

Youth Homelessness Demonstration Project Exit Form

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

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]*

<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 TH
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="checkbox"/>	Staying or living with family, permanent tenure
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Staying or living with friends, permanent tenure
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Jail, prison or juvenile detention facility	<input type="checkbox"/>	Rental by client, with ongoing housing subsidy
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Owned by client, with on-going housing subsidy
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Owned by client, no on-going housing subsidy
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	No exit interview completed
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Other
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Staying or living in a family member's room, apartment or house		
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="checkbox"/>	GPD TIP housing subsidy	<input type="checkbox"/>	Emergency Housing Voucher
<input type="checkbox"/>	VASH Housing subsidy	<input type="checkbox"/>	Family Unification Program Voucher (FUP)
<input type="checkbox"/>	RRH or equivalent subsidy	<input type="checkbox"/>	Foster Youth to Independence Initiative (FYI)
<input type="checkbox"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="checkbox"/>	Permanent Supportive Housing

<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

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

<input type="radio"/>	Completed project	<input type="radio"/>	Youth was expelled or otherwise involuntarily discharged from project
<input type="radio"/>	Youth voluntarily left early		

If youth was expelled or otherwise involuntarily discharged – Major reason

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

Disabling Conditions and Barriers

PHYSICAL DISABILITY *[All Clients]*

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

DEVELOPMENTAL DISABILITY *[All Clients]*

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

CHRONIC HEALTH CONDITION *[All Clients]*

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

0	No	0	Both alcohol and drug use disorders	
0	Alcohol use disorder	0	Client doesn't know	
		0	Client prefers not to answer	
0	Drug use disorder	0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

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

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)	

0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job	
0	VA Service-Connected Disability Compensation		0	Child support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support	
0	Private Disability Insurance		0	Other income source	
0	Worker's Compensation			(specify):	
Total Monthly Income for Individual:					

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veterans Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

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

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

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

0	Excellent	0	Poor
---	-----------	---	------

0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

PREGNANCY STATUS *[Adults and Head of Households]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

If "Yes" for Pregnancy Status

Due Date:

SAFE AND APPROPRIATE EXIT

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

0	No	0	Client doesn't know	0	Data not collected
0	Yes	0	Client prefers not to answer		

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

0	No	0	Worker Doesn't Know
0	Yes		

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

0	No	0	Worker Doesn't Know
0	Yes		

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

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

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

<input type="radio"/>	No	<input type="radio"/>	Worker Doesn't Know
<input type="radio"/>	Yes		

YOUTH EDUCATION STATUS

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)		
<input type="radio"/>	Client doesn't know		

MOST RECENT EDUCATIONAL STATUS

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

CURRENT EDUCATIONAL STATUS

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

REASON FOR LEAVING

<input type="radio"/>	Left for housing opportunity before completing program	<input type="radio"/>	Reached Maximum time allowed by program
<input type="radio"/>	Completed Program	<input type="radio"/>	Needs could not be met by program
<input type="radio"/>	Non-payment of rent/occupancy	<input type="radio"/>	Disagreement with rules/persons
<input type="radio"/>	Criminal Activity/destruction of property/violence	<input type="radio"/>	Death
<input type="radio"/>	Unknown/Disappeared	<input type="radio"/>	Other

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

