Youth Homelessness Demonstration Project Exit Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

Agency Name:_____

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER:_____

PROJECT EXIT DATE *[All Clients]*

		•		•			

  Month   Day   Year

DESTINATION *[All Clients]*

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

○	Transitional housing for homeless persons (including homeless youth)	○	Owned by client, no ongoing housing subsidy
○	Host Home (non-crisis)	○	No exit interview completed
		○	Other
○	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	*If Other, please specify:*	
		○	Deceased
○	Staying or living with family, temporary tenure (e.g., room, apartment or house)	○	Client doesn't know
○	Staying or living with friends, permanent tenure	○	Client Refused
○	Staying or living with family, permanent tenure	○	Data not collected

PROJECT COMPLETION STATUS *[Adults and Head of Households: All RHY Components except Street Outreach and BCP Prevention]*

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

If youth was expelled or otherwise involuntarily discharged – Major reason

○	Criminal activity/destruction of property/violence	○	Reached max times allowed by project
○	Non•compliance with project rules	○	Project terminated
○	Non•payment of rent/occupancy charge	○	Unknown/disappeared

Disabling Conditions and Barriers

PHYSICAL DISABILITY *[All Clients]*

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

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

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

CHRONIC HEALTH CONDITION *[All Clients]*

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

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

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

IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

○	No	○	Both alcohol and drug use disorders
○	Alcohol use disorder	○	Client doesn't know
		○	Client refused
○	Drug use disorder	○	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

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

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

	Income Source	Amount		Income Source	Amount
○	Earned Income		○	Temporary Assistance for Needy Families (TANF)	
○	Unemployment Insurance		○	General Assistance (GA)	
○	Supplemental Security Income (SSI)		○	Retirement income from Social Security	

○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from a former job
○	VA Service-Connected Disability Compensation		○	Child support
○	VA Non-Service-Connected Disability Pension		○	Alimony and other spousal Support
○	Private Disability Insurance		○	Other income source
○	Worker's Compensation			*(specify):*
Total Monthly Income for Individual:				

RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

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

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

○	Supplemental Nutrition Assistance Program (SNAP)	○	TANF Child Care Services
○	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	○	TANF Transportation Services
○	Other (specify):	○	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

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

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

○	MEDICAID	○	Employer Provided Health Insurance
○	MEDICARE	○	Insurance Obtained through COBRA
○	State Children's Health Insurance (SCHIP)	○	Private Pay Health Insurance
○	Veterans Administration (VA) Medical Services	○	State Health Insurance for Adults
○	Other (specify)	○	Indian Health Services Program

SCHOOL STATUS [*Adults and Head of Households, All program types except Street Outreach*]

○	Attending school regularly	○	Suspended
○	Attending school irregularly	○	Expelled
○	Graduated from high school	○	Client doesn't know
○	Obtained GED	○	Client refused
○	Dropped out	○	Data not collected

GENERAL HEALTH STATUS [*Adults and Head of Households, All program types except Street Outreach*]

○	Excellent	○	Poor

○	Very good	○	Client doesn't know
○	Good	○	Client refused
○	Fair	○	Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

○	Excellent	○	Poor
○	Very good	○	Client doesn't know
○	Good	○	Client refused
○	Fair	○	Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

○	Excellent	○	Poor
○	Very good	○	Client doesn't know
○	Good	○	Client refused
○	Fair	○	Data not collected

PREGNANCY STATUS *[Adults and Head of Households]*

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

If "Yes" for Pregnancy Status

Due Date:

SAFE AND APPROPRIATE EXIT

Exit destination safe – as determined by the **client**

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

Exit destination safe – as determined by the **project/caseworker**

○	No	○	Worker Doesn't Know
○	Yes		

Client has permanent **positive adult connections** outside of project

○	No	○	Worker Doesn't Know
○	Yes		

Client has permanent **positive peer connections** outside of project

o	No	o	Worker Doesn't Know
o	Yes		

Client has permanent **positive community connections** outside of project

o	No	o	Worker Doesn't Know
o	Yes		

YOUTH EDUCATION STATUS

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE

o	Not currently enrolled in any school or educational course	o	Client refused
o	Currently enrolled but NOT attending regularly (when school or the course is in session)	o	Data not collected
o	Currently enrolled and attending regularly (when school or the course is in session)		
o	Client doesn't know		

MOST RECENT EDUCATIONAL STATUS

o	K12: Graduated from high school	o	Higher Education: Dropped out
o	K12: Obtained GED	o	Higher Education: Obtained a credential/degree
o	K12: Dropped out	o	Client doesn't know
o	K12: Suspended	o	Client refused
o	K12: Expelled	o	Data not collected
o	Higher Education: Pursuing a credential but not currently attending		

CURRENT EDUCATIONAL STATUS

o	K12: Graduated from high school	o	Higher Education: Dropped out
o	K12: Obtained GED	o	Higher Education: Obtained a credential/degree
o	K12: Dropped out	o	Client doesn't know
o	K12: Suspended	o	Client refused
o	K12: Expelled	o	Data not collected
o	Higher Education: Pursuing a credential but not currently attending		

CONTACT INFORMATION *[Optional - can be entered in Contact Tab]*

Phone Number				•				•					
Email													

Current Address (if applicable)														
Street														
City														
State								Zip Code						

_____

Signature of applicant stating all information is true and correct   Date