

HMIS Standard Exit Form for RHY projects

Effective 10/01/2021

Intake Date

		/			/		
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Entry Date

		/			/		
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ServicePoint

(HoH) ID:

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Project Name

--

HoH First Name

--

Middle

--

Last

--

Suffix

--

Alias

--

Full Name Reported

Partial, Street or Code Name

Client doesn't know

Client Refused

Social Security Number:

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Full SSN reported

Approx or Partial SSN

Client doesn't know

Client refused

Date of Birth:

		/			/		
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Full DOB reported

Approx or Partial DOB

Client doesn't know

Client refused

Race (Select all that apply)

American Indian, Alaska Native, or Indigenous

Black, African American, or African

Native Hawaiian or Pacific Islander

Asian

White

Client doesn't know

Client refused

Gender

Female

Male

A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

Transgender

Questioning

Client doesn't know

Client refused

Ethnicity

Non-Hispanic/Non-Latin(o)(a)(x)

Hispanic/Latin(a)(o)(x)

Client doesn't know

Client refused

Veteran Status

No

Yes

Relationship to Head of Household (Must be an adult)

Self (Head of Household)

HoH's child

HoH's spouse or partner

HoH's other relation member

Other: non-relation member

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Health Insurance	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client refused
Source:	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> 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: _____

Disability						
Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?						
<input type="checkbox"/> No <input type="checkbox"/> Yes (indicate type(s) below) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused						
	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____ .00
<input type="checkbox"/> Unemployment Insurance	\$ _____ .00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ .00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ .00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____ .00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____ .00
<input type="checkbox"/> Worker's Compensation	\$ _____ .00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____ .00
<input type="checkbox"/> General Assistance (GA)	\$ _____ .00
<input type="checkbox"/> Private disability Insurance	\$ _____ .00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____ .00
<input type="checkbox"/> Child Support	\$ _____ .00
<input type="checkbox"/> Alimony or other spousal support	\$ _____ .00
<input type="checkbox"/> Other source: _____	\$ _____ .00
Total Monthly Income: \$	

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Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	
<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 Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other: _____	

Education			
What is the highest level of school that you have completed?			
Less than Grade 5 <input type="checkbox"/>	Grade 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 <input type="checkbox"/>	Some college <input type="checkbox"/>
Associate 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 refused <input type="checkbox"/>		

School Status				
Attending School Regularly <input type="checkbox"/>	Attending School Irregularly <input type="checkbox"/>	Graduated High School <input type="checkbox"/>	Obtained GED <input type="checkbox"/>	Dropped Out <input type="checkbox"/>
Suspended <input type="checkbox"/>	Expelled <input type="checkbox"/>	Client doesn't know <input type="checkbox"/>	Client refused <input type="checkbox"/>	Data not collected <input type="checkbox"/>

Employment
Are you presently employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If employed, is this permanent, temporary or seasonal work?
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Data no collected
If No, why not Employed?
<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not Looking for work <input type="checkbox"/> Data no collected

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 refused <input type="checkbox"/> Data not collected
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 refused <input type="checkbox"/> Data not collected
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 refused <input type="checkbox"/> Data not collected

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Ever received anything in exchange for sex (e.g. money, food, drugs, or shelter)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected
If yes , for "received anything in exchange for sex", has this occurred in the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected
If yes , for "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 refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected
Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected
Ever promised work where work or payment was different than you expected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected
If yes , for either "Workplace violence threats" or "Workplace promise difference" Felt forced, pressured, or tricked into continuing the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected
If yes , for either "Workplace violence threats" or "Workplace promise difference" In the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected

Project Completion Status

- Completed project
- Youth voluntarily left early
- Youth was expelled or otherwise involuntarily discharged from project

If expelled or involuntarily discharged, 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

Counseling received by client
If yes to "Counseling received by client, "Identify the type of counseling received"

- Yes
- No
- Individual
- Family
- Group – Including peer counseling

Total number of sessions planned in youth's treatment or service plan

A plan is in place to start or continue counseling after exit

- Yes
- No

Exit destination safe – as determined by the client

- Yes
- No
- Client refused

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