



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

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: _____
(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
h hccofcny

- 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 HIV/AIDS
- Yes LCI Mental Health Disorder Yes LCI Physical Health



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

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



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

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