

Santa Barbara County HMIS RHY Exit – ES & TH

HMIS # _____

CM Name: _____

Project Entry Date: ____/____/____

Project Exit Date

Project Exit Date (mm/dd/yyyy): ____/____/____

Client Name: _____

Destination

Institutional Setting

☐ 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 Situation

☐ Transitional housing for homeless persons (incl youth)☐ Residential project or halfway house, no homeless criteria☐ Hotel or motel paid for without emergency shelter voucher☐ Host Home (non-crisis)☐ Staying or living with family, temporary tenure☐ Staying or living with friends, temporary tenure☐ Moved from one HOPWA funded project to HOPWA TH☐ Staying/living in a friend's room, apartment, house☐ Staying/living in a family member's room apartment, house

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***☐ Owned by client, with ongoing housing subsidy☐ Owned by client, no ongoing housing subsidy

*If rental by client, with on-going housing subsidy, specify subsidy:

☐ GDP TIP housing subsidy☐ VASH housing subsidy☐ RRH or equivalent subsidy☐ HCV voucher (tenant or project based, not dedicated)☐ Public housing unit☐ Other permanent housing dedicated for formerly homeless persons☐ Rental by client, with other ongoing housing subsidy☐ Emergency Housing Voucher☐ Family Unification Program Voucher (FUP)☐ Foster Youth to Independent Initiative (FYI)☐ Permanent Supportive Housing

Other

☐ No exit interview completed☐ Other☐ Deceased☐ Client doesn't know☐ Client prefers not to answer☐ Data not collected

BCP Status**There should only be one BCP Status determination per project stay****Date RHY-BCP Status determined:** ____/____/____**Youth eligible for RHY services?** ☐ Yes ☐ No**If Yes, is Youth a runaway?**
☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If No, reason why services are not funded by a BCP grant?
☐ Out of age range ☐ Ward of the State (immediate reunification)
☐ Other ☐ Ward of the Criminal Justice System (immediate reunification)
Monthly Income – Cash Benefits**Income from any source? If Yes, total monthly income: \$**_____
☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Income source (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Alimony or other spousal income	\$	____/____/____
<input type="checkbox"/> Child Support	\$	____/____/____
<input type="checkbox"/> Earned Income	\$	____/____/____
<input type="checkbox"/> General Assistance	\$	____/____/____
<input type="checkbox"/> Other	\$	____/____/____
<input type="checkbox"/> Pension or retirement from another job	\$	____/____/____
<input type="checkbox"/> Private disability insurance	\$	____/____/____
<input type="checkbox"/> Retirement income from Social Security	\$	____/____/____
<input type="checkbox"/> SSDI	\$	____/____/____
<input type="checkbox"/> SSI	\$	____/____/____
<input type="checkbox"/> TANF	\$	____/____/____
<input type="checkbox"/> Unemployment Insurance	\$	____/____/____
<input type="checkbox"/> VA Non-Service connect disability pension	\$	____/____/____
<input type="checkbox"/> VA Service connected disability compensation	\$	____/____/____
<input type="checkbox"/> Worker's Compensation	\$	____/____/____

Non-Cash Benefits

Non-cash benefits from any source?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Type of Benefit (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Supplemental nutrition assistance program	\$	____/____/____
<input type="checkbox"/> Special supplement nutrition program for 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 Source	\$	____/____/____

If “Other Source”, specify: _____

Health Insurance

Covered by Health Insurance?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Type of Health Insurance	Date Received
<input type="checkbox"/> Employer provided health insurance	____/____/____
<input type="checkbox"/> Health insurance obtained through COBRA	____/____/____
<input type="checkbox"/> Indian Health Services program	____/____/____
<input type="checkbox"/> Medicare	____/____/____
<input type="checkbox"/> Medicaid	____/____/____
<input type="checkbox"/> Private pay health plan	____/____/____
<input type="checkbox"/> State children's health insurance program	____/____/____
<input type="checkbox"/> State health insurance for adults	____/____/____
<input type="checkbox"/> VA Medical Services	____/____/____
<input type="checkbox"/> Other Source	____/____/____

If “Other Source”, specify: _____

Disability

Does the client have a disabling condition?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Disability Type/Determination	Condition Long Term?	Disability Start Date
Alcohol Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Both Alcohol & Drug Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Developmental <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Substance Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Mental Health Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
Physical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____

Employment

Employment Status

Information date: ____/____/____ (date information was collected)

Employed? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Education

If Yes, Type of Employment	If No, Why Not Employed
<input type="checkbox"/> Full-time	<input type="checkbox"/> Looking for work
<input type="checkbox"/> Part-time	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Seasonal/sporadic (including day labor)	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected

Last Grade Completed:

<input type="checkbox"/> Less than grade 5	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> School does not have grades	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Some college	<input type="checkbox"/> Vocational certification	

School Status:

<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Suspended	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Graduated high school	<input type="checkbox"/> Expelled	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Obtained GED		

Health Status

General Health Status:

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

Dental Health Status:

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

Mental Health Status:

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

Pregnancy Status:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer	

If Pregnant, due date: ____/____/____:

Project Completion Status

Reason client left the project: ☐ 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:

<input type="checkbox"/> Criminal activity/destruction of property/violence	<input type="checkbox"/> Reached maximum allowed by project
<input type="checkbox"/> Non-compliance with project rules	<input type="checkbox"/> Project terminated
<input type="checkbox"/> Non-payment of rent/occupancy charge	<input type="checkbox"/> Unknown/Disappeared

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 ☐ Data not collected

If Yes for ever received anything for sex, how many times?

☐ 1-3 ☐ 4-7 ☐ 8-11 ☐ 12 or more ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for ever received anything for sex, ever made/persuaded/forced to have sex in exchange for something?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for ever received anything for sex, ever made/persuaded/forced to have sex in exchange for something in the past 3 months?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

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 ☐ Data not collected

Ever promised work where work or payment was different that you expected?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for either threats of violence or workplace promises-ever felt forced, coerced, pressured, or tricked into continuing the job?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes for either threats of violence or workplace promises-in the past 3 months?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Counseling

Client received counseling? ☐ 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: _____

Is a plan in place to start or continue counseling after exit: ☐ Yes ☐ No

Safe and Appropriate Exit

Exit destination safe-as determined by client?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Exit destination safe-as determined by the project/caseworker: ☐ Yes ☐ No ☐ Worker doesn't know

Client has permanent positive adult connections outside of project: ☐ Yes ☐ No ☐ Worker doesn't know

Client has permanent positive peer connections outside of project: ☐ Yes ☐ No ☐ Worker doesn't know

Client has permanent positive community connections outside of project: ☐ Yes ☐ No ☐ Worker doesn't know

Aftercare Plans

Date information was collected: ____/____/____

Aftercare was provided? ☐ Yes ☐ No ☐ Client prefers not to answer

If yes, identify the primary way it was provided:

☐ Via mail/social media ☐ Via telephone ☐ In-person: one-on-one ☐ In-person: group