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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:

- | | |
|---|---|
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Left for housing opportunity before completing program |
| <input type="checkbox"/> Criminal Activity/Violence | <input type="checkbox"/> Needs could not be met |
| <input type="checkbox"/> Death | <input type="checkbox"/> Non-compliance |
| <input type="checkbox"/> Disagreement with Rules | <input type="checkbox"/> Non payment of rent |
| <input type="checkbox"/> Does not meet criteria for program | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Goal Achieved | <input type="checkbox"/> Unknown/ Disappeared |
| <input type="checkbox"/> Goal Not Achieved | <input type="checkbox"/> Other: _____ |

Destinations:

Homeless Situations

- Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
- Place not meant for human habitation
- Safe Haven (*note: no safe havens exist in the CoC coverage area.*)

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 Housing Situations:

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid without emergency voucher
- Host Home (non-crisis)
- Staying in family member's room/apartment/house
- Staying in friend's room/apartment/house

Permanent Housing Situations:

- Owned by client, no on-going housing subsidy
- Owned by client, with on-going housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
 - GPD TIP housing subsidy
 - VASH housing subsidy
 - RRH or equivalent



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- HCV voucher (tenant or project based)(not dedicated)
- Public Housing Unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Other Destinations

- No Exit Interview Completed (*Select if contact attempts have been made and client location could not be determined*)
- Deceased
- Other (*Do not select without consulting HMIS staff*): _____
- Client Doesn't Know (*Do not select without consulting HMIS staff*)
- Client Prefers Not to Answer (*Only select if client chooses not to complete assessment*)
- Data Not Collected (*Do not select without consulting HMIS staff*)

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 Health Administration (VHA)



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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

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



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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," Yes No
did you feel forced, coerced, pressured, or tricked into continuing?
If yes for either "workplace violence threats" or Workplace promise difference," Yes No
did it happen in the past 3 months?

Project Completion Status: Completed Project Client Voluntarily Left Early
 Client 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? _____ (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: _____ - _____ - _____