

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]

			-			-			
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### QUALITY OF SOCIAL SECURITY

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### CURRENT NAME [All Clients]

	[All Clients]																N/A	
Last																		<input type="radio"/>
First																		<input type="radio"/>
Middle																		<input type="radio"/>
Suffix																		<input type="radio"/>

### QUALITY OF CURRENT NAME

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### DATE OF BIRTH [All Clients]

		/			/				Age:
Month			Day			Year			

### QUALITY OF DATE OF BIRTH

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### GENDER [All Clients]

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

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

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**IF "YES" TO VETERAN STATUS**

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

<b>Discharge Status</b>		
Honorable	<input type="radio"/>	Uncharacterized
General under honorable conditions	<input type="radio"/>	Client doesn't know
Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
Bad Conduct	<input type="radio"/>	Data not collected
Dishonorable		

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

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	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]*

<b>Date of Engagement:</b>	___/___/_____
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
<b>Housing Move-In Date:</b> <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>		___/___/_____	

**PRIOR LIVING SITUATION**

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

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

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

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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**LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]**

<input type="radio"/>	No	<input type="radio"/>	Yes
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**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]**

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

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

Date of Status Determination	<input type="radio"/>	___/___/___	
<b>Youth Eligible for RHY Services</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "No" for Youth Eligible for RHY Services – Reason services are not funded by BCP grant</b>			
<input type="radio"/>	Out of age range	<input type="radio"/>	Ward of the criminal justice system – immediate reunification
<input type="radio"/>	Ward of the State – Immediate Reunification	<input type="radio"/>	Other
<b>If "Yes" for Youth Eligible for RHY Services – Runaway Youth?</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> 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 independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> 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 independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected
<input type="radio"/> 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 independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

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

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other ( <i>specify</i> ):	<input type="radio"/> Other TANF-funded services

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other ( <i>specify</i> ):	<input type="radio"/> Indian Health Services Program

## HUD-RHY SPECIFIC YOUTH INFORMATION

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

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

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

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associate's degree
<input type="radio"/> Grades 5-6	<input type="radio"/> Bachelor's degree
<input type="radio"/> Grades 7-8	<input type="radio"/> Graduate degree
<input type="radio"/> Grades 9-11	<input type="radio"/> Vocational certification
<input type="radio"/> Grade 12/High school diploma	<input type="radio"/> Client doesn't know
<input type="radio"/> School program does not have grade levels	<input type="radio"/> Client prefers not to answer
<input type="radio"/> GED	<input type="radio"/> Data not collected
<input type="radio"/> Some college	

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

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<input type="radio"/> Attending school irregularly	<input type="radio"/> Expelled
<input type="radio"/> Graduated from high school	<input type="radio"/> Client doesn't know
<input type="radio"/> Obtained GED	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

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

<b>Employed</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for employed – Type of employment</b>	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
<b>If "No" for employed – Why not employed</b>	
<input type="radio"/> Looking for work	<input type="radio"/> Not looking for work
<input type="radio"/> Unable to work	

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for Pregnancy Status</b>	
<b>Due Date</b>	___/___/_____

**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency</b>	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
<b>If "Less than one year" – Number of months</b>	

**FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM**

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for Formerly a Ward of Juvenile Justice System</b>	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
<b>If "Less than one year" – Number of months</b>	

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

Unemployment – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Mental Health Disorder – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Physical Disability – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Alcohol or Substance Use Disorder – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Insufficient income to support youth – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Incarcerated parent of youth	<input type="radio"/> No	<input type="radio"/> Yes



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

<input type="checkbox"/>	Self -referral	<input type="checkbox"/>	Law Enforcement/Police
<input type="checkbox"/>	Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	<input type="checkbox"/>	Mental Hospital
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	School
<input type="checkbox"/>	Temporary Shelter	<input type="checkbox"/>	Other organization
<input type="checkbox"/>	Residential Project	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hotline	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Child Welfare/CPS	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Juvenile Justice		
<b>If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project</b>			

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**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]

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-In Date:*	___/___/_____
<i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i>	

### PHYSICAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

### DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

### MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

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

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other ( <i>specify</i> ):	<input type="radio"/> Other TANF-funded services

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**RHY SPECIFIC YOUTH INFORMATION**

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for Pregnancy Status</b>	
<b>Due Date</b>	____/____/_____

---

**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]*

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-In Date:*	___/___/_____
<i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i>	

**DESTINATION** *[All Clients]*

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

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	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]*

<input type="radio"/>	Completed project	<input type="radio"/>	Client was expelled or otherwise involuntarily discharged from project
<input type="radio"/>	Client voluntarily left early		

**If youth was expelled or otherwise involuntarily discharged – Major reason**

<input type="radio"/>	Criminal activity/destruction of property/violence	<input type="radio"/>	Reached max times allowed by project
<input type="radio"/>	Non-compliance with project rules	<input type="radio"/>	Project terminated
<input type="radio"/>	Non-payment of rent/occupancy charge	<input type="radio"/>	Unknown/disappeared

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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 independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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 independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

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

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other ( <i>specify</i> ):	<input type="radio"/> Other TANF-funded services

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**RHY SPECIFIC YOUTH INFORMATION**

