RHY Exit Assessments for all RHY project types for Child of Parenting Youth
(complete this form for ALL children in parenting youth households)

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)

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
  _____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