

# RHY Exit for ES/HP/TH(MGH)

Project Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

**Client** \_\_\_\_\_  
Name \_\_\_\_\_ Client ID \_\_\_\_\_

## Reason for Leaving

- Completed program
- Criminal activity / violence
- Death
- Disagreement with rules/persons
- Left for housing opp. before completing program
- Needs could not be met
- Non-compliance with program
- Non-payment of rent
- Other (specify): \_\_\_\_\_
- Reached maximum time allowed
- Unknown/disappeared

## Destination

### Homeless situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- 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 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 housing situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- 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 situations (if none of these options match, skip to "Other")

- 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 subsidy (*select subsidy type*)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV Voucher (tenant or project based)
- 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

### Other

- No exit interview completed
- Other (specify): \_\_\_\_\_
- Deceased
- Client doesn't know
- Client prefers not to answer

**ANSWER FOR ALL CLIENTS (only if changes occurred)**

**Disabilities**

**i** If one or more of the options below with an asterisk(\*) has been selected, the answer to “disabling condition” must be “yes.”  
 If none of the answers below with an asterisk(\*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

**Health Insurance**

**Covered by Health Insurance**     No     Yes     Client doesn't know     Client prefers not to answer

- Medicaid  No  Yes
- Medicare  No  Yes
- State Children's Health Insurance Program  No  Yes
- Veteran's Health Administration (VHA)  No  Yes
- Employer-Provided Health Insurance  No  Yes
- Health Insurance obtained through COBRA  No  Yes
- Private Pay Health Insurance  No  Yes
- State Health Insurance for Adults  No  Yes
- Indian Health Services Program  No  Yes
- Other (specify): \_\_\_\_\_  No  Yes

**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of health insurance changes.

**ANSWER FOR ADULTS AND HEAD OF HOUSEHOLD**

**Exit Information**

- 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 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

Client received counseling  No  Yes

If yes, identify type(s) of counseling received  Individual  Family  Group – including peer counseling

If yes, identify the number of sessions received by exit \_\_\_\_\_ (can range from 1 to 48+)

Total number of sessions planned in youth’s treatment or service plan \_\_\_\_\_ (can range from 1 to 48+)

A plan is in place to start or continue counseling after exit  No  Yes

Exit destination safe – as determined by client  No  Yes  Client doesn’t know  Client prefers not to answer

Exit destination safe – as determined by the project/caseworker  No  Yes  Worker does not know

Client has permanent positive adult connections outside of project  No  Yes  Worker does not know

Client has permanent positive peer connections outside of project  No  Yes  Worker does not know

Client has permanent positive community connections outside of project  No  Yes  Worker does not know

*Commercial Sexual Exploitation/Sex Trafficking*

Ever received anything in exchange for sex (e.g., money, food, drugs, shelter)?  No  Yes  Client doesn’t know  Client prefers not to answer

If yes for “ever received anything in exchange for sex,” has this occurred in the last three months?  No  Yes  Client doesn’t know  Client prefers not to answer

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 prefers not to answer

If yes for “ever received anything in exchange for sex,” ever made/persuaded/forced to have sex in exchange for something?  No  Yes  Client doesn’t know  Client prefers not to answer

If yes for “ever made/persuaded/forced to have sex in exchange for something,” in the last three months?  No  Yes  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?  No  Yes  Client doesn’t know  Client prefers not to answer

Ever promised work where work or payment was different than you expected?  No  Yes  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 job?  No  Yes  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?  No  Yes  Client doesn’t know  Client prefers not to answer

## Education & Employment Status

**Last Grade Completed**

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Grades 7-8
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Grade 12/High School Diploma	<input type="checkbox"/> School program does not have grade levels
<input type="checkbox"/> GED (incl. HiSET)	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	

**School Status**

<input type="checkbox"/> Attending School Regularly	<input type="checkbox"/> Attending School Irregularly	<input type="checkbox"/> Graduated High School
<input type="checkbox"/> Obtained GED (incl. HiSET)	<input type="checkbox"/> Dropped Out	<input type="checkbox"/> Suspended
<input type="checkbox"/> Expelled	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**Employed?**     No         Yes         Client doesn't know         Client prefers not to answer

**If yes, type of employment:**     Full-Time         Part-Time         Seasonal/Sporadic (including Day Labor)

**If no, why not employed:**     Looking for Work         Unable to Work         Not Looking for Work

## Health Status

**General Health Status**

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer			

**Dental Health Status**

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer			

**Mental Health Status**

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer			

## Non-Cash Benefits

**Non-Cash Benefits from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP)  
(Previously known as Food Stamps)     No     Yes

Special Supplemental Nutrition Program for  
Women, Infants and Children (WIC)     No     Yes

TANF Child Care services     No     Yes

TANF transportation services     No     Yes

Other TANF-funded services     No     Yes

Other (specify): \_\_\_\_\_     No     Yes

**i** HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of non-cash benefit changes.

**Monthly Income – required only for RHY Transitional Housing and Maternity Group Homes**

Income from Any Source  No  Yes  Client doesn't know  Client prefers not to answer

Total Monthly Income \$ \_\_\_\_\_

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____

**i** HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

**BE SURE TO LOG ANY RHY SPECIFIC SERVICES THAT WERE PROVIDED AT THE TIME OF EXIT!**