

HMIS Data Collection for Project EXIT

This form can be used by all RHY BCP-ES projects. This is for collecting data at client exit.

Section I: Exit Information

NAME

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

CLIENT ID

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PROJECT UPDATE DATE (Month / Day / Year)

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DESTINATION - [ALL CLIENTS] - [ALL PROJECTS]

Which of the following most closely matches where the client will be staying right after leaving this project?

Homeless Situations			
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Safe Haven
		<input type="checkbox"/>	Place not meant for habitation
Other			
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	No exit interview completed	<input type="checkbox"/>	Other
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance abuse treatment facility or detox center
Transitional and Permanent Housing Situations			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living with family, permanent tenure
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living with friend, temporary tenure (e.g. room, apartment, or house)

<input type="checkbox"/>	Staying or living with friend, permanent tenure	<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit

REASON FOR LEAVING - [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Completed Program	<input type="checkbox"/>	Criminal Activity/Destruction of Property/Violence
<input type="checkbox"/>	Death	<input type="checkbox"/>	Disagreement with Rules/Persons
<input type="checkbox"/>	Diverted from Homeless Services	<input type="checkbox"/>	Other: Specify _____
<input type="checkbox"/>	Needs Could Not be Met by Program	<input type="checkbox"/>	Non-Compliance with Program
<input type="checkbox"/>	Non-Payment of Rent/Occupancy Charge	<input type="checkbox"/>	Reached Maximum Time Allowed by Program
<input type="checkbox"/>	Unknown/Disappeared	<input type="checkbox"/>	Left for a Housing Opportunity before Completing Program

INCOME FROM ANY SOURCE – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Is the client receiving income from any source at this time?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of income type.**

No	Yes	Source of income	If yes, monthly amount from source (round to nearest dollar)
<input type="checkbox"/>	<input type="checkbox"/>	Earned income (i.e., employment income)	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	
<input type="checkbox"/>	<input type="checkbox"/>	Private disability insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	<input type="checkbox"/>	Pension or retirement income from a former job	

<input type="checkbox"/>	<input type="checkbox"/>	Child support	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	<input type="checkbox"/>	Other source If yes, specify source: _____	
Total monthly income from all sources			

****What is the sum of this client's regular, recurrent monthly income? Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).**

- Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and ARE NOT considered monthly income.
- Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and ARE NOT recorded in HMIS.

NON-CASH BENEFITS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of non-cash benefit.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Other source – Specify: _____

HEALTH INSURANCE - [ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]

Is the client currently covered by health Insurance?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of health insurance.

- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client doesn't know
- Client refused
- Data not collected

Yes	No	If No, Reason	Source
<input type="checkbox"/>	<input type="checkbox"/>		Medicaid
<input type="checkbox"/>	<input type="checkbox"/>		Medicare

<input type="checkbox"/>	<input type="checkbox"/>		State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>		Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>		Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>		Other If Yes, specify source: _____

DISABILITIES - [ALL CLIENTS] - [ALL PROJECTS]

CDK = Client Doesn't Know
 CR = Client Refused
 DNK = Data Not Collected

Disability Type	No	Yes	CDK	CR	DNC
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOMESTIC VIOLENCE - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Mark YES if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF YES, When did the experience occur?

<input type="checkbox"/>	Within the past three months	<input type="checkbox"/>	One year ago or more
<input type="checkbox"/>	Three to six months ago (excluding six months exactly)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Six months to one year ago (excluding one year exactly)	<input type="checkbox"/>	Client refused

IF YES, Is the client currently fleeing?

Mark YES if the person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

HIGHEST LEVEL OF EDUCATION ATTAINED - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

<input type="checkbox"/>	No Schooling Completed	<input type="checkbox"/>	Nursery School to 4 th Grade
<input type="checkbox"/>	5 th or 6 th Grade	<input type="checkbox"/>	7 th or 8 th Grade
<input type="checkbox"/>	9 th Grade	<input type="checkbox"/>	10 th Grade
<input type="checkbox"/>	11 th Grade	<input type="checkbox"/>	12 th Grade, No Diploma
<input type="checkbox"/>	High School Diploma	<input type="checkbox"/>	GED
<input type="checkbox"/>	Post-Secondary School	<input type="checkbox"/>	Associates Degree
<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Doctorate's Degree	<input type="checkbox"/>	Other Graduate/Professional Degree
<input type="checkbox"/>	Cert. of advanced learning or skilled artisan	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Client Refused	<input type="checkbox"/>	Data Not Collected

Section II: RHY Exit Data Elements

PREGNANT? – [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

Is the client pregnant? Update this field on an interim assessment if a client becomes pregnant during their program stay.

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

IF YES – PROJECTED BIRTH DATE (Month / Day / Year)

Where the exact date is not known, default to January, the first day of the month, and the current year for any part of the due date not known.

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LAST GRADE COMPLETED - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

<input type="checkbox"/>	Less than grade 5	<input type="checkbox"/>	Grades 5 – 6
<input type="checkbox"/>	Grades 7 – 8	<input type="checkbox"/>	Grades 9 – 11
<input type="checkbox"/>	Grade 12 / High School Diploma	<input type="checkbox"/>	School Program does not have grade levels
<input type="checkbox"/>	GED	<input type="checkbox"/>	Some College
<input type="checkbox"/>	Associates Degree	<input type="checkbox"/>	Bachelor’s Degree
<input type="checkbox"/>	Graduate Degree	<input type="checkbox"/>	Vocational Certification
<input type="checkbox"/>	Client doesn’t know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

SCHOOL STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

Select how regularly the client is attending school. If the client’s school is not in session, answer this field as it pertains to prior school year.