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

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associate's degree
<input type="radio"/> Grades 5-6	<input type="radio"/> Bachelor's degree
<input type="radio"/> Grades 7-8	<input type="radio"/> Graduate degree
<input type="radio"/> Grades 9-11	<input type="radio"/> Vocational certification
<input type="radio"/> Grade 12/High school diploma	<input type="radio"/> Client doesn't know
<input type="radio"/> School program does not have grade levels	<input type="radio"/> Client prefers not to answer
<input type="radio"/> GED	<input type="radio"/> Data not collected
<input type="radio"/> Some college	

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

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<input type="radio"/> Attending school irregularly	<input type="radio"/> Expelled
<input type="radio"/> Graduated from high school	<input type="radio"/> Client doesn't know
<input type="radio"/> Obtained GED	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

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

<b>Employed</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for employed – Type of employment</b>	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
<b>If "No" for employed – Why not employed</b>	
<input type="radio"/> Looking for work	<input type="radio"/> Not looking for work
<input type="radio"/> Unable to work	



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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES"</b>		
In the last three months?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>How many times (ever)?</b>		
<input type="radio"/> 1-3	<input type="radio"/> Client doesn't know	
<input type="radio"/> 4-7	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> 8-11	<input type="radio"/> Data not collected	
<input type="radio"/> 12 or more		
<b>Ever made/persuaded/forced to have sex in exchange for something?</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO "EVER MADE/PERSUADED/FORCED TO HAVE SEX IN EXCHANGE FOR SOMETHING"</b>		
In the last three months?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<b>Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?</b>				
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
<b>Ever promised work where work or payment was different than you expected?</b>				
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"</b>				
Felt forced, coerced, pressured or tricked into continuing the job?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected
<b>IF "YES" TO EITHER "WORKPLACE VIOLENCE THREATS" OR "WORKPLACE PROMISE DIFFERENCE"</b>				
In the last three months?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

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

<input type="radio"/>	No
<input type="radio"/>	Yes

**IDENTIFY the TYPE(s) of COUNSELING RECEIVED**

<input type="radio"/>	Individual	<input type="radio"/>	Group – including peer counseling
<input type="radio"/>	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?

<input type="radio"/>	No
<input type="radio"/>	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**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Worker doesn't know
<input type="radio"/>	Yes		

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

<input type="radio"/>	No	<input type="radio"/>	Worker doesn't know
<input type="radio"/>	Yes		

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

<input type="radio"/> No	<input type="radio"/> Worker doesn't know
<input type="radio"/> Yes	

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

<input type="radio"/> No	<input type="radio"/> Worker doesn't know
<input type="radio"/> Yes	

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

<b>Contact Type</b>										
<b>Email</b>										
<b>Phone (#1)</b>										
<b>Phone (#2)</b>										
<b>Active Contact</b>	<input type="radio"/>	Yes	<input type="radio"/>	No						
<b>Private</b>	<input type="radio"/>	Yes	<input type="radio"/>	No						
<b>Contact Date</b>										
<b>Note</b>										

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

<b>Street</b>			
<b>City</b>			
<b>Street</b>		<b>Zip Code</b>	

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**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]*

<input type="radio"/> No	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Yes	

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

<input type="radio"/> Email/Social Media	<input type="radio"/> In person: one-on-one
<input type="radio"/> Phone	<input type="radio"/> In person: group

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**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."

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

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

<input type="radio"/>	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]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**Location Details**

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Signature of applicant stating all information is true and correct

Date

## Chicago Custom Questions

### AMI Level

<input type="radio"/>	Under 30%
<input type="radio"/>	30% - 49%
<input type="radio"/>	50% - 79%
<input type="radio"/>	80% - 99%
<input type="radio"/>	100% and Above

### Employment

**Are you currently employed?**

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

**How many hours do you work in a typical week?**

<input type="radio"/>	30 hours or more
<input type="radio"/>	20 to 29 hours
<input type="radio"/>	10 to 19 hours
<input type="radio"/>	Less than 10 hours
<input type="radio"/>	Not employed

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

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

**Are you currently looking for work?**

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

# Education

## Current school enrollment and attendance

<input type="radio"/>	Not currently enrolled in any school or education course
<input type="radio"/>	Currently enrolled but NOT attending regularly
<input type="radio"/>	Currently enrolled and attending regularly
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused

## Are you currently enrolled in school?

<input type="radio"/>	No	<input type="radio"/>	Yes
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## Are you attending school regularly?

<input type="radio"/>	No	<input type="radio"/>	Yes
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## What is the highest level of education you have completed?

<input type="radio"/>	Less than 9th grade
<input type="radio"/>	9th-11th grade
<input type="radio"/>	12th but no diploma
<input type="radio"/>	High school diploma/GED
<input type="radio"/>	Some vocational training or trade school, but no credential or certificate
<input type="radio"/>	Credential or certificate from vocational training or trade school
<input type="radio"/>	Some college credit, but no degree
<input type="radio"/>	Associate's or two-year degree
<input type="radio"/>	Bachelor's or four-year degree or more
<input type="radio"/>	Other [Explain]

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

<input type="radio"/>	Strongly Disagree
<input type="radio"/>	Disagree
<input type="radio"/>	Agree
<input type="radio"/>	Strongly Agree



## Pregnancy/Parenthood

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

<input type="radio"/> No	<input type="radio"/> Yes
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**Are you a parent?**

<input type="radio"/> No	<input type="radio"/> Yes
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**Does your child/do (any of) your children live with you?**

<input type="radio"/> Yes, full time
<input type="radio"/> Yes, some of the time
<input type="radio"/> No
<input type="radio"/> Not applicable