HMIS Data Collection for Project EXIT

This form can be used by all RHY BCP-ES projects. This collects elements for the project 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

PROJECT UPDATE DATE (Month / Day / Year)

		/		/				

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

☐	Moved from one HOPWA-funded project to HOPWA PH	☐	Moved from one HOPWA funded project to HOPWA TH
☐	Permanent housing (other than RRH) for formerly homeless persons	☐	Transitional housing for homeless persons (including homeless youth)
☐	Rental by client, no ongoing housing subsidy	☐	Host home (non-crisis)
☐	Rental by client, with GPD TIP housing subsidy	☐	Rental by client, with RRH or equivalent subsidy
☐	Rental by client, with VASH housing subsidy	☐	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
☐	Rental by client, with other ongoing housing subsidy	☐	Rental by client in a public housing unit

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

☐	Completed Program	☐	Criminal Activity/Destruction of Property/Violence
☐	Death	☐	Disagreement with Rules/Persons
☐	Diverted from Homeless Services	☐	Other: Specify _____
☐	Needs Could Not be Met by Program	☐	Non-Compliance with Program
☐	Non-Payment of Rent/Occupancy Charge	☐	Reached Maximum Time Allowed by Program
☐	Unknown/Disappeared	☐	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?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
☐	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)
☐	☐	Earned income (i.e., employment income)	
☐	☐	Unemployment Insurance	
☐	☐	Supplemental Security Income (SSI)	
☐	☐	Social Security Disability Insurance (SSDI)	
☐	☐	VA Service-Connected Disability Compensation	
☐	☐	VA Non-Service-Connected Disability Pension	
☐	☐	Private disability insurance	
☐	☐	Worker's Compensation	
☐	☐	Temporary Assistance for Needy Families (TANF)	
☐	☐	General Assistance (GA)	
☐	☐	Retirement Income from Social Security	
☐	☐	Pension or retirement income from a former job	
☐	☐	Child support	
☐	☐	Alimony or other spousal support	

		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.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
☐	Data Not Collected		

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

No	Yes	Source
☐	☐	Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services
☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services
☐	☐	Other source – Specify:_____

HEALTH INSURANCE - *[ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]*
Is the client currently covered by health Insurance?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
☐	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
☐	☐		Medicaid
☐	☐		Medicare
☐	☐		State Children's Health Insurance Program (or use local name)
☐	☐		Veteran's Administration (VA) Medical Services

☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	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	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Both Alcohol and Drug Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Developmental	☐	☐	☐	☐	☐
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐	☐
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Physical	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐

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

☐	No Schooling Completed	☐	Nursery School to 4th Grade
☐	5th or 6th Grade	☐	7th or 8th Grade
☐	9th Grade	☐	10th Grade

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☐	11th Grade	☐	12th Grade, No Diploma
☐	High School Diploma	☐	GED
☐	Post-Secondary School	☐	Associates Degree
☐	Bachelor's Degree	☐	Master's Degree
☐	Doctorate's Degree	☐	Other Graduate/Professional Degree
☐	Cert. of advanced learning or skilled artisan	☐	Client Doesn't Know
☐	Client Refused	☐	Data Not Collected

CURRENTLY IN SCHOOL OR WORKING ON ANY DEGREE - *[ALL CLIENTS]* - *[ALL PROJECTS]*

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

RECEIVED VOCATIONAL TRAINING - *[ALL CLIENTS]* - *[ALL PROJECTS]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
☐	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.

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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.

		/			/				

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

☐	Less than grade 5	☐	Grades 5 – 6
☐	Grades 7 – 8	☐	Grades 9 – 11
☐	Grade 12 / High School Diploma	☐	School Program does not have grade levels
☐	GED	☐	Some College
☐	Associates Degree	☐	Bachelor's Degree
☐	Graduate Degree	☐	Vocational Certification
☐	Client doesn't know	☐	Client refused
☐	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.

☐	Attending school regularly	☐	Attending school irregularly
☐	Graduated High School	☐	Obtained GED
☐	Dropped Out	☐	Suspended
☐	Expelled	☐	Client doesn't know
☐	Client refused	☐	Data not collected

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

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

IF YES, TYPE OF EMPLOYMENT

☐	Full Time	☐	Part Time
☐	Seasonal/Sporadic (including day labor)	☐	Data not collected

IF NO, WHY NOT EMPLOYED

☐	Looking for work	☐	Unable to work
☐	Not looking for work	☐	Data not collected

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

Ask the youth to identify their general health status.

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

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

Ask the youth to identify their dental health status.

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

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

Ask the youth to identify their mental health status.

☐	Excellent	☐	Very Good
☐	Good	☐	Fair
☐	Poor	☐	Client doesn't know
☐	Client refused	☐	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?"

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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?"

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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?"

☐	1 – 3	☐	4 – 7
☐	8 – 11	☐	12 or more
☐	Client doesn't know	☐	Client refused
☐	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?"

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

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?"

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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?"

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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?"

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

IF YES FOR EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE", FELT FORCED, COERCED, PRESURRED, OR TRICKED INTO CONTINUING?
RHY Preferred Wording: "Did you feel forced, pressured or tricked into continuing this job?"

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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?"

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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.

☐	Complete 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 or 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 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."

☐	No	☐	Yes

IF YES, IDENTIFY TYPES OF COUNSELING RECEIVED

No	Yes	Counseling Type
☐	☐	Individual

☐	☐	Family
☐	☐	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.

☐	No	☐	Yes

EXIT DESTINATION SAFE, AS DETERMINED BY THE CLIENT - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*

☐	Yes	☐	No
☐	Client doesn't know	☐	Client refused
☐	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.

☐	Yes	☐	No
☐	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.

☐	Yes	☐	No
☐	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.

☐	Yes	☐	No
☐	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.

☐	Yes	☐	No
☐	Worker does not know		