|  |
| --- |
| **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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*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 & 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 |
| No (If No, skip to the next table) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 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 client  If 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 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 |

***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 | |

*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 |