|  |  |
| --- | --- |
| **Exit Date** | **ServicePoint**  **(HoH) ID:** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Project Name**   |  | | --- | |  | | | | |
| **Head of Household Name**   |  | | --- | |  |   first middle last suffix | | | **SSN Last four digits**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |

**If Partial Household Exit (if the whole household is existing, skip to Destination)**

|  |  |
| --- | --- |
| **Name of Client(s) Exiting** | **Client ID** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for Leaving** | | | | |
| Completed Program | Completed Step | Criminal activity/violence | 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 | Reached maximum time allowed |
| Unknown/Disappeared |  | | | |

**RHY Exit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Destination (Where will you stay tonight?)** | | | |
| **Homeless Situation** | **Institutional Situation** | **Transitional/Permanent Housing Situation** | **Other** |
| Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  Emergency shelter, including hotel/motel voucher paid for with ES, or RHY funded host home shelter  Safe Haven | Foster care home or foster 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 in a friend’s - temporary  Staying or living with family – temporary  Staying or living with family – permanent  Staying or living in a friend’s – permanent  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 in 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 | Client doesn’t know  Client refused  Deceased |

**Any Adult in the Household currently receiving income?**  **Yes** *(identify below)* **No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Recipient(s)** | **Source** | **Amount** | **Recipient(s)** |
| Alimony or other spousal support | $ |  | Social Security Income (SSI) | $ |  |
| Cash assistance/TANF | $ |  | Social Sec Disability Income (SSDI) | $ |  |
| Child Support | $ |  | Unemployment | $ |  |
| Earned Income | $ |  | VA Service Connected Disability | $ |  |
| Pension from a former job | $ |  | Veteran’s Pension | $ |  |
| Retirement from Social Security | $ |  | Worker’s Compensation | $ |  |
| Private Disability Insurance | $ |  | General Assistance | $ |  |
| Other Sources?  Source \_\_\_\_\_\_\_\_\_ | $ |  | Other Sources?  Source \_\_\_\_\_\_\_\_\_ | $ |  |
| **Total Monthly Income**  **(record separately for each adult)** | **$** |  | **Total Monthly Income**  **(record separately for each adult)** | **$** |  |

**Any adult in the Household currently receiving Non-Cash Benefits?**  **Yes**  **No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Recipient(s)** | **Source** | **Recipient(s)** |
| Supplemental Nutrition Assistance Program (SNAP/CalFresh) |  | Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) |  |  | |
| TANF transportation services |  |
| Other TANF-funded services |  |

**Is anyone in the Household receiving Health Insurance?**  **Yes**  **No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Recipient(s)** | **Source** | **Recipient(s)** |
| Medicaid |  | Employer-provided Health Insurance |  |
| Medicare |  | Health insurance obtained through COBRA |  |
| State Children’s Health Insurance Program (SCHIP) |  | Private Pay Health Insurance |  |
| Veteran’s Administration (VA) Medical Services |  | State Health Insurance for Adults |  |
| Indian Health Services Program |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Disability Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Condition** | **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:** | **Expected to substantially impair ability to live independently:** |
|  | Physical  Drug Abuse  Mental Health  Developmental  Alcohol  HIV/AIDS  Chronic Health Condition | Yes  No | Yes  No |
|  | Physical  Drug Abuse  Mental Health  Developmental  Alcohol  HIV/AIDS  Chronic Health Condition | Yes  No | Yes  No |
|  | Physical  Drug Abuse  Mental Health  Developmental  Alcohol  HIV/AIDS  Chronic Health Condition | Yes  No | Yes  No |
|  | Physical  Drug Abuse  Mental Health  Developmental  Alcohol  HIV/AIDS  Chronic Health Condition | Yes  No | Yes  No |
|  | Physical  Drug Abuse  Mental Health  Developmental  Alcohol  HIV/AIDS  Chronic Health Condition | Yes  No | Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | | | | |
| **What is the highest level of school that you have completed?**   |  |  |  |  | | --- | --- | --- | --- | | Less than Grade 5 | Grade 5-6 | Grades 7-8 | Grades 9-11 | | Grade 12/High School Diploma | School program does not have grade levels | GED | Some college | | Associate degree | Bachelor’s degree | Graduate degree | Vocational certification | | Client doesn’t know | Client refused |  |  | |  |  |  |  | | | | | |
| **School Status** | | | | |
| Attending School Regularly | Attending School Regularly | Graduated High School | Obtained GED | Dropped Out |
| Suspended | Expelled | Client doesn’t know | Client refused | Data not collected |

|  |
| --- |
| **Employment** |
| Are you presently employed?  Yes  No  Client doesn’t know  Client refused |
| If employed, is this permanent, temporary or seasonal work?  Full-time  Part-time  Seasonal/Sporadic (including day labor)  Client doesn’t know  Client refused |
| If No, why not Employed?  Looking for work  Unable to work  Not Looking for work  Data no collected |

|  |  |
| --- | --- |
| **Health Status** | |
| **General Health Status** | Excellent  Poor  Very good  Client doesn’t know  Good  Client refused  Fair  Data not collected |
| **Dental Health Status** | Excellent  Poor  Very good  Client doesn’t know  Good  Client refused  Fair  Data not collected |
| **Mental Health Status** | Excellent  Poor  Very good  Client doesn’t know  Good  Client refused  Fair  Data not collected |

|  |  |
| --- | --- |
| Ever received anything in exchange for sex (e.g. money, food, drugs, or shelter)? | Yes  No  Client refused  Client doesn’t know  Data not collected |
| If **yes**, for “received anything in exchange for sex”, has this occurred in the last three months? | Yes  No  Client refused  Client doesn’t know  Data not collected |
| If **yes**, for “received anything in exchange for sex”, How many times? | 1 - 3  4 - 7  8 – 11  12 or more  Client refused  Client doesn’t know  Data not collected |
| Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends? | Yes  No  Client refused  Client doesn’t know  Data not collected |
| Ever promised work where work or payment was different than you expected? | Yes  No  Client refused  Client doesn’t know  Data not collected |
| If **yes**, for either “Workplace violence threats” or “Workplace promise difference” Felt forced, pressured, or tricked into continuing the job? | Yes  No  Client refused  Client doesn’t know  Data not collected |
| If **yes**, for either “Workplace violence threats” or “Workplace promise difference” In the last three months? | Yes  No  Client refused  Client doesn’t know  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 | Yes  No |
| If yes to “Counseling received by client, “Identify the type of counseling received | 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  Client doesn’t know  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 |

**RHY Exit**