Agency Name:

# HUD-RHY PROJECT INTAKE FORM

**Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.**

**PROJECT START DATE** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***/*** |  |  | ***/*** |  |  |  |  |

**Month Day Year SOCIAL SECURITY NUMBER** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | ***-*** |  |  | ***-*** |  |  |  |  |

QUALITY OF SOCIAL SECURITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Approximate or partial SSN reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT NAME** *[All Clients]* | | | | | | | | | | | | | | | | | | | **N/A** |
| Last |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| First |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |

QUALITY OF CURRENT NAME

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full name reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**DATE OF BIRTH** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***/*** |  |  | ***/*** |  |  |  |  | Age: |

Month Day Year QUALITY OF DATE OF BIRTH

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**GENDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child) | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn’t know |
| ○ | Transgender | ○ | Client prefers not to answer |
| ○ | Non-Binary | ○ | Data not collected |

**RACE AND ETHNICITY** (Select all applicable) *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| ○ | Asian or Asian American | ○ | White |
| ○ | Black, African American, or African | ○ | Client doesn’t know |
| ○ | Hispanic/Latina/e/o | ○ | Client prefers not to answer |
| ○ | Middle Eastern or North African | ○ | Data not collected |

**VETERAN STATUS** *[All Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**IF “YES” TO VETERAN STATUS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year entered military service (year)** | |  | | |
| **Year separated from military service (year)** | |  | | |
| **Theater of Operations: World War II** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Korean War** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Vietnam War** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Persian Gulf War (Desert Storm)** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Afghanistan (Operation Enduring Freedom)** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Iraq (Operation Iraqi Freedom)** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Iraq (Operation New Dawn)** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Theater of Operations: Other peace-keeping operations or military interventions (such as**  **Lebanon, Panama, Somalia, Bosnia, Kosovo)** | | | | |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client prefers not to answer |
|  | | | ○ | Data not collected |
| **Branch of the Military** | | | | |
| Army | | | ○ | Space Force |
| Air Force | | | ○ | Client doesn’t know |
| Navy | | | ○ | Client prefers not to answer |
| Marines | | | ○ | Data not collected |
| Coast Guard | | |  | |

|  |  |  |
| --- | --- | --- |
| **Discharge Status** | | |
| Honorable | **○** | Uncharacterized |
| General under honorable conditions | ○ | Client doesn’t know |
| Other than honorable conditions (OTH) | ○ | Client prefers not to answer |
| Bad Conduct | ○ | Data not collected |
| Dishonorable |  | |

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self | ○ | Head of household - other relation to member |
| ○ | Head of household’s child | ○ | Other: non-relation member |
| ○ | Head of household’s spouse or partner |  | |

**ENROLLMENT CoC** *[only if multiple CoC’s]*

WHEN CLIENT WAS ENGAGED

*[Complete Date of Engagement When Client Has Been Engaged –Street Outreach Projects, for Adults & Head of Household]*

**Date of Engagement:**

/ /

**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** | | | |
| **Housing Move-In Date:** *[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]* | | / / | |

PRIOR LIVING SITUATION

**TYPE OF RESIDENCE** *[Head of Household and Adults Only]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle,  an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Hotel or motel paid for without emergency shelter voucher |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Host Home (non-crisis) |
| ○ | Safe Haven | ○ | Staying or living in a friend’s room, apartment,  or house |
| ○ | Foster care home or foster care group home | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Hospital or other residential non-psychiatric  medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on-going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on-going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Client doesn’t know |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client prefers not to answer |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** | | | |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

LENGTH OF STAY IN PRIOR LIVING SITUATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than  one year | ○ | Client prefers not to  answer |
| ○ | One week or more, but less than one month | ○ | One year or longer | ○ | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

**LENGTH OF STAY LESS THAN 90 DAYS** [*Institutional Housing Situations]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN**

*[Head of Household and Adults]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | Yes | ○ | | No |
| **Approximate Date This Episode of Homelessness Started** | | | / / | |
| **Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years** | | | | |
| ○ | One Time | ○ | | Client doesn’t know |
| ○ | Two Times | ○ | | Client prefers not to answer |
| ○ | Three Times | ○ | | Data not collected |
| ○ | Four or More Times |  | | |
| **Total number of *months* homeless on the streets, ES, or Safe Haven in the last 3 years** | | | | |
| ○ | One month (this time is the first month) | ○ | | Client doesn’t know |
| ○ | 2-12 months (specify number of months): | ○ | | Client prefers not to answer |
| ○ | More than 12 months | ○ | | Data not collected |

