

YHDP EXIT ASSESSMENT

EXIT DATA		
Client ID # from ServicePoint:		
Name of youth care worker:		
Agency name:		
Project exit date:		
Agency program:	<input type="checkbox"/> Housing Navigation <input type="checkbox"/> Diversion	<input type="checkbox"/> Rapid Re-housing <input type="checkbox"/> TH-RRH Joint Component
Where are you going to be staying after exiting the program?	<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 (<i>e.g. vehicle, abandoned building, bus/train/subway station, airport, or anywhere outside</i>) <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 or 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 (<i>family has placed any limitation, such as a specific time limit, that indicates the stay is intended to be temporary</i>) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (<i>friend has placed any limitation, such as a specific time limit, that indicates the stay is intended to be temporary</i>) <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	

DISABILITIES		
Have there been any updates to your disability status?	<input type="checkbox"/> Yes *complete Disability Addendum on pg. 6	<input type="checkbox"/> No

MONTHLY INCOME		
Do you have income from any source?	<input type="checkbox"/> Yes *specify below and provide an estimated monthly amount <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
		Monthly Amount
<input type="checkbox"/> Alimony or other spousal support		\$
<input type="checkbox"/> Child support		\$
<input type="checkbox"/> Earned income (<i>i.e. employment income</i>)		\$
<input type="checkbox"/> General Assistance (GA)		\$
<input type="checkbox"/> Other - Specify: _____		\$
<input type="checkbox"/> Pension or retirement income from a former job		\$
<input type="checkbox"/> Private disability insurance		\$
<input type="checkbox"/> Retirement income from Social Security (<i>includes Social Security Survivor benefits</i>)		\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)		\$
<input type="checkbox"/> Supplemental Security Income (SSI)		\$
<input type="checkbox"/> TANF (<i>Reach Up</i>)		\$
<input type="checkbox"/> Unemployment insurance		\$
<input type="checkbox"/> VA non-service-connected disability pension		\$
<input type="checkbox"/> VA service-connected disability compensation		\$
<input type="checkbox"/> Worker's compensation		\$
Total monthly income:		\$

NON-CASH BENEFITS		
Do you receive non-cash benefits from any source?	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, which of the following types of non-cash benefits do you receive?</i> (Check all that apply)	<input type="checkbox"/> SNAP (<i>3SquaresVT/food stamps</i>) <input type="checkbox"/> WIC <input type="checkbox"/> TANF (<i>Reach Up</i>) child care services <input type="checkbox"/> TANF (<i>Reach Up</i>) transportation services	<input type="checkbox"/> Other TANF (<i>Reach Up</i>) services <input type="checkbox"/> Other source- Specify: _____ <input type="checkbox"/> Data not collected

HEALTH INSURANCE		
Do you have health insurance?	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, which of the following types of health insurance do you have?</i> (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State children's health ins. (<i>Dr. Dynasaur</i>) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer-provided (<i>including TRICARE</i>)	<input type="checkbox"/> COBRA <input type="checkbox"/> Private pay <input type="checkbox"/> State adult health ins. <input type="checkbox"/> Indian health services <input type="checkbox"/> Other- Specify: _____ <input type="checkbox"/> Data not collected

CHILD'S HEALTH INFORMATION – Skip if youth is not parenting		
Does your child have health insurance?	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, which of the following types of health insurance does your child have?</i> (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State children's health ins. (Dr. Dynasaur) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer provided (including TRICARE)	<input type="checkbox"/> COBRA <input type="checkbox"/> Private pay <input type="checkbox"/> Indian health services <input type="checkbox"/> Other- Specify: <hr/> <input type="checkbox"/> Data not collected
Have there been any updates to your child's disability status?	<input type="checkbox"/> Yes *complete Child Disability Addendum (pg. 7)	<input type="checkbox"/> No

ADDITIONAL DATA		
What was the last grade you completed in school?	<input type="checkbox"/> Less than grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/high school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED	<input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
What is your current school status?	<input type="checkbox"/> Attending school regularly (<i>without extended absenteeism</i>) <input type="checkbox"/> Attending school irregularly (<i>1-3 days/week on average</i>) <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Obtained GED	<input type="checkbox"/> Dropped out <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you employed?	<input type="checkbox"/> Yes *ask follow-up question <input type="checkbox"/> No *ask follow-up question	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If employed, what type of employment is it?</i>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/sporadic (<i>includes day labor</i>) <input type="checkbox"/> Date not collected
<i>If not employed, why not?</i>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work (<i>due to a physical/ developmental disability or illness</i>)	<input type="checkbox"/> Not looking for work <input type="checkbox"/> Data not collected
How would you rate your general health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Have you had an annual check-up with a doctor within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How would you rate your dental health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Have you seen a dentist within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How would you rate your mental health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SEXUAL EXPLOITATION/TRAFFICKING

