

HMIS Data Collection Form for Project EXIT/Annual Review – RHY Projects

DATA FOR ALL Clients A separate form should be included for each household member. Each household member may have separate exit dates, destinations, etc.

FORM TYPE:

Project Exit

Annual Review

No Exit Interview Completed

CLIENT (name or other identifier)

PROJECT EXIT/REVIEW DATE (e.g., 08/24/2017)

The Project Exit Date will serve as the information date for all data elements collected on this form.

		/			/				
Month			Day			Year			

EXIT REASON

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Criminal Activity/Violence | <input type="checkbox"/> Needs Could Not Be Met | <input type="checkbox"/> Reached Maximum Time Allowed |
| <input type="checkbox"/> Death | <input type="checkbox"/> Non-Compliance with Program | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Disagreement with Rules/Persons | <input type="checkbox"/> Non-Payment of Rent | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Left for Housing Opp. Before Completing Program | <input type="checkbox"/> No Progress | |

DESTINATION

Which of the following most closely matches where the client will be staying right after leaving this project?

- | | | | |
|-----------------------------------|--|-----------------------|---|
| Homeless Situations | <input type="checkbox"/> Place not meant for habitation | Continuum PH | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | | <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons |
| | <input type="checkbox"/> Safe Haven | | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy |
| | <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) | Rent/Own with Subsidy | <input type="checkbox"/> Rental by client, with VASH housing subsidy |
| | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| Non-Homeless Temporary Situations | <input type="checkbox"/> Residential project or halfway house with no homeless criteria | Rent/Own no Subsidy | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| | <input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment, or house) | | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| | <input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment, or house) | Other Permanent | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | | <input type="checkbox"/> Staying or living with family, permanent tenure |
| Institutional Situations | <input type="checkbox"/> Substance abuse treatment facility or detox center | | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | Other | <input type="checkbox"/> Deceased |
| | <input type="checkbox"/> Jail, prison, or juvenile detention facility | | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Foster care home or foster care group home | | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Long-term care facility or nursing home | | <input type="checkbox"/> Client refused |

DATA FOR ALL ADULTS (CONTINUED)

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)		
Earned income (i.e., employment income)	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Private disability insurance	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Worker's Compensation	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Child support	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Other source If yes, specify source: _____	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	\$. 0 0
Total monthly income from all sources			\$. 0 0

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF Child Care services (or use local name)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF transportation services (or use local name)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other TANF-Funded Services (or use local name)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other source	No	<input type="checkbox"/>
If yes, specify source: _____	Yes	<input type="checkbox"/>

HEALTH INSURANCE

Is the client currently covered by health insurance?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

DISABLING CONDITION

Does the client currently have a disabling condition?

A disabling condition is any of the below-indicated disabilities or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

- No Client doesn't know
 Yes Client refused



[IF YES] Answer 'Yes' or 'No' for each Disability Type.

No	Yes	Disability Type	[IF YES], expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Health Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Problem	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Both Drug & Alcohol	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

Last Grade Completed:

School Status:

- | | |
|---|--|
| <input type="checkbox"/> Attending School Regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated High School | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Dropped Out | |

General Health Status:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Fair | |

Dental Health Status

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client refused
- Client Doesn't Know

Mental Health Status:

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client refused
- Client Doesn't Know

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

- No
- Yes

- Client doesn't know
- Client refused

In the past three months?

- Yes
- No
- Client Doesn't Know
- Client Refused

How many times?

- 1 - 3
- 4 - 7
- 8 - 11
- 12 or more
- Client doesn't know
- Client refused

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

- No
- Yes
- Client doesn't know
- Client refused

In the past three months?

- Yes
- No
- Client Doesn't Know
- Client Refused

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

- No
- Yes

- Client doesn't know
- Client refused

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

- No
- Yes

- Client doesn't know
- Client refused

If yes for either "Workplace violence threats" or Workplace promise difference", Felt forced coerced, pressured, or tricked into continuing?:

- No
- Yes

- Client doesn't know
- Client refused

If yes for either "Workplace violence threats" or Workplace promise difference", In the last three months?:

- No
- Yes

- Client doesn't know
- Client refused

Project Completion Status:

- Completed Project
- Youth voluntarily left early
 - Left for other opportunities – Independent living
 - Left for other opportunities – Education
 - Left for other opportunities – Military
 - Left for other opportunities – Other
 - Needs could not be met by project

Youth 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

Counseling Received by client:

- Individual
- Family
- Group – including peer counseling

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:

- No
- Yes

Exit destination safe – as determined by the client:

- No
- Yes
- Client doesn't know
- Client refused

Exit destination safe – as determined by the project/caseworker:

- No
- Yes
- Worker does not know

Client has permanent positive adult connections outside of project:

- No
- Yes
- Worker does not know

Client has permanent positive peer connections outside of project:

- No
- Yes
- Worker does not know

Client has permanent positive community connections outside of project:

- No
- Yes
- Worker does not know

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____