

MO-604 HMIS Exit Form

Instructions: Please use this form to enter all information into CaseWorthy. Know that this form can be edited to fit your specific program needs.

Project Start Date: ___/___/___ Move-in Date: ___/___/___ Project Exit Date: ___/___/___

Client ID: _____ Family ID: _____ Relationship to HoH: _____

Project Name (as it appears in CaseWorthy): _____

Client Record:

Name: _____
First Middle Last Suffix

HUD Program Assessment

Project Completion Status:

- | | | |
|--|---|--|
| <input type="checkbox"/> Completed project | <input type="checkbox"/> Youth voluntarily left early | <input type="checkbox"/> Voluntarily left early for education |
| <input type="checkbox"/> Voluntarily left early for military | <input type="checkbox"/> Voluntarily left early (other) | <input type="checkbox"/> Voluntarily left early - needs could not be met by project |
| <input type="checkbox"/> Involuntarily left - criminal activity/destruction of property/violence | <input type="checkbox"/> Involuntarily left - Non-compliance with program rules | <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project |
| <input type="checkbox"/> Involuntarily left - reached maximum time allowed by program | <input type="checkbox"/> Involuntarily left - project terminated | <input type="checkbox"/> Involuntarily left - unknown/disappeared |
| <input type="checkbox"/> Ongoing | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Referred |
| <input type="checkbox"/> No Further Contact | <input type="checkbox"/> Other | |

Destination Type:

Homeless Situations:

- Place not meant for human habitation Emergency shelter including hotel or motel paid for with ES voucher or RHY Funded Host Home Shelter Safe Haven

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 abuse treatment facility or detox center

Temporary and Permanent Housing Situations:

- | | |
|---|---|
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Host Home (non-crisis) |
| <input type="checkbox"/> Staying or living with friends, temporary tenure | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| <input type="checkbox"/> Staying or living with family, temporary tenure | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Rental by client, with ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Other | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |

If the previous answer included renting or owning with *ongoing housing subsidy*, please select from one of the following:

- GPD TIP housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Rental by client, with other ongoing housing subsidy
- Family Unification Program Voucher (FUP)
- Other permanent housing dedicated for formerly homeless persons
- VASH housing subsidy
- Foster Youth to Independence Initiative (FYI)
- Public housing unit
- Housing Stability Voucher
- Permanent Supportive Housing

Non-cash benefit from any sources?

- Yes No Client Doesn't know Client prefers not to answer

- Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) Yes No
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Yes No
- TANF Child Care services Yes No
- TANF transportation services Yes No
- Other TANF-funded services Yes No
- Other non-cash benefit (please specify): Yes No

Does the client have health insurance?

- Yes No Client Doesn't know Client prefers not to answer

• Please note that this answer is connected to the HUD Health Insurance Assessment

Last Grade Completed:

- 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
- Associate's degree Bachelor's degree Graduate degree Vocational Certification
- Client doesn't know Client prefers not to answer

Employment Information:

- Yes No Client Doesn't know Client prefers not to answer
- If the client answered "yes": Full time Part time Seasonal/sporadic
- If the client answered "no", why not employed? Looking for work Unable to work Not looking for work

General Health Status:

- Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer

Disabling Conditions:

DK=Client doesn't know; PNA=Client prefers not to answer

Disability Type:	Disability Determination	• If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNA

HUD Financial Assessment

Income received from any sources?

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

Unemployment Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Earned/Employed Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
General Assistance (GA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Retirement Income from Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Pension or Retirement Income from a former job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Alimony or other spousal support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Other source (specify below):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Total Monthly Income: \$ _____

HUD Health Insurance Assessment

Health Insurance from any source?

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

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Other (please specify):	_____	

HUD RHY Assessment

School Status:

<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Graduated from high school
<input type="checkbox"/> Obtained GED (or equivalent)	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended
<input type="checkbox"/> Expelled	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

Dental Health Status:

Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer

Mental Health Status:

Excellent Very Good Good Fair Poor Client doesn't know Client prefers not to answer

Commercial Sexual Exploitation/Sex Trafficking

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?

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

If yes, how many times? _____ Client Doesn't know Client prefers not to answer
If yes, in the last 3 months? Yes No Client Doesn't know Client prefers not to answer

Ever made/persuaded/forced to have sex in exchange for something?

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

If yes, in the last 3 months? Yes No Client Doesn't know Client prefers not to answer

Labor Exploitation/Trafficking

Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?

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

Ever promised work where work or payment was different than you expected?

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

Ever felt forced, pressured or tricked into continuing the job?

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

If yes to any labor exploitation, in the last 3 months? Yes No Client Doesn't know Client prefers not to answer

HUD RHY Young Person's Critical Issues

- Household Dynamics Youth Family Member
- Sexual Orientation/Gender Identity Youth Family Member
- Housing Issues Youth Family Member
- School or Educational Issues Youth Family Member
- Unemployment Youth Family Member
- Mental Health Issues Youth Family Member
- Health Issues Youth Family Member
- Physical Disability Youth Family Member
- Mental Disability Youth Family Member
- Abuse and Neglect Youth Family Member
- Alcohol or other drug abuse Youth Family Member
- Insufficient Income to support youth Family Member
- Active Military Parent Family Member
- One parent/legal guardian of youth incarcerated *(not applicable)*
- Both parent/legal guardian of youth incarcerated *(not applicable)*
- Only parent/legal guardian of youth incarcerated *(not applicable)*

HUD RHY Exit

Counseling received by client? Yes No
Type(s) of counseling received: Individual Family Group - including peer counseling
If yes, number of sessions received by exit: _____

Total number of sessions planned in youth's treatment or service plan _____
A plan is in place to start or continue counseling after exit: Yes No

Safe and Appropriate Exit

Exit destination safe - as determined by client:

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

- Exit destination safe as determined by the project/caseworker? Yes No Worker does not know
- Client has permanent positive adult connections outside of project? Yes No Worker does not know
- Client has permanent positive peer connections outside of project? Yes No Worker does not know
- Client has permanent positive community connections outside of project? Yes No Worker does not know