Have you ever received anything in exchange for having sexual contact with another person (such as money, food, drugs, or shelter)?	<input type="checkbox"/> Yes *continue below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
<i>Has this happened in the past 3 months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>How many times have you received something in exchange for having sexual contact with another person?</i>	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Has someone ever made you or persuaded you to have sexual contact with anyone else in exchange for something?</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, has this happened in the past 3 months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

WORKPLACE EXPLOITATION/LABOR TRAFFICKING

Have you ever been afraid to quit/leave a work situation due to fears of violence or other threats of harm to yourself/ family/ friends?	<input type="checkbox"/> Yes *ask next 3 questions <input type="checkbox"/> No *ask next question	<input type="checkbox"/> Client doesn't know *ask next question <input type="checkbox"/> Client refused *ask next question <input type="checkbox"/> Data not collected
Have you ever been promised work where the work or payment ended up being different from what you expected?	<input type="checkbox"/> Yes *continue below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF YES TO EITHER OF THE PREVIOUS 2 QUESTIONS, CONTINUE WITH SECTION BELOW		
<i>Did you feel forced, pressured, or tricked into continuing the job?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Have you had any jobs like these in the last three months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SAFE & APPROPRIATE EXIT		
Does the youth consider their exit destination to be safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Does the youth care worker consider youth's exit destination to be safe? <ul style="list-style-type: none"> • Exits to jail, prison, or juvenile detention facilities can be considered safe & appropriate if the youth became involved in activities that lead to this exit <u>before</u> entering the program • Exits to a residential program can be considered safe & appropriate if it is consistent with the youth's needs 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the youth have permanent positive adult connections outside of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the youth have permanent positive peer connections outside of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the youth have permanent positive community connections outside of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know

PROJECT COMPLETION	
Project completion status:	<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early (<i>youth voluntarily terminated from the program to pursue other opportunities, such as a safe & appropriate independent living situation, an educational or vocational opportunity, military service, or any other positive disposition</i>) <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project (<i>youth was involuntarily terminated from the program with no plan or invitation to return</i>) *answer follow-up question
<i>If youth was expelled or involuntarily discharged, select the major reason:</i>	<input type="checkbox"/> Criminal activity/destruction of property/violence (<i>youth left for displaying behavior that was a threat to safety to themselves, others, or property</i>) <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project (<i>without completing goals as outlined in their plan of care</i>) <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared (<i>youth was exited from the program after absencing themselves without developing an exit plan or providing notification or destination</i>)

DISABILITY ADDENDUM - Complete if there are any updates to youth's disability status		
Do you have a disabling condition? (Documentation is not required; youth's self-report is considered sufficient)	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Alcohol abuse without drug abuse: <i>(an impairment caused by alcohol abuse)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for alcohol abuse without drug abuse, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Drug abuse without alcohol abuse: <i>(an impairment caused by drug abuse)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for drug abuse without alcohol abuse, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Both alcohol and drug abuse: <i>(an impairment caused by both alcohol and drug abuse)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for both alcohol and drug abuse, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Chronic health condition: <i>(a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation/special assistance)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for chronic health condition, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Mental health problem: <i>(a mental health problem may range from situational depression to serious mental illnesses)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<i>If yes for mental health problem, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Physical disability: <i>(physical impairment)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for physical disability, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
HIV/ AIDS: <i>(human immunodeficiency virus/ acquired immunodeficiency syndrome)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Developmental disability: <i>(severe, chronic disability attributed to a mental and/or physical impairment that occurs before age 22 and limits capacity for independent living and economic self-sufficiency)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CHILD'S DISABILITY ADDENDUM - <i>Complete for parenting youth households if there has been an update to a child's disability status</i>		
Does your child have any of the following disabilities? (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health problem <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <input type="checkbox"/> HIV/ AIDS	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, which, if any, are expected to be long-continued and substantially impair their ability to live independently?</i> (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health problem <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <input type="checkbox"/> HIV/ AIDS	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected