Bridging the Gap - RHY TLP, BCP and Street Outreach Programs   Child Exit Form

Last Name*_____   **First Name***_____

Exit Date*_____   **Alias** _____

Project (Program)*_____

Case Worker _____   **Last 4 digits of SSN** _____

HUD Program Data

Exit Destination*

☐ Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter

☐ Place not meant for habitation – unsheltered, living on the street, beach, part, etc.

☐ Safe Haven

INSTITUTIONAL SITUATIONS:

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center

☐ Hospital or other residential non-psychiatric medical facility

☐ Long-term care facility or nursing home

☐ Foster care home or foster care group home

☐ Jail, prison, or juvenile detention facility

TEMPORARY AND PERMANENT SITUATIONS:

☐ Transitional housing for homeless persons (including homeless youth

☐ Permanent housing (other than RRH) for formerly homeless persons

☐ Rental by client, no on-going housing subsidy

☐ Owned by client, no on-going housing subsidy

☐ Staying or living with family, temporary tenure

☐ Staying or living with friends, temporary tenure

☐ Hotel/motel paid for without emergency shelter voucher

☐ Rental by client with VASH housing subsidy

☐ Rental by client, other ongoing housing subsidy (Low-income housing, Section 8)

☐ Owned by client, with housing subsidy

☐ Staying or living with family, permanent tenure

☐ Staying or living with friends, permanent tenure

☐ Moved from HOPWA funded project to HOPWA PH

☐ Moved from HOPWA funded project to HOPWA TH

☐ Rental by client, GPD TIP housing subsidy

☐ Residential project or halfway house; no homeless criteria

☐ Rental by client, with RRH or equivalent subsidy

☐ Host Home non-crisis

☐ Rental by client with HCV voucher (tenant or project based)

☐ Rental by client in a public housing unit

OTHER:

☐ No exit interview completed

☐ Deceased

☐ Other _____

☐ Client doesn't know

☐ Client refused

☐ Data not collected

Health Insurance*

Are you covered by health insurance?

☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

HUD Program Data (Continued)

Disabling Condition

Substance Use Disorder* (If "NO" selected, skip to Mental Health)

☐ No   ☐ Drug Use Disorder   ☐ Both Alcohol and Drug Use Disorder

☐ Alcohol Use Disorder   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

  a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

  a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

  a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

Physical Disability* (If "NO" selected, skip to Health Insurance Assessment)

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

  a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐No   ☐Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

Health Insurance Assessment (*if yes to health insurance*)

☐ Medicaid   ☐ Health Insurance through Cobra

☐ Medicare   ☐ State Health Insurance for Adults

☐ State Children's Health Insurance   ☐ Private Insurance

☐ VA-Veteran's Administration Medical Services   ☐ Indian Health Services Program

☐ Employer-Provided Health Insurance   ☐ Other _____