

ICA Missouri – RHY Exit – ES-HP [FY2026]

Adult/HoH

Form designed for use by RHY-funded Basic Center Program shelter and prevention projects.

Staff: _____ Project Exit Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record

i Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Client _____
Name _____ Client ID _____

Reason for Leaving

- | | |
|--|---|
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Non-compliance with program |
| <input type="checkbox"/> Criminal activity / violence | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Death | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Disagreement with rules/persons | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Unknown/disappeared |
| <input type="checkbox"/> Needs could not be met | |

Destination

Homeless situations

- ☐ 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, host home shelter
- ☐ Safe haven

Institutional situations

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Temporary housing situations

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="checkbox"/> Host home (non-crisis) | |

Permanent housing situations (if none of these options match, skip to “Other”)

- | | |
|--|--|
| <input type="checkbox"/> Staying or living with family, permanent tenure | <i>If “rental by client, with ongoing subsidy”, select type</i> |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> GPD TIP housing subsidy |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> VASH housing subsidy |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> RRH or equivalent subsidy |
| <input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type</u>) | <input type="checkbox"/> HCV Voucher (tenant or project based) |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Public housing unit |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| | <input type="checkbox"/> Housing Stability Voucher |
| | <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| | <input type="checkbox"/> Permanent Supportive Housing |
| | <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |

Other

- ☐ No exit interview completed ☐ Client doesn't know
☐ Other (specify): _____ ☐ Client prefers not to answer
☐ Deceased

Client location as of assessment/review date

i Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.

Client Location (County) _____

RHY Basic Center Program Status

Date of Status Determination _____/_____/_____

Youth Eligible for RHY Services

☐ No ☐ Yes

If no, reason why services are not funded by BCP grant

- ☐ Out of age range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification
☐ Other

If yes, runaway youth

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Health Insurance

Covered by Health Insurance ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Medicaid (MO HealthNet) ☐ No ☐ Yes

Medicare ☐ No ☐ Yes

State Children's Health Insurance Program ☐ No ☐ Yes

Veteran's Health Administration ☐ No ☐ Yes

Employer-Provided Health Insurance ☐ No ☐ Yes

Health Insurance obtained through COBRA ☐ No ☐ Yes

Private Pay Health Insurance ☐ No ☐ Yes

State Health Insurance for Adults ☐ No ☐ Yes

Indian Health Services Program ☐ No ☐ Yes

Other (specify): _____ ☐ No ☐ Yes

i HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

i **Data Entry Tip:**
Remember to end date old records and create new records each time a source of health insurance changes.

Monthly Income

Income from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Alimony and other spousal support ☐ No ☐ Yes: \$ _____

Child support ☐ No ☐ Yes: \$ _____

Earned income (i.e., employment income) ☐ No ☐ Yes: \$ _____

General Assistance (GA) ☐ No ☐ Yes: \$ _____

Other (specify): _____ ☐ No ☐ Yes: \$ _____

Pension or retirement income from a former job ☐ No ☐ Yes: \$ _____

Private disability insurance ☐ No ☐ Yes: \$ _____

Retirement Income from Social Security ☐ No ☐ Yes: \$ _____

i HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

| | | |
|--|-----------------------------|--|
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Supplemental Security Income (SSI) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Unemployment Insurance | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| VA Non-Service-Connected Disability Pension | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| VA Service-Connected Disability Compensation | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Worker's Compensation | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |

Total Monthly Income \$ _____



Data Entry Tip:

Remember to end date old records and create new records each time a source of income changes.

Non-Cash Benefits

Non-Cash Benefits from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

| | | |
|---|-----------------------------|------------------------------|
| Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| TANF Child Care services | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| TANF transportation services | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Other TANF-funded services | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Other (specify): _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes |



HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.



Data Entry Tip:

Remember to end date old records and create new records each time a source of non-cash benefit changes.

