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FY2024 CNY HMIS YHDP Exit Assessment (Parenting Youth and Youth Head of Household)

Client Name: _____ **HMIS Client ID#:** _____ (optional)
Exit 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"/> Nonpayment 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
 - HCV voucher (tenant or project based)(not dedicated)
 - Public housing unit



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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*)

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

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)
- Employer – Provided Health Insurance Health Insurance obtained through COBRA
- State Health Insurance for Adults Indian Health Care
- Other

Medicaid ID# _____

Medicaid Insurance Company: Total Care Blue Cross Blue Shield Fidelis
 United Healthcare Molina Healthcare

Income:

Do you have income? Yes No **Total Monthly Income \$** _____

Income Source and amount: (please write in the monthly amount in the lines provided)

- \$ _____ Alimony/ Spousal Support \$ _____ Child Support
- \$ _____ Earned Income \$ _____ General Assistance
- \$ _____ Pension or retirement income from another 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



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Non-Cash Benefits:

Do you have Non-Cash Benefits? ___ Yes ___ No **Monthly Amount \$** _____

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: _____

Current School Enrollment and Attendance:

- ___ Not currently enrolled in any school or educational course
- ___ Currently enrolled but NOT attending regularly (when school or the course is in session)
- ___ Currently enrolled and attending regularly (when school or course is in session)

School Status:

- ___ Attending School Regularly ___ Attending School Irregularly ___ Graduated Already
- ___ Obtained GED ___ Dropped out ___ Suspended
- ___ Expelled

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

Project Completion Status:

- ___ **Completed Project**
- ___ **Youth voluntarily left early**
- ___ **You was expelled or otherwise involuntarily discharged from the project**

If expelled or involuntarily discharge, select the major reason:

- ___ criminal activity/ destruction of property/ violence
- ___ Non-compliance with program rules
- ___ Non-payment of rent / occupancy charge
- ___ Reached maximum time allowed by project
- ___ Project terminated
- ___ unknown/ disappeared

Exit destination safe – as determined by the client:

- ___ Yes
- ___ No



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- Client Doesn't Know
- Client Refused
- Data Not Collected

Exit Destination safe – as determined by the project/ caseworker

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Client has permanent positive adult connections outside of project

- Yes
- No
- Worker does not know

Client has permanent positive peer connections outside of project

- Yes
- No
- Worker does not know

Client has permanent community connections outside of project

- Yes
- No
- Worker does not know

Personal Phone Number: _____ - _____ - _____