**HMIS Iowa PC YHDP - Exit**

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

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

|  |
| --- |
| **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 Youth 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 Admin. medical services |  |  | 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: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ONLY FOR Street Outreach or Night by Night Emergency Shelter:**  **Date of Contact: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Staying on Streets, ES or SH:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Worker unable to determine |
|  |
| **Last Grade Completed:** \_\_\_\_\_ GED\_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree\_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree\_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification\_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know\_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client prefers not to answer  |
| **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 |
| **Current School Enrollment and Attendance:** \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer\_\_\_\_\_Not currently enrolled in any school or educational course**If checked, please select the client’s Most Recent Educational Status:** \_\_\_\_\_K12: Graduated from high school \_\_\_\_\_Higher education: Pursuing a credential but not currently attending\_\_\_\_\_K12: Obtained GED \_\_\_\_\_Higher education: Dropped Out\_\_\_\_\_K12: Dropped out \_\_\_\_\_Higher education: Obtained a credential/degree\_\_\_\_\_K12: Suspended \_\_\_\_\_Client doesn’t know\_\_\_\_\_K12: Expelled \_\_\_\_\_Client prefers not to answer\_\_\_\_\_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)**If either of the ‘Currently enrolled’ options are checked, please select the client’s Current Educational Status:**\_\_\_\_\_Pursuing a high school diploma or GED \_\_\_\_\_ Pursuing other post-secondary credential\_\_\_\_\_Pursuing Associate’s Degree \_\_\_\_\_ Client doesn’t know\_\_\_\_\_Pursing Bachelor’s Degree \_\_\_\_\_ Client prefers not to answer \_\_\_\_\_Pursuing Graduate 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 |
|  |
| **Project Completion Status:**\_\_\_\_\_Completed Project \_\_\_\_\_Client voluntarily left early \_\_\_\_\_Client was 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 |
|  |
| **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

|  |
| --- |
| **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 |

 |
|  |
| **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 |
|  |
| **Safe 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 |
| **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 |
| **YHDP Project- Specific Questions – ANAWIM****While enrolled, has this participant accessed additional educational opportunities?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know **If yes, what kind of additional educational opportunities?**\_\_\_\_\_Financial Literacy \_\_\_\_\_Hi-Set \_\_\_\_\_Job Readiness Training \_\_\_\_\_Post-Secondary Education \_\_\_\_\_Vocational Training |
| **YHDP Project-Specific Questions – IHYC DROP-IN CENTER****Based upon IHYC’s assessment, does this client require additional physical, mental, or dental health referrals?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know **If yes, did this client receive a referral from IHYC?** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know **If the client received a referral, what services were sought by the client?** \_\_\_\_\_Physical Health \_\_\_\_\_Mental Health \_\_\_\_\_Dental Health**Has this client ever received a referral for BHIS services?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know **If the client received a referral to BHIS, did the client engage in these services?** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know**Is this client receiving ongoing individual or group mental health services?**\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know |
| **YHDP Project-Specific Questions – IHYC RRH****Has this client been connected to external providers to improve physical, mental, or dental health?** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Worker does not know |