**RHY BCP STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Status Determination | | | | **○** | **/ /** | | |
| **Youth Eligible for RHY Services** | | | | | | | |
| **○** | No | | | **○** | Yes | | |
| **IF “No” for Youth Eligible for RHY Services – Reason services are not funded by BCP grant** | | | | | | | |
| **○** | Out of age range | **○** | Ward of the criminal justice system – immediate reunification | | | | |
| **○** | Ward of the State – Immediate Reunification | | | | | **○** | Other |
| **If “Yes” for Youth Eligible for RHY Services – Runaway Youth?** | | | | | | | |
| **○** | No | | | | | **○** | Client doesn’t know |
| **○** | Yes | | | | | **○** | Client prefers not to answer |
|  | | | | | | **○** | Data not collected |

**DISABLING CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite  duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**MENTAL HEALTH DISORDER** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite  duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**SUBSTANCE USE DISORDER** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | | | ○ | Client prefers not to answer |
| ○ | Drug use disorder | | | ○ | Data not collected |
| ○ | Both alcohol and drug use disorders | | |  | |
| **IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite  duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **○** | No | | **○** | Client doesn’t know | |
| **○** | Yes | | **○** | Client prefers not to answer | |
|  | | | **○** | Data not collected | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | |
| **Income Source** | | **Amount** | **Income Source** | | **Amount** |
| **○** | Earned Income |  | **○** | Temporary Assistance for Needy Families (TANF) |  |
| **○** | Unemployment Insurance |  | **○** | General Assistance (GA) |  |
| **○** | Supplemental Security Income (SSI) |  | **○** | Retirement income from Social Security |  |
| **○** | Social Security Disability Insurance (SSDI) |  | **○** | Pension or retirement income from a former job |  |
| **○** | VA Service-Connected Disability Compensation |  | **○** | Child support |  |
| **○** | VA Non-Service-Connected Disability Pension |  | **○** | Alimony and other spousal support |  |
| **○** | Private Disability Insurance |  | **○** | Other income source *(specify):* |  |
| **○** | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** | | | | | |

**RECEIVING NON-CASH BENEFITS** *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS** | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE | ○ | Health Insurance Obtained Through COBRA |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance |
| ○ | Veteran’s Health Administration (VHA) | ○ | State Health Insurance for Adults |
| ○ | Other (specify): | ○ | Indian Health Services Program |

## HUD-RHY SPECIFIC YOUTH INFORMATION

**SEXUAL ORIENTATION** *[Adults and Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Heterosexual | ○ | Other |
| ○ | Gay | *If Other please specify:* | |
| ○ | Lesbian | ○ | Client doesn’t know |
| ○ | Bisexual | ○ | Client prefers not to answer |
| ○ | Questioning/Unsure | ○ | Data not collected |

**LAST GRADE COMPLETED** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate’s degree |
| ○ | Grades 5-6 | ○ | Bachelor’s degree |
| ○ | Grades 7-8 | ○ | Graduate degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12/High school diploma | ○ | Client doesn’t know |
| ○ | School program does not have grade levels | ○ | Client prefers not to answer |
| ○ | GED | ○ | Data not collected |
| ○ | Some college |  | |

**SCHOOL STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Attending school regularly | ○ | Suspended |
| ○ | Attending school irregularly | ○ | Expelled |
| ○ | Graduated from high school | ○ | Client doesn’t know |
| ○ | Obtained GED | ○ | Client prefers not to answer |
| ○ | Dropped out | ○ | Data not collected |

**EMPLOYMENT STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employed** | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **If “Yes” for employed – Type of employment** | | | |
| ○ | Full-time | ○ | Seasonal/sporadic (including day labor) |
| ○ | Part-time |  | |
| **If “No” for employed – Why not employed** | | | |
| ○ | Looking for work | ○ | Not looking for work |
| ○ | Unable to work |  | |

**GENERAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent | ○ | Poor |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

**DENTAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent | ○ | Poor |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

**MENTAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent | ○ | Poor |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

**PREGNANCY STATUS** *[Adults and Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **I**f **“Yes” for Pregnancy Status** | | | |
| **Due Date** | | **/ /** | |

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **If “Yes” for Formerly a Ward of Child Welfare/Foster Care Agency** | | | |
| ○ | Less than one year | ○ | 3 to 5 years or more |
| ○ | 1 to 2 years |  | |
| **If “Less than one year” – Number of months** | |  | |

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **If “Yes” for Formerly a Ward of Juvenile Justice System** | | | |
| ○ | Less than one year | ○ | 3 to 5 years or more |
| ○ | 1 to 2 years |  | |
| **If “Less than one year” – Number of months** | |  | |

