|  |
| --- |
| **MCI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Program Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HMIS ADULT/CHILD EXIT FORM**

***\*\*Any data that cannot be collected, please write in Data Not Collected\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Exit Date*** |  | ***Assessment/Information Date*** |
|  |  |  |  |  |

\*Check all demographic information on the household screen in HMIS to ensure it is all filled in and there is no client refused, client doesn’t know, data not collected\*

*Additional Household Members (please fill out a form or each additional household member mentioned below)*

|  |  |
| --- | --- |
| **Name** | **Relationship to HOH****(child, spouse, other relation member, other non-relation member, HoH)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Housing Disposition*

|  |  |
| --- | --- |
| **Residential Move-in Date** | **Address** |
|  |  |
| **Moving On Assistance Date** | **Moving On Assistance Provided (select all that apply)** |
|  |  Subsidized housing application assistance  Financial assistance for Moving On (e.g. security deposit, moving expenses)  Non-financial assistance for Moving On (e.g. housing navigation, transition support)  Housing referral/placement  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Commercial Sexual Exploitation/Sex Trafficking (Adults 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |
| --- |
| Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) |
| [ ]  Yes | [ ]  No | [ ]  Client Doesn’t Know | [ ]  Client Refused | [ ]  Data Not Collected |
| If yes – please answer all questions below: |
| *If yes – in the last three months?* | *How many times?* |
| [ ]  Yes[ ]  No | [ ]  Client Doesn’t Know[ ]  Client Refused | [ ]  Data Not Collected | [ ]  1-3 [ ]  4-7[ ]  8-11[ ]  12 or more | [ ]  Client Doesn’t Know[ ]  Client Refused | [ ]  Data Not Collected |
| *Ever made/persuaded to have sex in exchange for something?* | *How many times?* |
| [ ]  Yes[ ]  No | [ ]  Client Doesn’t Know [ ]  Client Refused | [ ]  Data Not Collected | [ ]  1-3 [ ]  4-7[ ]  8-11[ ]  12 or more | [ ]  Client Doesn’t Know[ ]  Client Refused | [ ]  Data Not Collected |

*Commercial Labor Exploitation/Trafficking (Adults 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |
| --- | --- |
| Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends? | Ever promised work where work or payment was different than you expected? |
| [ ]  Yes[ ]  No |  | [ ]  Client Doesn’t Know[ ]  Client Refused[ ]  Data Not Collected | [ ]  Yes[ ]  No |  | [ ]  Client Doesn’t Know[ ]  Client Refused[ ]  Data Not Collected |
| If yes to either or BOTH – please answer all questions below: |
| *Felt forced, pressured, or tricked into continuing the job?* | *In the last three months?* |
| [ ]  Yes[ ]  No | [ ]  Client Doesn’t Know[ ]  Client Refused [ ]  Data Not Collected | [ ]  Yes[ ]  No | [ ]  Client Doesn’t Know[ ]  Client Refused[ ]  Data Not Collected |

*Domestic Violence*

|  |  |
| --- | --- |
| Victim/Survivor | When did this happen? |
| [ ]  Yes [ ]  No | [ ]  Within the past 3 months | [ ]  Within the past 3-6 months | [ ]  Within the past 6-12 months | [ ]  More than 1 year ago |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |
| [ ]  Full-Time | [ ]  Looking for Work |
| [ ]  Part-time | [ ]  Not Looking for Work |
| [ ]  Seasonal | [ ]  Unable to Work |

***Income (for anyone 18+)***

[ ]  YES If Yes, complete table below. [ ]  NO If No, skip to the next table.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | If yes, Amount - *monthly* | Source | If yes, Amount - *monthly* |
| [ ]  Earned Income (Employment) | $ | [ ]  VA Service-Connected Disability Compensation | $ |
| [ ]  Unemployment Insurance | $ | [ ]  VA Non-svc Connected Disability Pension | $ |
| [ ]  GA | $ | [ ]  Private Disability Insurance | $ |
| [ ]  Retirement Income from Social Security | $ | [ ]  Cash Assistance/TANF | $ |
| [ ]  Worker’s Compensation | $ | [ ]  Alimony or Other Spousal Support | $ |
| [ ]  SSI | $ | [ ]  Child Support | $ |
| [ ]  SSDI | $ | [ ]  UTA | $ |
|  |  | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Connection to SOAR*** | [ ]  Yes [ ]  No |  ***Total Monthly Income*** | $ |

*Non-cash Benefits (for anyone 18+)*

[ ]  **YES** If Yes, complete table below.

