

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="checkbox"/>	Public Housing Unit	<input type="checkbox"/>	Other permanent housing dedicated for formerly homeless persons

0	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]*

0	Completed project	0	Youth was expelled or otherwise involuntarily discharged from project
0	Youth voluntarily left early		

If youth was expelled or otherwise involuntarily discharged – Major reason

0	Criminal activity/destruction of property/violence	0	Reached max times allowed by project
0	Non-compliance with project rules	0	Project terminated
0	Non-payment of rent/occupancy charge	0	Unknown/disappeared

Disabling Conditions and Barriers

PHYSICAL DISABILITY *[All Clients]*

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

DEVELOPMENTAL DISABILITY *[All Clients]*

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

			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 prefers not to answer
			Data not collected

SUBSTANCE USE DISORDER [All Clients]

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

INCOME FROM ANY SOURCE [Head of Household and Adults]

	No		Client doesn't know
	Yes		Client prefers not to answer
			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 prefers not to answer

			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 prefers not to answer
			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 Health Administration (VHA)		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 prefers not to answer
	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 prefers not to answer
	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 prefers not to answer
	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 prefers not to answer
	Fair		Data not collected

PREGNANCY STATUS [Adults and Head of Households]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
If "Yes" for Pregnancy Status			
Due Date:			

SAFE AND APPROPRIATE EXIT

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

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

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

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

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

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

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

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

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

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