

Staff: \_\_\_\_\_ Project Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

**Client Record**

<input type="checkbox"/> Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.
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Client	_____	Client ID	_____
Name	_____		

**Reason for Leaving**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed program                               | <input type="checkbox"/> Non-compliance with program  |
| <input type="checkbox"/> Criminal activity / violence                    | <input type="checkbox"/> Non-payment of rent          |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Other (specify): _____       |
| <input type="checkbox"/> Disagreement with rules/persons                 | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Unknown/disappeared          |
| <input type="checkbox"/> Needs could not be met                          |   |

**Destination****Homeless situations**

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- ☐ Safe haven

**Institutional situations**

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

**Temporary housing situations**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)  |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH                                    |
| <input type="checkbox"/> Host home (non-crisis)   |   |

**Permanent housing situations (if none of these options match, skip to "Other")**

- |  |  |
|--|--|
| <input type="checkbox"/> Staying or living with family, permanent tenure                         | <i>If "rental by client, with ongoing subsidy", select type</i>                          |
| <input type="checkbox"/> Staying or living with friends, permanent tenure                        | <input type="checkbox"/> GPD TIP housing subsidy   |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH                         | <input type="checkbox"/> VASH housing subsidy  |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy                            | <input type="checkbox"/> RRH or equivalent subsidy                                       |
| <input type="checkbox"/> Rental by client, with ongoing subsidy ( <u>select subsidy type →</u> ) | <input type="checkbox"/> HCV Voucher (tenant or project based)                           |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy                           | <input type="checkbox"/> Public housing unit   |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy                             | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy            |
|  | <input type="checkbox"/> Housing Stability Voucher                                       |
|  | <input type="checkbox"/> Family Unification Program Voucher (FUP)                        |
|  | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI)                   |
|  | <input type="checkbox"/> Permanent Supportive Housing                                    |
|  | <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |

**Other**

- |  |   |
|--|---|
| <input type="checkbox"/> No exit interview completed | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Other (specify): _____      | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Deceased                    |   |

## Client location as of assessment/review date

**i** Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.

Client Location (County) \_\_\_\_\_

## RHY Basic Center Program Status

Date of Status Determination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Youth Eligible for RHY Services

☐ No ☐ Yes

If no, reason why services are not funded by BCP grant

☐ Out of age range  
☐ Ward of the State – Immediate Reunification  
☐ Ward of the Criminal Justice System – Immediate Reunification  
☐ Other

If yes, runaway youth

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

## Health Insurance

Covered by Health Insurance ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Medicaid (MO HealthNet) ☐ No ☐ Yes

Medicare ☐ No ☐ Yes

State Children's Health Insurance Program ☐ No ☐ Yes

Veteran's Health Administration ☐ No ☐ Yes

Employer-Provided Health Insurance ☐ No ☐ Yes

Health Insurance obtained through COBRA ☐ No ☐ Yes

Private Pay Health Insurance ☐ No ☐ Yes

State Health Insurance for Adults ☐ No ☐ Yes

Indian Health Services Program ☐ No ☐ Yes

Other (specify): \_\_\_\_\_ ☐ No ☐ Yes

**i**

HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i**

**Data Entry Tip:**  
Remember to end date old records and create new records each time a source of health insurance changes.

## Monthly Income

Income from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Alimony and other spousal support ☐ No ☐ Yes: \$ \_\_\_\_\_

Child support ☐ No ☐ Yes: \$ \_\_\_\_\_

Earned income (i.e., employment income) ☐ No ☐ Yes: \$ \_\_\_\_\_

General Assistance (GA) ☐ No ☐ Yes: \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ ☐ No ☐ Yes: \$ \_\_\_\_\_

Pension or retirement income from a former job ☐ No ☐ Yes: \$ \_\_\_\_\_

Private disability insurance ☐ No ☐ Yes: \$ \_\_\_\_\_

Retirement Income from Social Security ☐ No ☐ Yes: \$ \_\_\_\_\_

Social Security Disability Insurance (SSDI) ☐ No ☐ Yes: \$ \_\_\_\_\_

Supplemental Security Income (SSI) ☐ No ☐ Yes: \$ \_\_\_\_\_

Temporary Assistance for Needy Families (TANF) ☐ No ☐ Yes: \$ \_\_\_\_\_

Unemployment Insurance ☐ No ☐ Yes: \$ \_\_\_\_\_

VA Non-Service-Connected Disability Pension ☐ No ☐ Yes: \$ \_\_\_\_\_

VA Service-Connected Disability Compensation ☐ No ☐ Yes: \$ \_\_\_\_\_

Worker's Compensation ☐ No ☐ Yes: \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

**i**

HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each.  
For any income sources where income is received, the monthly amount must also be recorded.