[ ]  **NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| [ ]  SNAP (Food Stamps)[ ]  WIC[ ]  TANF Childcare Services[ ]  TANF Transportation Services[ ] Other TANF-funded Services[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Health Insurance (for all clients)*

[ ]  **YES** If Yes, complete table below.
[ ]  **NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| [ ]  Medicaid[ ]  Medicare[ ]  State Children’s Health Insurance Program (CHIP)[ ]  VA medical services[ ]  Employer Provided health insurance[ ]  Health insurance obtained through COBRA[ ]  Private Pay Health Insurance[ ]  State Health Insurance for Adults[ ] Indian Health Services Program |

***Education***

|  |
| --- |
| **Adults 18+ and Children 6+** |
| **Last Grade Completed** | **School Status** |
| [ ]  Less than 5 | [ ]  5-6 | [ ]  Graduated from high school | [ ]  Completed |
| [ ]  7-8 | [ ]  9-11 | [ ]  Obtained GED | [ ]  Not of school age |
| [ ]  12/High School Diploma | [ ]  School program doesn’t have grade levels | [ ]  Attending Regularly | [ ]  Attending irregularly |
| [ ]  GED | [ ]  Some college | [ ]  Suspended | [ ]  Dropped out |
| [ ]  Associates/Bachelors/Grad | [ ]  Vocational certificate | [ ]  Expelled |  |
| Children Age 0-5 |
| Has the child received a developmental screening? | [ ]  Yes | [ ]  No |
| **IF NO,** has the child been referred to an agency for a developmental screening? | [ ]  Yes | [ ]  No |
| **IF NO,** was/will a developmental screening be completed during program enrollment? | [ ]  Yes | [ ]  No |
| Is the family intending to send the child to an early learning program? | [ ]  Early Head Start[ ]  Head Start | [ ]  Other preschool program[ ]  No | [ ]  Other childcare program |
| Is the child enrolled? | [ ]  Yes[ ]  On waiting list | [ ]  No |
| Young Adults 18-24 & Children Age 6+ |
| Enrollment status | [ ]  District of residence | [ ]  Not Enrolled | [ ]  District of region |
|  **If not enrolled, Why?** | [ ]  Communication needed between former and intended school[ ]  Transportation issues | [ ]  Issued General Employment Certification[ ]  Other – *please specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of district |  |
| Name of school |  |
| Youth Education Status |
| Current School Enrollment and Attendance | [ ]  Not currently enrolled in any school or educational course | [ ]  Currently enrolled and attending regularly (when school or course is in session) | [ ]  Currently enrolled and NOT attending regularly (when school or course is in session) |
| Most Recent Education Status | [ ]  K12: Graduated from high school[ ]  K12: Obtained GED[ ]  K12: Dropped Out [ ]  K12: Suspended | [ ]  Higher Education: Pursuing a credential but not currently attending[ ]  Higher Education: Dropped out[ ]  Higher Education: Obtained a credential /degree |
| Current Educational Status | [ ]  Pursuing a high school diploma or GED[ ]  Pursuing Associates degree | [ ]  Pursuing a Bachelor’s degree [ ]  Pursuing a Graduate degree[ ]  Pursuing other post-secondary degree |

*Physical and Mental Health*

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Conditions |  Yes No |  |  |
| Dental Health Status |  Excellent  Very Good  Good  Fair Poor | Mental Health Status |  Excellent  Very Good  Good  Fair Poor |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| [ ]  Physical |  Yes No | [ ]  HIV/AIDS |
| [ ]  Developmental  |  |  |
| [ ]  Chronic health condition |  Yes No |  |  |
| [ ]  Mental health disorder |  Yes No | [ ]  Alcohol use disorder |  Yes No |
| [ ]  Drug use disorder |  Yes No | [ ]  Alcohol and drug use disorder |  Yes No |

*Project Completion Status (Adults 18+)*

|  |  |
| --- | --- |
| Project Completion Status | *Select the major reason:* |
| [ ]  Completed Project[ ]  Youth voluntarily left early[ ]  Youth was expelled or otherwise involuntarily discharged from project (fill out major reason to the right) | [ ]  Criminal activity/destruction of property/violence[ ]  Non-compliance with project rules[ ]  Non-payment of rent/occupancy charge[ ]  Reached maximum time allowed by project[ ]  Project terminated[ ]  Unknown/disappeared |

*Safe and Appropriate Exit (Adults 18+)*

|  |  |
| --- | --- |
| Exit destination safe – as determined by the client | Exit destination safe – as determined by the project/caseworker |
| [ ]  Yes[ ]  No |  | [ ]  Client Doesn’t Know[ ]  Client Refused[ ]  Data Not Collected | [ ]  Yes[ ]  No |  | [ ]  Worker does not know |
| *Client has permanent positive adult connects outside of project?* | *Client has permanent positive peer connections outside of project?* | *Client has permanent positive community connections outside of project?* |
| [ ]  Yes[ ]  No[ ]  Worker does not know | [ ]  Yes[ ]  No[ ]  Worker does not know | [ ]  Yes[ ]  No[ ]  Worker does not know |

