MSHMIS Youth Street Outreach Exit Form

Exit Date:_____ **Client ID#:**_____ **Case Manager:**_____

First Name:_____ **Middle Name:**_____ **Last Name:**_____

Reason for Leaving

- ☐ Completed Program
- ☐ Criminal activity/violence
- ☐ Death
- ☐ Disagreement with rules/persons
- ☐ Left for Housing Opportunity before completing program
- ☐ Needs could not be met
- ☐ Non-compliance with program
- ☐ Non-payment of rent
- ☐ Other
- ☐ Reached maximum time allowed
- ☐ Time allowed expired
- ☐ Unknown/Disappeared

*(If Other)***, Specify** _____

Destination

- ☐ Deceased
- ☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Moved from one HOPWA funded project to HOPWA TH
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent supportive housing for formerly homeless persons (e.g. SHP S+C, or SRO Mod Rehab)
- ☐ Place not meant for human habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Safe Haven
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with family, temporary tenure (e.g. room, apartment or house)
- ☐ Staying or living with friends, permanent tenure
- ☐ Staying or living with friends, temporary tenure (e.g. room, apartment, or house)
- ☐ Substance abuse treatment facility or detox center
- ☐ Transitional Housing for homeless persons (including homeless youth)
- ☐ Other
- ☐ Client doesn't know
- ☐ Client refused
- ☐ No exit interview completed

*(If Other)***, Specify** _____

UPDATE INFORMATION (If applicable)

Does the client have a disabling condition?

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

Disability Sub-assessment

Disability Type	Disability Determination				If Yes, to be of long-continued and indefinite duration and substantially impairs ability to live independently?				Documentation of disability and severity on File?	Currently receiving services/treatment for this disability			
	Yes	*No*	*Client doesn't know*	*Client Refused*	*Yes*	*No*	*Client doesn't know*	*Client Refused*	*Y/N*	*Yes*	*No*	*Client doesn't know*	*Client Refused*
Physical													
Developmental													
Chronic Health Condition													
HIV/AIDS													
Mental Health Problem													
Alcohol Abuse													
Drug Abuse													
Both Alcohol & Drug Abuse													

Notes on Disability: _____

Pregnant?

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

If Yes, Projected Birth Date: _____

Covered by Health Insurance?

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

HEALTH INSURANCE sub-assessment

Insurance Type	Yes	No
MEDICAID		
MEDICARE		
State Children's Health Insurance Program		
Veteran Administration (VA) Medical Services		
Employer-Provided Health Insurance		
Health Insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (Please Specify: _____)		

Providers MUST record the date and location of EACH contact made with street outreach clients.

Please see the *HMIS Data Collection –Street Outreach Supplemental Form* and *2014 HUD Data Standards* for more information.

CONTACT INFORMATION

Contact Type: _____
Contact Name: _____
Contact Address: _____
Contact Phone: _____
Contact Email: _____

Contact Type: _____
Contact Name: _____
Contact Address: _____
Contact Phone: _____
Contact Email: _____

FUNDER SPECIFIC QUESTIONS

ESG ONLY

Currently receiving income from any source? *(Youth Income Only – Do not include parents' income)*

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

X	Source of Income (Monthly)	Family Member	Amount from Source
	Alimony or Other Spousal Support		$ .00
	Child Support		$ .00
	Earned Income *(Employment)*		$ .00
	General Assistance		$ .00
	Pension or Retirement Income from a Former Job		$ .00
	Private Disability Insurance		$ .00
	Retirement Income from Social Security		$ .00
	SSDI *(Social Security Disability Income)*		$ .00
	SSI *(Supplemental Security Income)*		$ .00
	TANF *(Temporary Assistance for Needy Families or FIP grant)*		$ .00
	Unemployment Insurance		$ .00
	VA Service-Connected Disability Compensation		$ .00
	VA Non-Service-Connected Disability Pension		$ .00
	Workers Compensation		$ .00
	Other *(Including Gifts from Friends and Family)*		$ .00
	No Financial Resources		**N/A**

(If Other Source) **Specify:** _____

Total Monthly Income $_____

Currently receiving any non-cash benefits? *(Youth Benefits Only – Do not include parents' benefits)*

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

X	Source of Non-Cash Benefit (Monthly)	Family Member	Amount (If applicable)
	Supplemental Nutrition Assistance Program *(Food Stamps)*		$ .00
	Special Supplemental Nutrition Program for WIC		$ .00
	TANF Child Care Services		$ .00
	TANF Transportation Services		$ .00
	Other TANF Funded Services		$ .00
	Section 8, Public Housing or rental assistance		$ .00
	Temporary Rental Assistance		$ .00
	Other Source – **Specify**: _____		$ .00

*Domestic Violence Victim/Survivor should be indicated as **"Yes"** if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place **within the individual's or family's primary nighttime residence.***

Domestic Violence Victim/Survivor?

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

***(If yes)* When Experience Occurred**

- ☐ Within the past three months
- ☐ Three to six months ago (excluding six months exactly)
- ☐ Six months to one year ago (excluding one year exactly)
- ☐ One year ago or more
- ☐ Client doesn't know
- ☐ Client refused

*Currently fleeing should be indicated as **"Yes"** if the Person is fleeing, or is attempting to flee, the domestic violence situation **or** is afraid to return to their primary nighttime residence.*

***(If yes)* Are you currently fleeing?**

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

Overview of domestic violence

_____