

## YHDP HMIS Exit Assessment

<b>EXIT DATA</b>		
Client ID # from HMIS:		
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 Rehousing	<input type="checkbox"/> Joint Component – TH <input type="checkbox"/> Joint Component – RRH
<b>If exiting Housing Navigation Diversion, or Joint Component TH – should the youth also be closed for Coordinated Entry?</b>	<input type="checkbox"/> Yes <b>*select if youth is stably housed and no longer meets the definition of homeless</b> <input type="checkbox"/> No <b>*select if youth is not stably housed and still meets the definition of homeless</b> <input type="checkbox"/> Unknown <b>*VCRHYP will follow up with you to discuss</b>	
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 <b>NOT</b> 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 ( <b>Veterans only</b> ) <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 ( <b>Veterans only</b> ) <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 - <b>Specify:</b> _____ <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	

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

<b>HEALTH INSURANCE</b>		
Do you have health insurance?	<input type="checkbox"/> Yes <b>*specify below</b> <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>  <b>(Check all that apply)</b>	<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- <b>Specify:</b> _____ <input type="checkbox"/> Data not collected

<b>CHILD'S HEALTH INFORMATION – Skip if youth is not parenting</b>		
Does your child have health insurance?	<input type="checkbox"/> Yes <b>*specify below</b> <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>  <b>(Check all that apply)</b>	<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"/> Indian health services <input type="checkbox"/> Other- <b>Specify:</b> _____ <input type="checkbox"/> Data not collected
Have there been any updates to your child's disability status?	<input type="checkbox"/> Yes <b>*complete Child Disability Addendum (pg. 7)</b>	<input type="checkbox"/> No

<b>NON-CASH BENEFITS</b>		
Do you receive non-cash benefits from any source?	<input type="checkbox"/> Yes <b>*specify below</b> <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>  <b>(Check all that apply)</b>	<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- <b>Specify:</b> _____ <input type="checkbox"/> Data not collected

<b>MONTHLY INCOME</b>		
Do you have income from any source?	<input type="checkbox"/> Yes <b>*specify below and provide an estimated monthly amount</b> <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 ( <i>GA</i> )		\$
<input type="checkbox"/> Other - <b>Specify:</b> _____		\$
<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 ( <i>SSDI</i> )		\$
<input type="checkbox"/> Supplemental Security Income ( <i>SSI</i> )		\$
<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		\$
<b>Total monthly income:</b>		<b>\$</b>

<b>ADDITIONAL DATA</b>		
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 <b>*ask follow-up question</b> <input type="checkbox"/> No <b>*ask follow-up question</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b><i>If employed, what type of employment is it?</i></b>	<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
<b><i>If not employed, why not?</i></b>	<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

<b>SEXUAL EXPLOITATION/TRAFFICKING</b>		
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 <b>*continue below</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF YES, CONTINUE WITH SECTION BELOW</b>		
<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 <b>*ask next question</b> <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

<b>WORKPLACE EXPLOITATION/LABOR TRAFFICKING</b>		
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 <b>*ask next 3 questions</b> <input type="checkbox"/> No <b>*ask next question</b>	<input type="checkbox"/> Client doesn't know <b>*ask next question</b> <input type="checkbox"/> Client refused <b>*ask next question</b> <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 <b>*continue below</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF YES TO EITHER OF THE PREVIOUS 2 QUESTIONS, CONTINUE WITH SECTION BELOW</b>		
<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

<b>SAFE &amp; APPROPRIATE EXIT</b>		
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?	<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

<b>PROJECT COMPLETION</b>	
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 &amp; 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> ) <b>*answer follow-up question</b>
<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 ( <i>youth refused to follow program rules or participate in activities as outlined in their plan of care</i> ) <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> )

<b>DISABILITY ADDENDUM</b> - 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
<b>Alcohol abuse without drug abuse:</b> (an impairment caused by alcohol abuse)	<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
If yes for <b>alcohol abuse without drug abuse</b> , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<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
<b>Drug abuse without alcohol abuse:</b> (an impairment caused by drug abuse)	<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
If yes for <b>drug abuse without alcohol abuse</b> , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<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
<b>Both alcohol and drug abuse:</b> (an impairment caused by both alcohol and drug abuse)	<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
If yes for <b>both alcohol and drug abuse</b> , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<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
<b>Chronic health condition:</b> (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)	<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
If yes for <b>chronic health condition</b> , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<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
<b>Mental health problem:</b> (a mental health problem may range from situational depression to serious mental illnesses)	<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 <b>mental health problem</b>, 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
<b>Physical disability:</b> <i>(physical impairment)</i>	<input type="checkbox"/> Yes <b>*ask next question</b> <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 <b>physical disability</b>, 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
<b>HIV/ AIDS:</b> <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
<b>Developmental disability:</b> <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

<b>CHILD'S DISABILITY ADDENDUM</b> - <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?  <b>(Check all that apply)</b>	<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> <b>(Check all that apply)</b>	<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