

HMIS Data Collection for RHY Emergency Shelter/ Transitional Housing Projects - EXIT

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"

The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT EXIT DATE (e.g., 08/24/2014)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

CLIENT (name or other identifier)

DESTINATION

Which of the following *most closely matches* where the client will be staying right after leaving this project?

<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance abuse treatment facility or detox center
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Rental by client in a public housing unit
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Staying or living with friends, temporary tenure (e.g., room apartment or house)	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy

- | | |
|---|--|
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Other | <input type="checkbox"/> Deceased |
-
- | | |
|--|--|
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> No exit interview collected |

PROJECT COMPLETION STATUS

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



**[IF YOUTH 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

RHY BCP STATUS

COMPLETE RHY-BCP STATUS DETERMINATION ONLY ONCE, WHEN THE STATUS DETERMINATION HAS OCCURRED. THERE SHOULD ONLY BE ONE RHY-BCP STATUS DETERMINATION PER PROJECT STAY.

Date RHY-BCP Status Determined __/__/__

Youth Eligible for RHY Services

- No Yes



[IF YES} IS CLIENT A RUNAWAY YOUTH?

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |



[IF NO} Reason Why Services are Not Funded by a BCP Grant?

- | | |
|--|--|
| <input type="checkbox"/> Out of age range | <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification |
| <input type="checkbox"/> Ward of the State – Immediate Reunification | <input type="checkbox"/> Other |

DISABLING CONDITION

Record whether the client has a disabling condition based on one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 1. Is expected to be long-continuing or of indefinite duration;
 2. Substantially impedes the individual's ability to live independently; and
 3. Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

If the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

Does the client currently have a disabling condition?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

[IF YES] Answer 'Yes' or 'No' for each condition.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES for chronic health condition] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

MENTAL HEALTH DISORDER

Does the client currently have a mental health disorder?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES for mental health disorder] Is the mental health disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

SUBSTANCE ABUSE DISORDER

Does the client currently have a substance abuse disorder?

No

Alcohol abuse

Drug abuse

Both alcohol and drug abuse

Client doesn't know

Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Private disability insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Worker's Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Child support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0

	Yes	<input type="checkbox"/>	\$. 0 0
Other source	No	<input type="checkbox"/>					
If yes, specify source: _____	Yes	<input type="checkbox"/>	\$. 0 0
Total monthly income from all sources			\$. 0 0

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

Does the client have any non-cash benefits from any source?

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



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP, CalFresh)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Cash Benefit (source: _____)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH INSURANCE

Covered by Health Insurance

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



[IF YES] Answer 'Yes' or 'No' for each health insurance source. Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Type of health insurance
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID

<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

RHY SPECIFIC YOUTH INFORMATION

LAST GRADE COMPLETED AND SCHOOL STATUS

Indicate if the client is currently enrolled in an education or training program or working toward a degree at the time of assessment. Indicate if the client has completed vocational training or received an apprenticeship. Select highest grade completed. If the client has completed a high school diploma or above, select the secondary education degree(s) the client has earned.

Last grade completed

<input type="checkbox"/>	Less than Grade 5	<input type="checkbox"/>	Some college
<input type="checkbox"/>	Grades 5-6	<input type="checkbox"/>	Associates degree
<input type="checkbox"/>	Grades 7-8	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Grades 9-11	<input type="checkbox"/>	Graduate degree
<input type="checkbox"/>	Grade 12/ High School Diploma	<input type="checkbox"/>	Vocational certification
<input type="checkbox"/>	GED	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	School program does not have grade levels	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

School Status

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

EMPLOYMENT STATUS

Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

Employed

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[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

General Health Status

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client doesn't know
- Client refused
- Data not collected

Dental Health Status

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client doesn't know
- Client refused
- Data not collected

Mental Health Status

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client doesn't know
- Client refused
- Data not collected

**PREGNANCY STATUS
(ALL CLIENTS)**

- No

- Client doesn't know

Yes

Client refused

Data not collected

If yes, Due Date

		/			/				
Month			Day			Year			

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

COMMERCIAL SEXUAL EXPLOITATION

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)

No
 Yes

Client doesn't know
 Client refused
 Data not collected



[IF YES to Commercial Sexual Exploitation] In the last three months

No
 Yes

Client doesn't know
 Client refused
 Data not collected



How many times?

1-3
 4-7
 8-11

12 or more
 Client refused
 Client doesn't know
 Data not collected



Ever made/persuaded/forced to have sex in exchange for something

No
 Yes

Client doesn't know
 Client refused



[IF YES] In the last three months

No
 Yes

Client doesn't know
 Client refused

COMMERCIAL LABOR EXPLOITATION

Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends

No
 Yes

Client doesn't know
 Client refused

Data not collected

Ever promised work where work or payment different than you expected?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES] For either "Workplace Violence Threats" OR "Workplace Promise Actual Difference" Felt forced, pressured or tricked into continuing the job

No

Yes

Client doesn't know

Client refused

Data not collected



In the last three months?

No

Yes

Client doesn't know

Client refused

Data not collected

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

COUNSELING

Counseling received by client

No

Yes



[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 youth's treatment or service plan

--	--

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

- No
- Yes

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

Safe and Appropriate Exit

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