\_\_\_\_ Client prefers not to answer**Subsidy Types (Please Complete if “yes” to Rental by client, with ongoing housing subsidy)**\_\_\_\_\_ GPD TIP housing subsidy\_\_\_\_\_ VASH housing subsidy \_\_\_\_\_ RRH or equivalent subsidy\_\_\_\_\_ HCV voucher (tenant or project based) (not dedicated)\_\_\_\_\_ Public housing unit\_\_\_\_\_ Rental by client, with other ongoing housing subsidy \_\_\_\_\_ Housing Stability Voucher \_\_\_\_\_ Family Unification Program Voucher (FUP) \_\_\_\_\_ Foster Client to Independence Initiative (FYI) \_\_\_\_\_ Permanent Supportive Housing \_\_\_\_\_ Other permanent housing dedicated for formerly homeless persons |
| **Does client have a disability of long duration** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know PNA=Prefers not to answer**  |
| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently |
| **Alcohol use disorder** | Y N DK PNA  | Y N DK PNA  |
| **Drug use disorder** | Y N DK PNA  | Y N DK PNA  |
| **Both alcohol and drug use disorders** | Y N DK PNA  | Y N DK PNA  |
| **Chronic health condition** | Y N DK PNA  | Y N DK PNA  |
| **Developmental disability** | Y N DK PNA  | Y N DK PNA  |
| **HIV/AIDS** | Y N DK PNA  | Y N DK PNA  |
| **Mental health disorder** | Y N DK PNA  | Y N DK PNA  |
| **Physical disability** | Y N DK PNA  | Y N DK PNA  |
| **Covered by health insurance** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| Insurance Type | Yes | No | Insurance Type | Yes | No |
| MEDICAID |  |  | Employer-provided insurance |  |  |
| MEDICARE |  |  | Health insurance through COBRA |  |  |
| State children’s health insurance |  |  | Private pay health insurance |  |  |
| Veteran’s Health Administration (VHA) |  |  | State health insurance for adults |  |  |
| Indian Health Services Program |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:** **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Last Grade Completed:** \_\_\_\_\_ GED \_\_\_\_\_ Less than Grade \_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ School does not have grade levels \_\_\_\_\_Vocational Certification \_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Some College \_\_\_\_\_ Bachelor’s Degree \_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Associate’s Degree \_\_\_\_\_ Client prefers not to answer \_\_\_\_\_ Client doesn’t know  |
| **School Status:**\_\_\_\_\_Attending school regularly \_\_\_\_\_Obtained GED \_\_\_\_\_Expelled\_\_\_\_\_Attending school irregularly \_\_\_\_\_Dropped Out \_\_\_\_\_Client doesn’t know\_\_\_\_\_Graduated from high school \_\_\_\_\_Suspended \_\_\_\_\_Client prefers not to answer |
| **If YHDP Project: Client Education Status****Current school enrollment and attendance** \_\_\_\_\_\_Not currently enrolled in any school or education course \_\_\_\_\_Currently enrolled but NOT attending regularly (when school or the course is in session) \_\_\_\_\_Currently enrolled and attending regularly (when school or the course is in session \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  **If ‘Not currently enrolled’, what is the most recent educational status?**  \_\_\_\_\_K12: graduated from high school \_\_\_\_\_K12: Suspended \_\_\_\_\_Higher Education: Dropped out\_\_\_\_\_K12: Obtained GED \_\_\_\_\_K12: Expelled \_\_\_\_\_Higher Education: Obtained a credential/degree\_\_\_\_\_K12: Dropped Out \_\_\_\_\_Higher Education: Pursuing a credential but not currently attending\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If ‘Currently enrolled’, what is the current educational status?**  \_\_\_\_\_Pursuing a high school diploma or GED \_\_\_\_\_Pursuing Graduate Degree \_\_\_\_\_Client doesn’t know \_\_\_\_\_Pursuing Associate’s Degree \_\_\_\_\_Pursing other post-secondary credential \_\_\_\_\_Client prefers not to answer \_\_\_\_\_Pursuing Bachelor’s Degree  |
| **Employed?**\_\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If, Yes:**  \_\_\_\_\_Part Time \_\_\_\_\_Full Time \_\_\_\_\_Seasonal/Sporadic**If, No:** \_\_\_\_\_Looking for Work \_\_\_\_\_Unable to Work \_\_\_\_\_Not Looking for Work |
| **Total Monthly CASH income** (write in total $ amount and complete grid below): **TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Receives Income Sources:** | **Yes** | **Monthly $ Amount** | **No** | **Not Collected** |
| Alimony or other spousal support |  |  |  |  |
| Child support |  |  |  |  |
| Earned income |  |  |  |  |
| General assistance |  |  |  |  |
| Pension or retirement income from a job |  |  |  |  |
| Private disability insurance |  |  |  |  |
| Retirement income from social security |  |  |  |  |
| Social Security Disability Insurance (SSDI) |  |  |  |  |
| Supplemental Security Income (SSI) |  |  |  |  |