<input type="checkbox"/>	Attending school regularly	<input type="checkbox"/>	Attending school irregularly
<input type="checkbox"/>	Graduated High School	<input type="checkbox"/>	Obtained GED
<input type="checkbox"/>	Dropped Out	<input type="checkbox"/>	Suspended
<input type="checkbox"/>	Expelled	<input type="checkbox"/>	Client doesn’t know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

EMPLOYED? - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn’t know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

IF YES, TYPE OF EMPLOYMENT

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Seasonal/Sporadic (including day labor)	<input type="checkbox"/>	Data not collected

IF NO, WHY NOT EMPLOYED

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work
<input type="checkbox"/>	Not looking for work	<input type="checkbox"/>	Data not collected

GENERAL HEALTH STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

Ask the youth to identify their general health status.

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor	<input type="checkbox"/>	Client doesn’t know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

DENTAL HEALTH STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

Ask the youth to identify their dental health status.

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

MENTAL HEALTH STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

Ask the youth to identify their mental health status.

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

EVER RECEIVED SOMETHING IN EXCHANGE FOR SEX (E.G. MONEY, FOOD, DRUGS, SHELTER) - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

RHY Preferred Wording: "Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?"

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

IF YES FOR EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX, IN THE PAST 3 MONTHS?

RHY Preferred Wording: "Has it been in the past three months?"

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

IF YES FOR EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX, HOW MANY TIMES?

RHY Preferred Wording: "How many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?"

<input type="checkbox"/>	1 – 3	<input type="checkbox"/>	4 – 7
<input type="checkbox"/>	8 – 11	<input type="checkbox"/>	12 or more
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

IF YES FOR EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX, EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING?

RHY Preferred Wording: "Did someone ever make you or persuade you to have sex with anyone else in exchange for something, such as money, food, drugs or shelter?"

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused

<input type="checkbox"/>	Data not collected
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IF YES FOR EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING, IN THE PAST 3 MONTHS?

RHY Preferred Wording: "Has it been in the past three months?"

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

EVER AFRAID TO QUIT/LEAVE WORK DUE TO THREATS OF VIOLENCE TO YOURSELF, FAMILY, OR FRIENDS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

RHY Preferred Wording: "Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?"

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

EVER PROMISED WORK WHERE WORK OR PAYMENT WAS DIFFERENT THAN YOU EXPECTED - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

RHY Preferred Wording: "Have you ever been promised work where the work or payment ended up being different from what you expected?"

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

IF YES FOR EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE", FELT FORCED, COERCED, PRESURED, OR TRICKED INTO CONTINUING?

RHY Preferred Wording: "Did you feel forced, pressured or tricked into continuing this job?"

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

IF YES FOR EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE", IN THE PAST 3 MONTHS?

RHY Preferred Wording: "Have you had any jobs like these in the last 3 months?"

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

PROJECT COMPLETION STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

To identify if the youth completed the program or exited early. Identify the best option from the dropdown.

<input type="checkbox"/>	Complete Project	<input type="checkbox"/>	Youth voluntarily left early
<input type="checkbox"/>	Youth was expelled or otherwise involuntarily discharged from project		

IF EXPELLED OR INVOLUNTARILY DISCHARGED, SELECT THE MAJOR REASON

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

COUNSELING RECEIVED BY THE CLIENT – [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

Select whether or not the client received counseling. Per RHY, counseling means “the provision of guidance, support, referrals for services including, but not limited to, health services, and advice to runaway or otherwise homeless youth and their families, as well as to youth and families when a young person is at risk of running away, as appropriate. These services are provided in consultation with clients and are designed to alleviate the problems that have put the youth at risk of running away or contributed to his or her running away or being homeless. Any treatment or referral to treatment that aims to change someone’s sexual orientation, gender identity, or gender expression is prohibited.”

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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IF YES, IDENTIFY TYPES OF COUNSELING RECEIVED

No	Yes	Counseling Type
<input type="checkbox"/>	<input type="checkbox"/>	Individual
<input type="checkbox"/>	<input type="checkbox"/>	Family
<input type="checkbox"/>	<input type="checkbox"/>	Group (may include topical counseling (i.e. substance use disorder) and/or peer counseling.)

NUMBER OF SESSIONS RECEIVED BY EXIT

Enter a number between 1- 47 or 48+

TOTAL NUMBER OF SESSIONS PLANNED IN YOUTH’S TREATMENT OR SERVICE PLAN

Indicate the number of sessions planned during the client’s stay at the project.

Enter a number between 1- 47 or 48+

A PLAN IS IN PLACE TO START OR CONTINUE COUNSELING AFTER EXIT

A plan is in place to start or continue counseling after exit.

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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EXIT DESTINATION SAFE, AS DETERMINED BY THE CLIENT - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn’t know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

EXIT DESTINATION SAFE, AS DETERMINED BY THE PROJECT/CASEWORKER - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

As determined by the caseworker.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Worker does not know		

CLIENT HAS PERMANENT POSITIVE ADULT CONNECTIONS OUTSIDE OF PROJECT - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

As determined by the caseworker.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Worker does not know		

CLIENT HAS PERMANENT POSITIVE PEER CONNECTIONS OUTSIDE OF PROJECT - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

As determined by the caseworker.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Worker does not know		

CLIENT HAS PERMANENT POSITIVE COMMUNITY CONNECTIONS OUTSIDE OF PROJECT - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]

As determined by the caseworker.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Worker does not know		