**i**

**Data Entry Tip:**  
Remember to end date old records and create new records each time a source of income changes.

## Non-Cash Benefits

**Non-Cash Benefits from Any Source** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP)  
(Previously known as Food Stamps) ☐ No ☐ Yes

Special Supplemental Nutrition Program for  
Women, Infants and Children (WIC) ☐ No ☐ Yes

TANF Child Care services ☐ No ☐ Yes

TANF transportation services ☐ No ☐ Yes

Other TANF-funded services ☐ No ☐ Yes

Other (specify): \_\_\_\_\_ ☐ No ☐ Yes



HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.



**Data Entry Tip:**  
Remember to end date old records and create new records each time a source of non-cash benefit changes.

## Education

**School Status** ☐ Attending School Regularly ☐ Attending School Irregularly ☐ Graduated High School  
☐ Obtained GED (incl. HiSET) ☐ Dropped Out ☐ Suspended  
☐ Expelled ☐ Client doesn't know ☐ Client prefers not to answer

**Last Grade Completed** ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8  
☐ Grades 9-11 ☐ Grade 12/High School Diploma ☐ School program does not have grade levels  
☐ GED (incl. HiSET) ☐ Some College ☐ Associate's Degree  
☐ Bachelor's Degree ☐ Graduate Degree ☐ Vocational Certification  
☐ Client doesn't know ☐ Client prefers not to answer

## Employment

**Employed?** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, type of employment:**

☐ Full-Time

☐ Part-Time

☐ Seasonal/Sporadic (including Day Labor)

**If no, why not employed:**

☐ Looking for Work

☐ Unable to Work

☐ Not Looking for Work

## Health

**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

**Pregnancy Status** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, due date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Commercial Sexual Exploitation/Sex Trafficking

Ever received anything in exchange for sex (e.g., money, food, drugs, shelter)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer		
If yes for "ever received anything in exchange for sex," has this occurred in the last three months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer		
If yes for "ever received anything in exchange for sex," how many times	<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 prefers not to answer
If yes for "ever received anything in exchange for sex," ever made/persuaded/forced to have sex in exchange for something?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer		
If yes for "ever made/persuaded/forced to have sex in exchange for something," in the last three months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer		

## Labor Exploitation/Trafficking

Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Ever promised work where work or payment was different than you expected?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
If yes for either "workplace violence threats" or "workplace promise difference," felt forced, pressured, or tricked into continuing job?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
If yes for either "workplace violence threats" or "workplace promise difference," in the last three months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

## Counseling

Client received counseling	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, identify type(s) of counseling received	<input type="checkbox"/> Individual	<input type="checkbox"/> Family <input type="checkbox"/> Group – including peer counseling
If yes, identify the number of sessions received by exit	_____	(can range from 1 to 48+)
Total number of sessions planned in youth's treatment or service plan	_____	(can range from 1 to 48+)
A plan is in place to start or continue counseling after exit	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Safe and Appropriate Exit

Exit destination safe – as determined by client	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Exit destination safe – as determined by the project/caseworker	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know	
Client has permanent positive adult connections outside of project	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know	
Client has permanent positive peer connections outside of project	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know	
Client has permanent positive community connections outside of project	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Worker does not know	

## Project Completion Status

### Project Completion Status

- ☐ Completed project ☐ Client voluntarily left early
- ☐ Client was expelled or otherwise involuntarily discharged from project
- ☐ Criminal activity/destruction of property/violence
- ☐ Non-compliance with project rules
- ☐ Non-payment of rent/occupancy charge
- ☐ Reached maximum time allowed by project
- ☐ Project terminated
- ☐ Unknown/disappeared

If "client was expelled or otherwise involuntarily discharged from project" select the major reason

## Disabilities

- ① If one or more of the options below with an asterisk(\*) has been selected, the answer to "disabling condition" must be "yes."  
If none of the answers below with an asterisk(\*) has been selected, the answer to "disabling condition" may be "yes" or "no."

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

## Domestic Violence

- ① "Domestic violence" is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Survivor of Domestic Violence? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, when experience occurred

☐ Within the past three months ☐ Three to six months ago

☐ From six to twelve months ago ☐ More than a year ago

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

If yes, currently fleeing? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**BE SURE TO LOG ANY RHY SPECIFIC SERVICES THAT WERE PROVIDED AT THE TIME OF EXIT!**