**FAMILY CRITICAL ISSUES** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unemployment – Family Member | ○ | No | ○ | Yes |
| Mental Health Disorder – Family Member | ○ | No | ○ | Yes |
| Physical Disability – Family Member | ○ | No | ○ | Yes |
| Alcohol or Substance Use Disorder – Family Member | ○ | No | ○ | Yes |
| Insufficient income to support youth – Family Member | ○ | No | ○ | Yes |
| Incarcerated parent of youth | ○ | No | ○ | Yes |

**REFERRAL SOURCE** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self -referral | ○ | Law Enforcement/Police |
| ○ | Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual | ○ | Mental Hospital |
| ○ | Outreach | ○ | School |
| ○ | Temporary Shelter | ○ | Other organization |
| ○ | Residential Project | ○ | Client doesn’t know |
| ○ | Hotline | ○ | Client prefers not to answer |
| ○ | Child Welfare/CPS | ○ | Data not collected |
| ○ | Juvenile Justice |  | |
| **If Referral Source is “Outreach Project” – Number of times**  **approached by Outreach prior to entering project** | |  | |

Signature of applicant stating all information is true and correct Date

Agency Name:

# HUD-RHY UPDATE ASSESSMENT FORM

**Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.**

**CLIENT NAME OR IDENTIFIER:** **PROJECT STATUS DATE** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  |

Month Day Year

**IN PERMANENT HOUSING** [Permanent Housing Projects, for Head of Household]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** | | | |
| **Housing Move-In Date:\*** | | / / | |
| \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* | | | |

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**MENTAL HEALTH DISORDER** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite  duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**SUBSTANCE USE DISORDER** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | | | ○ | Client prefers not to answer |
| ○ | Drug use disorder | | | ○ | Data not collected |
| ○ | Both alcohol and drug use disorders | | |  | |
| IF **“ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE**  **DISORDERS” – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | ○ | Client doesn’t know | |
| ○ | Yes | | ○ | Client prefers not to answer | |
|  | | | ○ | Data not collected | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | |
| Income Source | | Amount | Income Source | | Amount |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** | | | | | |

**RECEIVING NON-CASH BENEFITS** *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE** – **HEALTH INSURANCE COVERAGE DETAILS** | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE | ○ | Health Insurance Obtained Through COBRA |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance |
| ○ | Veteran’s Health Administration (VHA) | ○ | State Health Insurance for Adults |
| ○ | Other (specify): | ○ | Indian Health Services Program |

## RHY SPECIFIC YOUTH INFORMATION

**PREGNANCY STATUS** *[Adults and Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **If “Yes” for Pregnancy Status** | | | |
| **Due Date** | | / / | |

Signature of applicant stating all information is true and correct Date

Agency Name:

# HUD-RHY PROJECT EXIT FORM

**Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.**

**CLIENT NAME OR IDENTIFIER:** **PROJECT EXIT DATE** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  |

Month Day Year

**ENROLLMENT CoC** *[only if multiple CoC’s]*

**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** | | | |
| **Housing Move-In Date:\*** | | / / | |
| \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* | | | |

**DESTINATION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway  station/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or  Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non-psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on-going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on-going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected |
| ○ | Staying or living in a family member’s room,  apartment or house |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** | | | |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

**PROJECT COMPLETION STATUS** *[Adults and Head of Household: All RHY Components except Street Outreach and BCP Prevention]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Completed project | ○ | Client was expelled or otherwise involuntarily discharged from project |
| ○ | Client voluntarily left early |

If youth was expelled or otherwise involuntarily discharged – Major reason

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Criminal activity/destruction of property/violence | ○ | Reached max times allowed by project |
| ○ | Non-compliance with project rules | ○ | Project terminated |
| ○ | Non-payment of rent/occupancy charge | ○ | Unknown/disappeared |

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**MENTAL HEALTH DISORDER** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**SUBSTANCE USE DISORDER** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | | | ○ | Client prefers not to answer |
| ○ | Drug use disorder | | | ○ | Data not collected |
| ○ | Both alcohol and drug use disorders | | |  | |
| **IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY** | | | | | |
| Expected to be of long-continued and indefinite  duration and substantially impairs ability to live | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | | | | ○ | Data not collected |

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | ○ | Client doesn’t know | |
| ○ | Yes | | ○ | Client prefers not to answer | |
|  | | | ○ | Data not collected | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | |
| **Income Source** | | **Amount** | **Income Source** | | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** | | | | | |

