

VCRHYP Coordinated Entry Exit Form

CLIENT RECORD		
Client ID # from HMIS:		
Name of youth care worker:		
Agency name:		
Date of exit:		
EXIT DATA		
Which local CoC is the youth open for CE in?	<input type="checkbox"/> Addison <input type="checkbox"/> Bennington <input type="checkbox"/> Caledonia/Essex <input type="checkbox"/> Franklin/Grand Isle <input type="checkbox"/> Lamoille <input type="checkbox"/> Orange/Windsor North	<input type="checkbox"/> Orleans <input type="checkbox"/> Rutland <input type="checkbox"/> Washington <input type="checkbox"/> Windham South <input type="checkbox"/> Windsor South/Windham North
Why is the youth being exited from CE?	<input type="checkbox"/> Youth housed through a CE provider <input type="checkbox"/> Youth housed through mainstream/affordable housing with help from a housing navigator/ case manager <input type="checkbox"/> Youth secured housing on their own	<input type="checkbox"/> Youth requested removal from CE <input type="checkbox"/> Unable to contact youth (Only select if at least 3 attempts to contact youth over the last 90 days have been unsuccessful)
Where was the youth staying when they exited CE?	<input type="checkbox"/> Emergency shelter, including hotel/motel paid for WITH emergency voucher or a BCP shelter/host home bed <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for WITHOUT emergency shelter voucher <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Non-crisis host home (<i>this does NOT include BCP or TLP host homes</i>) <input type="checkbox"/> Owned by client, NO ongoing housing subsidy <input type="checkbox"/> Owned by client, WITH ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client in public housing of a housing authority <input type="checkbox"/> Rental by client, NO ongoing housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy (Veterans only) <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Rental by client, with Housing Choice (Section 8) Voucher (<i>tenant/project based</i>) <input type="checkbox"/> Rental by client, with VASH housing subsidy (Veterans only) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client is deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	