**HMIS Iowa PC YHDP - Exit**

**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 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 | | | | | | | | | | | | | |