ICA Missouri – RHY Exit – TH [FY2026] Adult/HoH

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Exit Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Name of Head of Household:

Project Name (Enter Data As): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Record**

|  |  |
| --- | --- |
| ⓘ | 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**

|  |  |
| --- | --- |
| ☐ Completed program  ☐ Criminal activity / violence  ☐ Death  ☐ Disagreement with rules/persons  ☐ Left for housing opp. before completing program  ☐ Needs could not be met | ☐ Non-compliance with program  ☐ Non-payment of rent  ☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Reached maximum time allowed  ☐ Unknown/disappeared |

**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** | |
| £ Foster care home or foster care group home  £ Hospital or other residential non-psychiatric medical facility  £ Jail, prison or juvenile detention facility | £ Long-term care facility or nursing home  £ Psychiatric hospital or other psychiatric facility  £ Substance abuse treatment facility or detox center |
| **Temporary housing situations** | |
| ☐ Residential project or halfway house with no homeless criteria  ☐ Hotel or motel paid for without emergency shelter voucher  ☐ Transitional housing for homeless persons (including homeless youth)  ☐ Host home (non-crisis) | ☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)  ☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)  ☐ Moved from one HOPWA funded project to HOPWA TH |
| **Permanent housing situations (if none of these options match, skip to “Other”)** | |
| ☐ Staying or living with family, permanent tenure  ☐ Staying or living with friends, permanent tenure  ☐ Moved from one HOPWA funded project to HOPWA PH  ☐ Rental by client, no ongoing housing subsidy  ☐ Rental by client, with ongoing subsidy *(select subsidy type è)*  ☐ Owned by client, with ongoing housing subsidy  ☐ Owned by client, no ongoing housing subsidy | *If “rental by client, with ongoing subsidy”, select type*  ☐ GPD TIP housing subsidy  ☐ VASH housing subsidy  ☐ RRH or equivalent subsidy  ☐ HCV Voucher (tenant or project based)  ☐ Public housing unit  ☐ Rental by client, with other ongoing housing subsidy  ☐ Housing Stability Voucher  ☐ Family Unification Program Voucher (FUP)  ☐ Foster Youth to Independence Initiative (FYI)  ☐ Permanent Supportive Housing  ☐ Other permanent housing dedicated for formerly homeless persons | |
| **Other** | |
| £ No exit interview completed  £ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  £ Deceased | £ Client doesn't know  £ Client prefers not to answer |

**Client location as of assessment/review date**

|  |  |
| --- | --- |
| ⓘ | 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)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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 |  | ⓘ | HUD requires that the client be asked about  each individual source of health insurance  and requires an answer be recorded for each. |
| 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 |  | ⓘ | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of health insurance changes. |
| Private Pay Health Insurance | ☐ No | ☐ Yes |  |
| State Health Insurance for Adults | ☐ No | ☐ Yes |  |
| Indian Health Services Program | ☐ No | ☐ Yes |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ No | ☐ Yes |  |  |  |

**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: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | ⓘ | 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. |
| 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: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Social Security Disability Insurance (SSDI) | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | ⓘ | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of income changes. |
| Supplemental Security Income (SSI) | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Temporary Assistance for Needy Families (TANF) | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Unemployment Insurance | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| VA Non-Service-Connected Disability Pension | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| VA Service-Connected Disability Compensation | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Worker’s Compensation | ☐ No | ☐ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Monthly Income** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**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) | ☐ No | ☐ Yes |  | ⓘ | HUD requires that the client be  asked about each individual source  of non-cash benefits and requires  an answer be recorded for each. |
| Special Supplemental Nutrition Program for  Women, Infants and Children (WIC) | ☐ No | ☐ Yes |  |
| TANF Child Care services | ☐ No | ☐ Yes |  |  |  |
| TANF transportation services | ☐ No | ☐ Yes |  | ⓘ | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of non-cash benefit changes. |
| Other TANF-funded services | ☐ No | ☐ Yes |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ No | ☐ Yes |  |