**RECEIVING NON-CASH BENEFITS** *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women,  Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | No | **○** | Client doesn’t know |
| **○** | Yes | **○** | Client prefers not to answer |
|  | | **○** | Data not collected |
| **IF “YES” TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS** | | | |
| **○** | MEDICAID | **○** | Employer Provided Health Insurance |
| **○** | MEDICARE | **○** | Health Insurance Obtained Through COBRA |
| **○** | State Children’s Health Insurance (SCHIP) | **○** | Private Pay Health Insurance |
| **○** | Veteran’s Health Administration (VHA) | **○** | State Health Insurance for Adults |
| **○** | Other (specify): | **○** | Indian Health Services Program |

## RHY SPECIFIC YOUTH INFORMATION

**LAST GRADE COMPLETED** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Less than Grade 5 | **○** | Associate’s degree |
| **○** | Grades 5-6 | **○** | Bachelor’s degree |
| **○** | Grades 7-8 | **○** | Graduate degree |
| **○** | Grades 9-11 | **○** | Vocational certification |
| **○** | Grade 12/High school diploma | **○** | Client doesn’t know |
| **○** | School program does not have grade levels | **○** | Client prefers not to answer |
| **○** | GED | **○** | Data not collected |
| **○** | Some college |  | |

**SCHOOL STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Attending school regularly | **○** | Suspended |
| **○** | Attending school irregularly | **○** | Expelled |
| **○** | Graduated from high school | **○** | Client doesn’t know |
| **○** | Obtained GED | **○** | Client prefers not to answer |
| **○** | Dropped out | **○** | Data not collected |

**EMPLOYMENT STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employed** | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **If “Yes” for employed – Type of employment** | | | |
| ○ | Full-time | ○ | Seasonal/sporadic (including day labor) |
| ○ | Part-time |  | |
| **If “No” for employed – Why not employed** | | | |
| ○ | Looking for work | ○ | Not looking for work |
| ○ | Unable to work |  | |

**GENERAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

**DENTAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

**MENTAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | Excellent | **○** | Poor |
| **○** | Very good | **○** | Client doesn’t know |
| **○** | Good | **○** | Client prefers not to answer |
| **○** | Fair | **○** | Data not collected |

**COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING** *[Adults and Head of Household]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **How many times (ever)?** | | | | | |
| ○ | 1-3 | | | ○ | Client doesn’t know |
| ○ | 4-7 | | | ○ | Client prefers not to answer |
| ○ | 8-11 | | | ○ | Data not collected |
| ○ | 12 or more | | |  | |
| **Ever made/persuaded/forced to have sex in exchange for something?** | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO “EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |

**LABOR EXPLOITATION/TRAFFICKING** *[Adults and Head of Household]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?** | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **Ever promised work where work or payment was different than you expected?** | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO EITHER “WORKPLACE VIOLENCE THREATS” OR “WORKPLACE PROMISE DIFFERENCE”** | | | | | |
| Felt forced, coerced, pressured or tricked into continuing the job? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| **IF “YES” TO EITHER “WORKPLACE VIOLENCE THREATS” OR “WORKPLACE PROMISE DIFFERENCE”** | | | | | |
| In the last three months? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |

**COUNSELING** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |
| --- | --- |
| ○ | No |
| ○ | Yes |

IDENTIFY the TYPE(s) of COUNSELING RECEIVED

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Individual | ○ | Group – including peer counseling |
| ○ | Family |  | |

Identify the number of sessions received by exit

Total number of session(s) planned in youth’s treatment or service plan

A plan is in place to start or continue counseling after exit?

|  |  |
| --- | --- |
| ○ | No |
| ○ | Yes |

SAFE AND APPROPRIATE EXIT

*[Adults and Head of Household: All RHY Components except Street Outreach and Homeless Prevention]*

Exit destination safe – as determined by the **client**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  | |

Client has permanent **positive adult connections** outside of project?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  | |

Client has permanent **positive peer connections** outside of project

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  | |

Client has permanent **positive community connections** outside of project

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Worker doesn’t know |
| ○ | Yes |  | |

**CONTACT INFORMATION** *[Optional – can be entered in Contact Tab]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Type** |  | | | | | | | | | |
| **Email** |  | | | | | | | | | |
| **Phone (#1)** |  |  |  |  |  |  |  |  |  |  |
| **Phone (#2)** |  |  |  |  |  |  |  |  |  |  |
| **Active Contact** | ○ | Yes | | | | ○ | No | | | |
| **Private** | ○ | Yes | | | | ○ | No | | | |
| **Contact Date** |  | | | | | | | | | |
| **Note** |  | | | | | | | | | |

**CURRENT ADDRESS (IF APPLICABLE)** *[Optional – can be entered in Location Tab]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Street** |  | | |
| **City** |  | | |
| **Street** |  | **Zip Code** |  |

