



www.hhccny.org  
hhc@unitedway-cny.org  
f facebook.com/hhccny  
h hccofcny

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

**Client Name:** \_\_\_\_\_  
(optional)

HMIS Client ID#: \_\_\_\_\_

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)



www.hhccny.org  
 hhc@unitedway-cny.org  
 f facebook.com/hhccny  
 hhcofcny

- 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: \_\_\_\_\_



www.hhccny.org  
hhc@unitedway-cny.org  
f facebook.com/hhccny  
h hccofcny

**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  
 Indian Health Care  Other

**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  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



www.hhccny.org  
hhc@unitedway-cny.org  
f facebook.com/hhccny  
hhccofcny

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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_