**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)?** | | | ☐ No | ☐ Yes | ☐ Client doesn’t know | | ☐ Client prefers not to answer |  |
|  | **If yes for “ever received anything in exchange for sex,” has this occurred in the last three months?** | | ☐ No | ☐ Yes | ☐ Client doesn’t know | | ☐ Client prefers not to answer |  |
|  | **If yes for “ever received anything in exchange for sex,” how many times** | | ☐ 1-3 | ☐ 4-7 | ☐ 8-11 | ☐ 12 or more | ☐ Client doesn’t know | ☐ 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?** | | ☐ No | ☐ Yes | ☐ Client doesn’t know | | ☐ Client prefers not to answer |  |
|  |  | **If yes for “ever made/persuaded/forced to have sex in exchange for something,” in the last three months?** | ☐ No | ☐ Yes | ☐ Client doesn’t know | | ☐ Client prefers not to answer |  |

**Labor Exploitation/Trafficking**

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

**Counseling**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client received counseling** | | ☐ No | | ☐ Yes | |  | |
|  | **If yes, identify type(s) of counseling received** | ☐ Individual | | ☐ Family | | ☐ 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 eixt** | ☐ No | ☐ Yes |  |

**Safe and Appropriate Exit**

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| --- | --- | --- | --- | --- |
| **Exit destination safe – as determined by client** | ☐ No | ☐ Yes | ☐ Client doesn’t know | ☐ Client prefers not to answer |
| **Exit destination safe – as determined by the project/caseworker** | ☐ No | ☐ Yes | ☐ Worker does not know | |
| **Client has permanent positive adult connections outside of project** | ☐ No | ☐ Yes | ☐ Worker does not know | |
| **Client has permanent positive peer connections outside of project** | ☐ No | ☐ Yes | ☐ Worker does not know | |
| **Client has permanent positive community connections outside of project** | ☐ No | ☐ Yes | ☐ 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 | |
|  | **If “client was expelled or otherwise involuntarily discharged from project” select the major reason** | ☐ 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 | |

**Disabilities**

|  |  |
| --- | --- |
| ⓘ | 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 | ☐ Yes ☐ No ☐ DK ☐ PNTA | ☐ Yes\* ☐ No ☐ DK ☐ PNTA |
| Both Alcohol and Drug Use Disorders | ☐ Yes ☐ No ☐ DK ☐ PNTA | ☐ Yes\* ☐ No ☐ DK ☐ PNTA |
| Chronic Health Condition | ☐ Yes ☐ No ☐ DK ☐ PNTA | ☐ Yes\* ☐ No ☐ DK ☐ PNTA |
| Developmental Disability | ☐ Yes\* ☐ No ☐ DK ☐ PNTA | *(not applicable)* |
| Drug Use Disorder | ☐ Yes ☐ No ☐ DK ☐ PNTA | ☐ Yes\* ☐ No ☐ DK ☐ PNTA |
| HIV/AIDS | ☐ Yes\* ☐ No ☐ DK ☐ PNTA | *(not applicable)* |
| Mental Health Disorder | ☐ Yes ☐ No ☐ DK ☐ PNTA | ☐ Yes\* ☐ No ☐ DK ☐ PNTA |
| Physical Disability | ☐ Yes ☐ No ☐ DK ☐ PNTA | ☐ Yes\* ☐ No ☐ DK ☐ PNTA |

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

**Domestic Violence**

|  |  |
| --- | --- |
| ⓘ | “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?** | **Domestic Violence S?** | ☐ No | ☐ Yes | ☐ Client doesn’t know | ☐ Client prefers not to answer |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **If yes, when experience occurred** | ☐ Within the past three months | ☐ Three to six months ago |
|  |  | ☐ From six to twelve months ago | ☐ More than a year ago |
|  |  | ☐ Client doesn’t know | ☐ 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!***