*Counseling (Adults 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |
| --- | --- |
| Counseling Received by clientIf yes – fill out questions to the right. If no – skip to question below. | *Type(s) of counseling received* |
| [ ]  Individual[ ]  Family[ ]  Group – including peer counseling |
| [ ]  Yes [ ]  No | *Number of sessions received by exit**(number between 1-48+)* |
|  |
| *Total number of sessions planned in youth’s treatment or service plan**(number between 1-48+)* |
|  |
| A plan in place to start or continue counseling after exit |
| [ ]  Yes [ ]  No |

Exit Details

|  |  |  |
| --- | --- | --- |
| **Voluntary Termination** |  | **Did a termination of service appeal hearing occur?** |
| [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

|  |
| --- |
| **If not voluntary, why?** |
| [ ]  Not following program agreement[ ]  Drug Use[ ]  Alcohol Use[ ]  Unauthorized Occupants | [ ]  Violence against other participants[ ]  Destruction of unit[ ]  Criminal Activity/Destruction of Property/Violence | [ ]  Violence against staff[ ]  Poor housekeeping[ ]  Failure to Pay Occupancy Fee |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Leaving Service** | [ ]  Successfully completed program[ ]  Non-compliance with program rules[ ]  Vacated/Unable to locate[ ]  Death | [ ]  Reached program maximum time limit[ ]  Institutionalized[ ]  Other | [ ]  Left housing without completing program[ ]  Unknown[ ]  Terminated |
| **Reason for Exit** | [ ]  Completed project[ ]  Unknown /Disappeared[ ]  Needs could not be met by project[ ]  Reached maximum time allowed in program[ ]  Criminal Activity | [ ]  Disagreement with rules/ persons[ ]  Left for housing opportunity before completing project[ ]  Non-compliance with project[ ]  Non-payment of rent/occupancy fee |

Exit Destination

|  |
| --- |
| **Exit Destination Type** |
| ***Homeless*** | ***Institution*** |
| [ ]  Emergency Shelter[ ]  Place not meant for human habitation[ ]  Safe Haven | [ ]  Foster care home or foster care group home[ ]  Hospital or other residential non-psychiatric medical facility[ ]  Jail, prison or juvenile detention facility[ ]  Long-term care facility or nursing home[ ]  Psychiatric hospital or other psychiatric facility[ ]  Substance abuse treatment facility or detox center |
| ***Temporary*** | ***Permanent*** |
| [ ]  Residential project or halfway house with no homeless criteria[ ]  Hotel or motel paid for without emergency shelter voucher[ ]  Transitional housing for homeless persons (including homeless youth)[ ]  Host Home (non-crisis)[ ]  Staying with family, temporary tenure[ ]  Staying with friends, temporary tenure | [ ]  Staying or living with family, permanent tenure[ ]  Staying or living with friends, permanent tenure[ ]  Moved from one HOPWA funded project to HOPWA TH[ ]  Moved from one HOPWA funded project to HOPWA PH[ ]  Permanent housing (other than RH) for formerly homeless persons[ ]  Rental by client, with GPD TIP housing subsidy[ ]  Rental by client, with VASH housing subsidy[ ]  Rental by client, with RRH or equivalent subsidy[ ]  Rental by client, with HCV voucher (tenant or project based)[ ]  Rental by client in a public housing unit[ ]  Rental by client, no ongoing housing subsidy[ ]  Rental by client, with other ongoing housing subsidy[ ]  Family Unification program[ ]  PSH [ ]  Foster Youth to Indep. Initiative[ ]  Owned by client, with no ongoing housing subsidy[ ]  Owned by client, with no ongoing housing subsidy |
| ***Other*** |
| [ ]  No Exit Interview Completed[ ]  Other[ ]  Deceased[ ]  Client Doesn’t Know[ ]  Client Refused[ ]  Data Not Collected |

*Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Client contact info for aftercare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Transitional, Exitcare, or Aftercare Plans and Actions (Adults 18+)*

*Must be completed and dated within 180 days of exit.*

|  |  |
| --- | --- |
| Information Date | Aftercare was provided |
|  | [ ]  Yes [ ]  No [ ]  Client Refused |
|  | If yes – Identify the primary way it was provided |
|  | [ ]  Via email/social media [ ]  Via telephone  [ ]  In person: one-on-one [ ]  In person: group  |