

## AKHMIS Exit RHY BCP Prevention Only

**On the Exit Assessment, the health insurance coverage, disability information, non-cash benefits, and / or RHY-specific data elements only need to be answered if there has been a change in the client's information since Project Start Date or the most recent Interim Review / Annual Assessment.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Exit Completed By: \_\_\_\_\_

Client Name: \_\_\_\_\_

### Reason for Leaving

- |   |  |
|---|--|
| <input type="checkbox"/> Advanced to new project                    | <input type="checkbox"/> Aged out of project               |
| <input type="checkbox"/> Completed program                          | <input type="checkbox"/> Criminal activity / violence      |
| <input type="checkbox"/> Death                                      | <input type="checkbox"/> Disagreement with rules / persons |
| <input type="checkbox"/> Housed                                     | <input type="checkbox"/> Ineligible for project            |
| <input type="checkbox"/> Left for housing before completing program | <input type="checkbox"/> Lowered BrAC                      |
| <input type="checkbox"/> Needs could not be met                     | <input type="checkbox"/> Non-compliance with program       |
| <input type="checkbox"/> Non-payment of rent                        | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Reached maximum time allowed               | <input type="checkbox"/> Relocated outside of community    |
| <input type="checkbox"/> Unknown / disappeared                      | <input type="checkbox"/> Violation of probation / parole   |
| <input type="checkbox"/> Voluntary break in shelter stay            | <input type="checkbox"/> Voluntary checkout                |

### Destination

- |  |   |
|--|---|
| <input type="checkbox"/> Deceased                                    | <input type="checkbox"/> Emergency shelter, including hotel paid for with voucher       |
| <input type="checkbox"/> Foster care home or foster care group home  | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility |
| <input type="checkbox"/> Hotel paid for without voucher              | <input type="checkbox"/> Jail, prison, or juvenile detention facility                   |
| <input type="checkbox"/> Long-term care facility or nursing home     | <input type="checkbox"/> Moved from one HOPWA-funded project to HOPWA PH                |
| <input type="checkbox"/> Moved from HOPWA-funded to HOPWA TH         | <input type="checkbox"/> Owned by client, no housing subsidy                            |
| <input type="checkbox"/> Owned by client, ongoing housing subsidy    | <input type="checkbox"/> Permanent housing (not RRH) for homeless persons               |
| <input type="checkbox"/> Place not meant for habitation              | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility             |
| <input type="checkbox"/> Rental by client, no ongoing subsidy        | <input type="checkbox"/> Rental by client, VASH subsidy                                 |
| <input type="checkbox"/> Rental by client, RRH or equivalent subsidy | <input type="checkbox"/> Rental by client, GPD TIP subsidy                              |
| <input type="checkbox"/> Rental by client, other housing subsidy     | <input type="checkbox"/> Residential project / halfway house, no homeless criteria      |
| <input type="checkbox"/> Staying with family, permanent tenure       | <input type="checkbox"/> Staying with family, temporary tenure                          |
| <input type="checkbox"/> Staying with friends, permanent tenure      | <input type="checkbox"/> Staying with friends, temporary tenure                         |
| <input type="checkbox"/> Substance abuse treatment / detox center    | <input type="checkbox"/> Transitional housing for homeless persons                      |
| <input type="checkbox"/> Other                                       | <input type="checkbox"/> No exit interview completed                                    |

### Covered by Health Insurance?

Yes (if yes, select specific type(s))

No

- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid                                  | <input type="checkbox"/> Medicare                                  |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Veteran's Administration Medical Services |
| <input type="checkbox"/> Employer-Provided Health Insurance        | <input type="checkbox"/> Health Insurance obtained through COBRA   |
| <input type="checkbox"/> Private Pay Health Insurance              | <input type="checkbox"/> State Health Insurance for Adults         |
| <input type="checkbox"/> Indian Health Services Program            | <input type="checkbox"/> Other                                     |

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Do you have a Disabling Condition?  Yes  No  
 If Yes, indicate the specific type(s) and answer the additional questions

Disability Type	Yes or No	Expected to be of long-continued and indefinite duration and substantially impair the individual's ability to live independently?	Condition going to be long-term?
Alcohol Abuse			
Both Alcohol and Drug Abuse			
Chronic Health Condition			
Developmental			
Drug Abuse			
HIV / AIDS			
Mental Health Problem			
Physical			

Do you receive any non-cash benefits?  Yes (if yes, select specific type(s))  No  
 TANF Child Care Services  TANF Transportation Services  
 Other TANF-Funded Services  Special Supplemental Nutrition Program for WIC  
 SNAP (Food Stamps)  Other Source

### RHY-Specific Data Elements

#### Last Grade Completed

Less than Grade 5  Grades 5 – 6  Grades 7 – 8  
 Grades 9 – 11  Grade 12 / high school diploma  School with no grades  
 GED  Some college  Associate's degree  
 Bachelor's degree  Graduate degree  Vocational certification

#### School Status

Attending school regularly  Attending school irregularly  
 Graduated high school  Obtained GED  
 Dropped out  Suspended  
 Expelled

**Employed?**  Yes  No  
**If Yes, Type of Employment**  Full-time  Part-time  Seasonal / sporadic  
**If No, Why Not Employed**  Looking for work  Unable to work  Not looking for work

#### General Health Status

Excellent  Very good  Good  Fair  Poor

#### Dental Health Status

Excellent  Very good  Good  Fair  Poor

#### Mental Health Status

Excellent  Very good  Good  Fair  Poor

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## RHY-Specific Exploitation

Ever received something in exchange for sex (i.e. money, food, drugs, shelter)?  Yes  No  
If Yes, has this occurred in the last 3 months?  Yes  No  
If Yes, how many times?  1 – 3 times  4 – 7 times  8 – 11 times  12 or more

If yes, ever made / persuaded / forced to have sex in exchange for something?  Yes  No  
If yes, has this occurred in the last 3 months?  Yes  No

Ever afraid to quit or leave work due to threats of violence to yourself, family, or friends?  Yes  No  
Ever promised work where work or payment was different than you expected?  Yes  No  
If yes, did you feel forced, coerced, pressured, or tricked into continuing?  Yes  No  
If yes, has this occurred in the last 3 months?  Yes  No

Counseling received by client?  Yes  No  
If yes, identify the type of counseling received  Individual  Family  Group  
If yes, number of sessions received by exit  (select integer 1 – 47 and then 48+)  
Total number of sessions planned in youth's treatment or service plan  (select integer 1 – 47 and then 48+)  
A plan is in place to start or continue counseling after exit  Yes  No

Client has permanent positive adult connections outside of project  Yes  No  Unknown  
Client has permanent positive peer connections outside of project  Yes  No  Unknown  
Client has permanent positive community connections outside project  Yes  No  Unknown