

*Last Name: _____ *DOB: _____ *Exit Date: _____

*First Name: _____ *SSN (last 4 digits): _____ *Project: _____

Exit Destination*Homeless Situation:

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter
- Place not meant for habitation
- Safe Haven

Institutional Situation:

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance use treatment facility or detox center

Transitional Housing Situation:

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

Other Exit Destination:

- Deceased
- No exit interview completed
- Other _____
- Client doesn't know
- Client prefers not to answer

Permanent Housing Situation:

- Rental by client, *no* ongoing housing subsidy
- Rental by client, *with* ongoing housing subsidy**
- Owned by client, *no* ongoing housing subsidy
- Owned by client, *with* ongoing housing subsidy

**** Rental Subsidy Type:**

- GPD TIP housing subsidy
- VASH Housing subsidy
- RRH or equivalent subsidy
- 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

RHY BCP Status

Complete RHY-BCP Status Determination only once, when the Status Determination has occurred.
There should only be one RHY-BCP Status Determination per Project Stay.

*Date of Status Determination

Runaway youth

- Yes**
- No
- Client doesn't know
- Client prefers not to answer

*Youth eligible for RHY services?

- Yes
- No, select reason not enrolled:
 - Out of age range
 - Ward of the State - Immediate reunification
 - Ward of the Criminal Justice system - Immediate reunification
 - Other

Disabling Conditions

Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently

- | | | | |
|---------------------------------|---|---|---|
| <u>Physical Disability:</u> | <input type="checkbox"/> Yes**
<input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer | **If yes, long term? <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <u>Developmental Disability</u> | <input type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer | |
| <u>Chronic Health Condition</u> | <input type="checkbox"/> Yes**
<input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer | **If yes, long term? <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <u>HIV - AIDS</u> | <input type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer | |
| <u>Mental Health Disorder</u> | <input type="checkbox"/> Yes**
<input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer | **If yes, long term? <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <u>Substance Use Disorder</u> | <input type="checkbox"/> Alcohol use** <input type="checkbox"/> Both **
<input type="checkbox"/> Drug use** <input type="checkbox"/> Neither | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer | **If yes, long term? <input type="checkbox"/> Yes
<input type="checkbox"/> No |

HUD Financial Assessment

- Income From Any Source? Yes** Client doesn't know
 No Client prefers not to answer

**If yes, select all that apply, and enter the amount earned per MONTH.

- | | |
|---|--|
| <input type="checkbox"/> \$_____ Unemployment | <input type="checkbox"/> \$_____ TANF |
| <input type="checkbox"/> \$_____ Earned Income (employment) | <input type="checkbox"/> \$_____ General Assistance |
| <input type="checkbox"/> \$_____ SSI <input type="checkbox"/> \$_____ SSDI | <input type="checkbox"/> \$_____ Retirement Income from Social Security |
| <input type="checkbox"/> \$_____ VA Service Connected Disability Compensation | <input type="checkbox"/> \$_____ Pension/Retirement from a former job |
| <input type="checkbox"/> \$_____ VA non-service Connected Disability Compensation | <input type="checkbox"/> \$_____ Child Support |
| <input type="checkbox"/> \$_____ Private Disability Insurance | <input type="checkbox"/> \$_____ Alimony/Spousal support |
| <input type="checkbox"/> \$_____ Worker's Compensation | <input type="checkbox"/> \$_____ Other income source, specify below
_____ |

Receiving Non-Cash Benefits?

If receiving Non-Cash benefits, select all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Yes** <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF Transportation |
| <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> WIC | <input type="checkbox"/> Other TANF Services |
| | <input type="checkbox"/> TANF Childcare | <input type="checkbox"/> Other non-cash benefit source
_____ |

Covered by Health Insurance?

- Yes** Client doesn't know
 No Client prefers not to answer

**If covered by insurance, select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Insurance Obtained Through COBRA |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other Health Insurance
_____ |

RHY Specific Information (not required for street outreach)

*Last Grade Completed

- Less than grade 5
- Grade 5 - 6
- Grade 7 - 8
- Grade 9 - 11
- Grade 12
- School program does not have grade levels
- Some college
- Associate degree
- Bachelor's degree
- Graduate degree
- Vocational certification
- Client doesn't know
- Client prefers not to answer

*School Status

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client doesn't know
- Client prefers not to answer

*Employed?

- Yes, Employment type?
 - Full time
 - Part time
 - Seasonal / sporadic (including day labor)
- No, why not?
 - Looking for work
 - Unable to work
 - Not looking for work
- Client doesn't know
- Client prefers not to answer

General Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Dental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Mental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Commercial Sexual Exploitation / Sex Trafficking

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?

- Yes**
- No

- Client doesn't know
- Client prefers not to answer

**In the last three months?

- Yes
- No

- Client doesn't know
- Client prefers not to answer

**How many times?

- 1 - 3
- 4 - 7
- 8 - 11
- 12 or more

- Client doesn't know
- Client prefers not to answer

Ever made/persuaded/forced to have sex in exchange for something?

- Yes**
- No

- Client doesn't know
- Client prefers not to answer

**In the last three months?

- Yes
- No

- Client doesn't know
- Client prefers not to answer

Labor Exploitation / Trafficking

Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?

- Yes** Client doesn't know
 No Client prefers not to answer

**Ever promised work where work or payment was different than you expected?

- Yes Client doesn't know
 No Client prefers not to answer

**Felt forced, coerced, pressured or tricked into continuing the job?

- Yes Client doesn't know
 No Client prefers not to answer

**In the last three months?

- Yes Client doesn't know
 No Client prefers not to answer

Counseling

*Client received counseling?

- Yes** No

*Identify the type(s) of counseling received:

- Individual
 Family
 Group, including peer counseling

*Identify the number of sessions received by exit _____

*Total number of sessions planned in youth's treatment or service plan _____

*A plan is in place to start or continue counseling after exit? Yes No

Safe and Appropriate Exit

*Exit destination safe --- as determined by client

- No Yes Client doesn't know Client prefers not to answer

*Exit destination safe --- as determined by project / caseworker

- No Yes Client doesn't know Client prefers not to answer

*Client has permanent positive adult connections outside of project

- No Yes Worker doesn't know

*Client has permanent positive peer connections outside of project

- No Yes Worker doesn't know

*Client has permanent positive community connections outside of project

- No Yes Worker doesn't know