Education

School Status ☐ Attending School Regularly ☐ Attending School Irregularly ☐ Graduated High School
☐ Obtained GED (incl. HiSET) ☐ Dropped Out ☐ Suspended
☐ Expelled ☐ Client doesn't know ☐ Client prefers not to answer

Last Grade Completed ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8
☐ Grades 9-11 ☐ Grade 12/High School Diploma ☐ School program does not have grade levels
☐ GED (incl. HiSET) ☐ Some College ☐ Associate's Degree
☐ Bachelor's Degree ☐ Graduate Degree ☐ Vocational Certification
☐ Client doesn't know ☐ Client prefers not to answer

Employment

Employed? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, type of employment:

☐ Full-Time

☐ Part-Time

☐ Seasonal/Sporadic (including Day Labor)

If no, why not employed:

☐ Looking for Work

☐ Unable to Work

☐ Not Looking for Work

Health

General Health Status ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer

Dental Health Status ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer

Mental Health Status ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer

Pregnancy Status ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, due date ____/____/____

Commercial Sexual Exploitation/Sex Trafficking

| | | | | | | |
|--|------------------------------|------------------------------|--|---|--|---|
| Ever received anything in exchange for sex (e.g., money, food, drugs, shelter)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | |
| If yes for "ever received anything in exchange for sex," has this occurred in the last three months? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | |
| If yes for "ever received anything in exchange for sex," how many times | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8-11 | <input type="checkbox"/> 12 or more | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
| If yes for "ever received anything in exchange for sex," ever made/persuaded/forced to have sex in exchange for something? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | |
| If yes for "ever made/persuaded/forced to have sex in exchange for something," in the last three months? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | |

Labor Exploitation/Trafficking

| | | | | |
|---|-----------------------------|------------------------------|--|---|
| Ever afraid to quit/leave work due to threats of violence to yourself, family or friends? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
| Ever promised work where work or payment was different than you expected? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
| If yes for either "workplace violence threats" or "workplace promise difference," felt forced, pressured, or tricked into continuing job? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
| If yes for either "workplace violence threats" or "workplace promise difference," in the last three months? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |

Counseling

| | | |
|---|-------------------------------------|--|
| Client received counseling | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| If yes, identify type(s) of counseling received | <input type="checkbox"/> Individual | <input type="checkbox"/> Family <input type="checkbox"/> Group – including peer counseling |
| If yes, identify the number of sessions received by exit | _____ | (can range from 1 to 48+) |
| Total number of sessions planned in youth's treatment or service plan | _____ | (can range from 1 to 48+) |
| A plan is in place to start or continue counseling after exit | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Safe and Appropriate Exit

| | | | | |
|--|-----------------------------|------------------------------|---|---|
| Exit destination safe – as determined by client | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
| Exit destination safe – as determined by the project/caseworker | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Worker does not know | |
| Client has permanent positive adult connections outside of project | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Worker does not know | |
| Client has permanent positive peer connections outside of project | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Worker does not know | |
| Client has permanent positive community connections outside of project | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Worker does not know | |

Project Completion Status

Project Completion Status

- ☐ Completed project
- ☐ Client voluntarily left early
- ☐ Client was expelled or otherwise involuntarily discharged from project
- ☐ Criminal activity/destruction of property/violence
- ☐ Non-compliance with project rules
- ☐ Non-payment of rent/occupancy charge
- ☐ Reached maximum time allowed by project
- ☐ Project terminated
- ☐ Unknown/disappeared

If “client was expelled or otherwise involuntarily discharged from project” select the major reason

Disabilities

- i** If one or more of the options below with an asterisk(*) has been selected, the answer to “disabling condition” must be “yes.”
If none of the answers below with an asterisk(*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

| Disability type | Disability determination | If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |
|-------------------------------------|---|---|
| Alcohol Use Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Both Alcohol and Drug Use Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Developmental Disability | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | (not applicable) |
| Drug Use Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| HIV/AIDS | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | (not applicable) |
| Mental Health Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |
| Physical Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA |

DK = Client doesn't know; PNTA = Client prefers not to answer

Domestic Violence

- i** “Domestic violence” is utilized here as shorthand for 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.

Survivor of Domestic Violence? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, when experience occurred

| | |
|--|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Three to six months ago |
| <input type="checkbox"/> From six to twelve months ago | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |

If yes, currently fleeing? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

BE SURE TO LOG ANY RHY SPECIFIC SERVICES THAT WERE PROVIDED AT THE TIME OF EXIT!