Signature of applicant stating all information is true and correct Date

Agency Name:

# HUD-RHY PROJECT POST-EXIT FORM

**Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.**

CLIENT NAME OR IDENTIFIER:

PROJECT POST-EXIT DATE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  |

Month Day Year

AFTERCARE WAS PROVIDED

*[Adults & Head of Household; All RHY Program Types Except Street Outreach]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client prefers not to answer |
| ○ | Yes |

**If yes – Identify the primary way it was provided** [If ‘yes’ to “Aftercare was Provided”]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Email/Social Media | ○ | In person: one-on-one |
| ○ | Phone | ○ | In person: group |

Signature of applicant stating all information is true and correct Date

Agency Name:

# CURRENT LIVING SITUATION

**Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.**

Record the date and location of each interaction/contact with a client by recording their *Current Living Situation*. The first *Current Living Situation* with the client will occur at the same point as *Project Start Date.*

**DATE OF CONTACT** *[Adults and Head of Household]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **/** |  |  | **/** |  |  |  |  |

Month Day Year

**CURRENT LIVING SITUATION** *[Adults and Head of Household]*

FOR PROGRAMS FUNDED SOLELY BY PATH only the following values should be selected: “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, or Host Home shelter,""Safe Haven,""Other,” or “Worker unable to determine.”

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Host Home (non-crisis) |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or  Host Home shelter | ○ | Staying or living in a friend’s room, apartment, or house |
| ○ | Safe Haven | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Foster care home or foster care group home | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Hospital or other residential non-psychiatric medical facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Owned by client, with on-going housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, no on-going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Other |
| ○ | Substance abuse treatment facility or detox center | ○ | Worker unable to determine |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client doesn’t know |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Client prefers not to answer |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Data not collected |
| **IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:** | | | |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

**LIVING SITUATION VERIFIED BY** *[Coordinated Entry Programs Only]*

|  |  |
| --- | --- |
| ○ | Name of Program |

Is the client going to have to leave their current living situation within 14 days?

*[If ‘Current Living Situation’ response is a non-homeless situation]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

Has a subsequent residence been identified?

*[If ‘Yes’ to ‘Is client going to have to leave their current living situation within 14 days?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

Does an individual or family have resources or support networks to obtain other permanent housing?

*[If ‘Yes’ to ‘Is client going to have to leave their current living situation within 14 days?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

*[If ‘Yes’ to ‘Is client going to have to leave their current living situation within 14 days?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

Has the client moved 2 or more times in the last 60 days?

*[If ‘Yes’ to ‘Is client going to have to leave their current living situation within 14 days?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

Location Details

Signature of applicant stating all information is true and correct Date

# Chicago Custom Questions

AMI Level

|  |  |
| --- | --- |
| ○ | Under 30% |
| ○ | 30% - 49% |
| ○ | 50% - 79% |
| ○ | 80% - 99% |
| ○ | 100% and Above |

# Employment

Are you currently employed?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

How many hours do you work in a typical week?

|  |  |
| --- | --- |
| ○ | 30 hours or more |
| ○ | 20 to 29 hours |
| ○ | 10 to 19 hours |
| ○ | Less than 10 hours |
| ○ | Not employed |

Do you have a disability or health condition that limits your ability to work?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Are you currently looking for work?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

# Education

Current school enrollment and attendance

|  |  |
| --- | --- |
| ○ | Not currently enrolled in any school or education course |
| ○ | Currently enrolled but NOT attending regularly |
| ○ | Currently enrolled and attending regularly |
| ○ | Client doesn't know |
| ○ | Client refused |

Are you currently enrolled in school?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Are you attending school regularly?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

What is the highest level of education you have completed?

|  |  |
| --- | --- |
| ○ | Less than 9th grade |
| ○ | 9th-11th grade |
| ○ | 12th but no diploma |
| ○ | High school diploma/GED |
| ○ | Some vocational training or trade school, but no credential or certificate |
| ○ | Credential or certificate from vocational training or trade school |
| ○ | Some college credit, but no degree |
| ○ | Associate’s or two-year degree |
| ○ | Bachelor’s or four-year degree or more |
| ○ | Other [Explain] |

There are people I can depend on to help me if I really need it.

|  |  |
| --- | --- |
| ○ | Strongly Disagree |
| ○ | Disagree |
| ○ | Agree |
| ○ | Strongly Agree |

# Pregnancy/Parenthood

Are you currently pregnant or do you have a pregnant partner?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Are you a parent?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Does your child/do (any of) your children live with you?

|  |  |
| --- | --- |
| ○ | Yes, full time |
| ○ | Yes, some of the time |
| ○ | No |
| ○ | Not applicable |