RHY Exit Assessments for all RHY project types for Single Adults or Head of Household
(complete this form for ALL adults)

Client Name: __________________________________ HMIS Client ID#: _______________________
(optional)
Update/Annual Assessment Date: _______________________

Reason for Leaving:
____ Completed Program
____ Criminal Activity/Violence
____ Death
____ Disagreement with Rules
____ Does not meet criteria for program
____ Goal Achieved
____ Goal Not Achieved
____ Left for housing opportunity before completing program
____ Needs could not be met
____ Non-compliance
____ Non payment of rent
____ Reached maximum time allowed
____ Unknown/ Disappeared
____ Other: __________________________________

Destination:
-----Homeless Situations-----
____ Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
____ Place not meant for human habitation
____ Save Haven
----- Institutional Situations -----  
____ Foster care home or foster care group home
____ Hospital or other residential non-psychiatric facility
____ Jail, prison, or juvenile detention
____ Long-term care facility or nursing home
____ Psychiatric hospital or other psychiatric facility
____ Substance Abuse treatment facility or detox center
----- Temporary and Permanent Housing Situations ----- 
____ Moved from one HOPWA funded project to HOPWA PH
____ Moved from one HOPWA funded project to HOPWA TH
____ No exit interview completed
____ Owned by client, no ongoing housing subsidy
____ Owned by client, with ongoing housing subsidy
____ Permanent housing (other than RRH) for formerly homeless persons
____ Hotel/ Motel paid for without emergency shelter voucher
____ Host Home (non-crisis)
_______ Residential or halfway house with no homeless criteria
_______ Rental by client, with GPD TIP subsidy
_______ Rental by client, with VASH subsidy
_______ Rental by client with RRH or equivalent subsidy
_______ Rental by client with Housing Choice Voucher (HCV) (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
_______ Staying or living with friends, 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)
_______ Staying or living with family, permanent tenure (e.g. room, apartment or house)
_______ Transitional Housing for Homeless persons (including homeless youth)

----- Other Destination -----
_______ Other: ______________________________________
_______ Client Doesn’t Know
_______ Client Refused
_______ Data Not Collected
_______ Deceased

Client Location: ____ NY-505 (Onondaga/ Cayuga/ Oswego counties)
____ NY-510 (Ithaca/ Tompkins County)

Housing Move In Date: ___/___/___ (Complete for Rapid Re-housing Programs)

Income:
Do you have income? ____Yes ____No  Total Monthly Income $________
Income Source and amount:
$_____ Alimony/ Spousal Support  $_____ Child Support
$_____ Earned Income  $_____ General Assistance
$_____ Pension/Retirement income from a job  $_____ Private Disability Insurance
$_____ Retirement Income from Social Security  $_____ Social Security Disability Income (SSDI)
$_____ Social Security Income (SSI)  $_____ Temporary Assist for Needy Families TANF
$_____ Unemployment Insurance  $_____ VA Non-Service-Connected Disability Pension
$_____ VA Service-Connected Disability Compensation  $_____ Worker’s Compensation

Non-Cash Benefits:
Do you have Non-Cash Benefits? ____Yes ____No
Source of Non-Cash Benefits:
_____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
_____ Special supplemental Nutrition Program for (WIC) (HUD)
_____ TANF Child Care Services (HUD)
_____ TANF Transportation Services (HUD)
_____ Other TANF-Funded Services (HUD); If “Other” Specify: ________________________________
Medical Insurance:
Do you have Health Insurance/ Medical Assistance? ____Yes ____No
Source of Health Insurance/ Medical Assistance:
_____ Medicaid  _____ Medicare  
_____ State Children’s Health Insurance Program  _____ Veteran’s Administration (VA) Medical Services
_____ Employer – Provided Health Insurance  _____ Health Insurance obtained through COBRA
_____ State Health Insurance for Adults  _____ Other
_____ Indian Health Care

Disabling Condition:
Do you have a DISABILITY of long duration? ____Yes ____No
For each disability, check “LCI” if it is expected to be of long, continued and indefinite duration, substantially impairs the individual’s ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:
_____ Yes__LCI Alcohol Use Disorder  _____Yes__LCI BOTH Alcohol & Drug Use Disorder  _____Yes__LCI Drug Use Disorder
_____Yes__LCI Chronic Health Condition  _____Yes__LCI Developmental  _____Yes__LCI HIV/AIDS
_____Yes__LCI Mental Health Disorder  _____Yes__LCI Physical Health

Last Grade Completed:
_____ Less than Grade 5  _____ Grades 5-6  _____ Grades 7-8  _____ Grades 9-11
_____ Grades 12/ HS Diploma  _____ School Program Doesn’t have grade levels
_____ GED  _____ Some College  _____ Associates Degree  _____ Bachelor’s Degree
_____ Graduate Degree  _____ Vocational Certification

School Status:
_____ Attending School Regularly  _____ Attending School Irregularly  _____ Graduated Already
_____ Obtained GED  _____ Dropped out  _____ Suspended
_____ Expelled

Employment History:
Employed? ____Yes ____No  If yes, Type of Enrollment: _____ Full time  _____ Part time  _____ Seasonal/ sporadic
If no, why not employed? _____ Looking for work  _____ Unable to work  _____ Not looking for work

General Health Status:
_____ Excellent  _____ Very Good  _____ Good  _____ Fair  _____ Poor

Mental Health Status:
_____ Excellent  _____ Very Good  _____ Good  _____ Fair  _____ Poor

Dental Health Status:
_____ Excellent  _____ Very Good  _____ Good  _____ Fair  _____ Poor
Ever received something in exchange for sex (e.g. money, food, drugs, shelter)?  ____Yes ____ No
   If yes, did it occur in the past three months?  ____Yes ____ No
   If yes, how many times?  ____1-3    ____4-7    ____8-12    ____12 or more
Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?  ____Yes ____ No
Ever promised work where work or payment was different than you expected?  ____Yes ____ No
   If yes for either “workplace violence threats” or Workplace promise difference,” did you feel forced, coerced, pressured, or tricked into continuing?  ____Yes ____ No
   If yes for either “workplace violence threats” or Workplace promise difference,” did it happen in the past 3 months?  ____Yes ____ No

Project Completion Status:  ____Completed Project  ____Youth Voluntarily Left Early  ____Youth was expelled or otherwise involuntarily discharged
   If expelled or involuntarily discharged, select the major reason:
   ____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

Counseling received by client:  ____Yes ____ No
   If yes, identify the type(s) of counseling received:
   Individual:  ____Yes ____ No
   Family:  ____Yes ____ No
   Group – including peer counseling:  ____Yes ____ No
   Total number of sessions planned in youth’s treatment or service plan?  ____ (choose a number between 1-48+)

   A plan is in place to start or continue counseling after exit?  ____Yes ____ No
   Exit destination safe – as determined by client?  ____Yes ____ No
   Exit destination safe – as determined by the project/ caseworker?  ____Yes ____ No
   Client has permanent positive adult connections outside of project?  ____Yes ____ No
   Client has permanent positive peer connections outside of project?  ____Yes ____ No
   Client has permanent positive community connections outside of project?  ____Yes ____ No

Personal Phone Number:  ________ - ________ - __________