| TANF (FIP) |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| VA Non-service connected disability pension |  |  |  |  |
| VA service-connected disability compensation |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| Other (specify): |  |  |  |  |
| **Non-cash benefits from any source** (check one and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Receives the following Non-cash Benefit Types:** | **Yes**  | **No** | **Not Collected** |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) |  |  |  |
| Special Supplemental Nutrition for Women, infants, children (WIC) |  |  |  |
| TANF Child Care services  |  |  |  |
| TANF transportation services  |  |  |  |
| Other TANF-funded services |  |  |  |
| Section 8, public housing, or other ongoing rent assistance  |  |  |  |
| Temporary rental assistance |  |  |  |
| Other (specify): |  |  |  |
| **General Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Dental Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Mental Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_ \_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Labor Exploitation/Trafficking:****Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer **Ever promised work where work or payment was different than you expected?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If yes for either "Workplace violence threats" or "Workplace promise difference" Felt forced, pressured or tricked into continuing the job?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If yes for either "Workplace violence threats" or "Workplace promise difference" In the last three months?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Commercial Sexual Exploitation/Sex Trafficking:****Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer**If yes for "received anything in exchange for sex" How many times?**\_\_\_\_\_1-3 \_\_\_\_\_4-7 \_\_\_\_\_8-11 \_\_\_\_\_12 or more \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer

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| **If yes for "received anything in exchange for sex", has this occurred in the last three months?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If yes for "received anything in exchange for sex" Ever made/persuaded to have sex in exchange for something?**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**If yes for "ever made/persuaded to have sex in exchange for something", has this occurred in the last three months?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer |

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| **Project Completion Status:**\_\_\_\_\_Completed Project \_\_\_\_\_Client voluntarily left early \_\_\_\_\_Client as expelled or otherwise involuntarily discharged from project |
|  **If Client was expelled or otherwise involuntarily discharged from project, select major reason:** \_\_\_\_\_Criminal activity/destruction of property/violence \_\_\_\_\_Non-compliance with project rules \_\_\_\_\_Non-payment of rent/occupancy by project \_\_\_\_\_Reached maximum time allowed by project \_\_\_\_\_Project terminated \_\_\_\_\_Unknown/disappeared |
|  |
| **Counseling:****Counseling received by client?** \_\_\_\_\_Yes \_\_\_\_\_No**If yes, Identify the type(s) of counseling received:** \_\_\_\_\_Individual \_\_\_\_\_Family \_\_\_\_\_Group (including peer counseling)**If yes, Identify the number of sessions received by exit**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Total number of sessions planned in client’s treatment or service plan:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **A plan is in place to start or continue counseling after exit:** \_\_\_\_\_Yes \_\_\_\_\_No |
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| **Save and Appropriate Exit:****Exit destination safe – as determined by the client?** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer**Exit destination safe – as determined by the project/caseworker?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know**Client has permanent positive adult connections outside of project?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know**Client has permanent positive peer connections outside of project?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know**Client has permanent positive community connections outside of project?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know |
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| **Aftercare Plans (Complete POST EXIT):****Information Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Aftercare was provided:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Client prefers not to answer **If Yes, Identify the primary way it was provided:** \_\_\_\_\_Via email/social media \_\_\_\_\_Via telephone \_\_\_\_\_In person: one-on-one \_\_\_\_\_In person: group |