RHY/YHDP Exit Enrollment **Client ID #: _____**

Head of Household Name: _____

Date Client Exited Project: _____

Destination:

_____Place not meant for habitation
_____Emergency shelter, including hotel or motel paid for with emergency shelter voucher
_____Safe Haven
_____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
_____ 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 friends, temporary tenure, (e.g., room, apartment, or house)
_____Staying or living in a family, temporary tenure (e.g., room, apartment or, house)
_____Staying or living with family, permanent tenure
_____Staying or living with friends, permanent tenure
_____Moved from one HOPWA funded project to HOPWA PH
_____ Moved from one HOPWA funded project to HOPWA TH
_____Rental by client, with GPD TIP housing subsidy
_____Rental by client, with VASH housing subsidy
_____Permanent housing (other than RRH) for formerly homeless persons
_____Rental by client, with RRH or equivalent subsidy
_____Rental by client, with HCV voucher (tenant or project based)
_____Rental by client is a public housing unit
_____Rental by client, no ongoing housing subsidy
_____Rental by client, with other ongoing housing subsidy
_____Owned by client, with ongoing housing subsidy
_____Owned by client, no ongoing housing subsidy
_____Not exit interview completed
_____ Other
_____Deceased
_____Client doesn't know
_____Client prefers not to answer
_____Data not collected

Project Completion Status

_____ Completed Project _____Youth voluntarily left early

_____Youth was expelled or otherwise involuntarily discharged from project

Major Reason (Involuntary)

_____Criminal activity/destination 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

Runaway Youth: _____No _____Yes

Disability Information: ***Answer for all household members (Adults and Children)***

Does client have a disability of long duration?

_____Yes _____No _____Client doesn't know _____Client prefers not to answer _____Data not collected

Circle below for each disability type: Y=Y N=No DK=Doesn't Know P=Prefers not to answer NC=Not collected

Disability Type	Disability Determination (Has disability)	IF YES:	Expected to be of long continued and indefinite duration and substantially impairs ability to live independently and of such a nature that such ability could be improved by more suitable housing conditions.
Alcohol use disorder	Y N DK P NC		Y N DK P NC
Drug use disorder	Y N DK P NC		Y N DK P NC
Both alcohol and drug use disorder	Y N DK P NC		Y N DK P NC
Chronic health condition	Y N DK P NC		Y N DK P NC
Developmental disability	Y N DK P NC		N/A
Mental health disorder	Y N DK P NC		Y N DK P NC
Physical disability	Y N DK P NC		Y N DK P NC
HIV/AIDS	Y N DK P NC		N/A

Monthly Income Information: ***Answer for all Adults in household (18 years and older)***

Does client have an Income from Any Source?

_____Yes _____No _____Client doesn't know _____Client prefers not to answer _____Data not collected

Receives Monthly Income Sources:	**Monthly $**	**Yes**	**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 Income (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service-connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				

Non-Cash Benefits Information: ***Answer for all Adults in household (18 years and older)***

Does client have Non-Cash Benefits from Any Source?

_____Yes _____No _____Client doesn't know _____Client prefers not to answer _____Data not collected

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			
Other (specify):			

Health Insurance Information: ***Answer for all household members (Adults and Children)***

Covered by Health Insurance?

_____Yes _____No _____Client doesn't know _____Client prefers not to answer _____Data not collected

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Health insurance through COBRA		
MEDICARE			Private pay health insurance		
State children's health insurance			State health insurance for adults		
Veteran's Health Administration (VHA)			Indian Health Services Program		

RHY Specific Youth Information

Last Grade Completed

_____Less than Grade 5 _____Grades 5-6 _____Grades 7-8 _____Grades 9-11

_____Grade 12 _____School program does not have grade levels _____GED _____Some college

_____Associates degree _____Bachelor's degree _____Graduate degree _____Vocational certification

_____ Client Doesn't Know _____ Client Refused _____ Data not collected

School Status

_____Attending school regularly _____Attending school irregularly _____Graduated from high school

_____Obtained GED _____Dropped Out _____Suspended _____Expelled _____Client doesn't know

_____Client refused _____Data not collected

Employed

_____ No _____Yes _____Client doesn't know _____Client refused _____ Data not collected

Type of Employment

_____Full time _____Part time _____Seasonal/Sporadic (including day labor)

Why Not Employed

_____Looking for work _____Unable to work _____Not looking for work

General Health Status

_____Excellent _____Very Good _____Fair _____Poor _____Client doesn't know _____Client refused _____Data not collected

Dental Health Status

_____Excellent _____Very Good _____Fair _____Poor _____Client doesn't know _____Client refused _____Data not collected

Mental Health Status

_____Excellent _____Very Good _____Fair _____Poor _____Client doesn't know _____Client refused _____Data not collected

Pregnancy Status

_____No _____Yes _____Client doesn't know _____Client refused _____Data not collected

Due Date: _____/_____/_____

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

In the last three months?

_____ Yes _____No _____Client doesn't know _____ Client prefers not to answer _____ Data not collected

How many times?

_____ 1-3 _____4-7 _____8-11 _____12 or more

_____Client doesn't know _____ Client prefers not to answer _____ Data not collected

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

In the last three months?

_____ Yes _____No _____Client doesn't know _____ Client prefers not to answer _____ Data not collected

Youth Education Status ***(YHDP Programs ONLY)***

Current Enrollment and attendance

_____ Not currently enrolled in any school or educational course
_____Currently enrolled but NOT attending regularly (when school or the course is in session)
_____Currently enrolled and attending regularly (when school or course is in session)
_____Client doesn't know
_____Client prefers not to answer
_____Data not collected

Most recent Education Status

_____ K:12 Graduated from high school
_____K:12 Obtained GED
_____K:12 Dropped Out
_____K:12 Suspended
_____K:12 Expelled
_____Higher Education: Pursuing a credential but not currently attending
_____Higher Education: Dropped out
_____Higher Education: Obtained a credential/degree
_____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 than you expected?

_____ Yes _____No _____Client doesn't know _____ Client prefers not to answer _____ Data not collected

Felt forced, coerced, pressured, or tricked into continuing the job?

_____ Yes _____No _____Client doesn't know _____ Client prefers not to answer _____ Data not collected

In the last three months?

_____ Yes _____No _____Client doesn't know _____ Client prefers not to answer _____ Data not collected

Counseling

Counseling received by client?

_____Yes _____No

Identify the types of counseling received:

_____Individual _____Family _____Group – including peer counseling

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 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