

**Last Name\*** \_\_\_\_\_ **First Name\*** \_\_\_\_\_

**Exit Date\*** \_\_\_\_\_ **Alias** \_\_\_\_\_

**Project (Program)\*** \_\_\_\_\_

**Case Worker** \_\_\_\_\_ **Last 4 digits of SSN** \_\_\_\_\_

**HUD Program Data**

**Project Completion Status\***

- |  |  |
|--|--|
| <input type="checkbox"/> Completed project   | <input type="checkbox"/> Client was expelled or otherwise involuntarily discharged from project* |
| <input type="checkbox"/> Client voluntarily left early   | <input type="checkbox"/> Involuntarily left - Reached maximum time allowed by project            |
| <input type="checkbox"/> Voluntarily left early for other opportunities - Education              | <input type="checkbox"/> Involuntarily left - Project terminated                                 |
| <input type="checkbox"/> Voluntarily left early for other opportunities - Military               | <input type="checkbox"/> Involuntarily left - Unknown/disappeared                                |
| <input type="checkbox"/> Voluntarily left early for other opportunities - Other                  | <input type="checkbox"/> Reached maximum time allowed by project                                 |
| <input type="checkbox"/> Voluntarily left early – Needs could not be met by program              | <input type="checkbox"/> On-going  |
| <input type="checkbox"/> Involuntarily left - Criminal activity/destruction of property/violence | <input type="checkbox"/> Dropped out   |
| <input type="checkbox"/> Involuntarily left - Non-compliance with project rules                  | <input type="checkbox"/> No further contact  |
| <input type="checkbox"/> Referred  | <input type="checkbox"/> Other: _____  |

**Exit Destination\* (Select only one)**

**A. HOMELESS SITUATION**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter | <input type="checkbox"/> Place not meant for habitation – unsheltered, living on the street, beach, part, etc. |
| <input type="checkbox"/> Safe Haven   |  |

**B. INSTITUTIONAL SITUATION**

- |   |   |
|---|---|
| <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 |

**C. TEMPORARY HOUSING SITUATION**

- |   |  |
|---|--|
| <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"/> Host home (non-crisis)   | <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"/> 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) |  |

**D. PERMANENT HOUSING SITUATION**

- |  |   |
|--|---|
| <input type="checkbox"/> Staying or living with family, permanent tenure                   | <input type="checkbox"/> Staying or living with friends, permanent tenure     |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH                   | <input type="checkbox"/> Owned by client, with ongoing housing subsidy        |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy                      | <input type="checkbox"/> Owned by client, no ongoing housing subsidy          |
| <input type="checkbox"/> <b>Rental by client, ongoing housing subsidy*</b> (select below): |   |
| * <b>Subsidy type</b> <input type="checkbox"/> Housing stability voucher                   | <input type="checkbox"/> Permanent supportive housing                         |
| <input type="checkbox"/> Family unification program voucher (FUP)                          | <input type="checkbox"/> Public housing unit                                  |
| <input type="checkbox"/> Foster Youth to Independence Initiative (FYI)                     | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> HCV voucher (tenant or project based)                             | <input type="checkbox"/> RRH or equivalent                                    |
| <input type="checkbox"/> GIP TPD housing subsidy   | <input type="checkbox"/> VASH housing subsidy                                 |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons   |   |

**E. OTHER**

- |   |  |
|---|--|
| <input type="checkbox"/> Client doesn't know  | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Client prefers not to answer   | <input type="checkbox"/> Data not collected          |
| <input type="checkbox"/> Deceased (*Please update the client demographic form with the deceased date) | <input type="checkbox"/> Other _____                 |



**Health Insurance Assessment** *(if yes to health insurance)*

- Medicaid
- Medicare
- State Children’s Health Insurance
- VA-Veteran’s Administration Medical Services
- Employer-Provided Health Insurance
- Health Insurance through COBRA
- State Health Insurance for Adults
- Private Insurance
- Indian Health Services Program
- Other \_\_\_\_\_

**HUD Financial Assessment**

**Area Median Income\***     Big Island     Kauai     Maui

**Income from Any Source\***     No     Yes     Client doesn’t know     Client prefers not to answer     Data not collected

**Please check all resources and enter the amount per MONTH\***

<u>Income Type</u>	<u>Amount</u>	<u>Income Type</u>	<u>Amount</u>
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Retirement from Social Security:	\$ _____
<input type="checkbox"/> Earned Income (employment):	\$ _____	<input type="checkbox"/> VA Non-Service Disability Pension	\$ _____
<input type="checkbox"/> SSI:	\$ _____	<input type="checkbox"/> Pension or Retirement Income (job):	\$ _____
<input type="checkbox"/> SSDI:	\$ _____	<input type="checkbox"/> Child Support:	\$ _____
<input type="checkbox"/> VA Service Disability Compensation:	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support:	\$ _____
<input type="checkbox"/> Private Disability Insurance:	\$ _____	<input type="checkbox"/> Worker’s Compensation:	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> General Assistance:	\$ _____	<b>TOTAL INCOME:</b>	\$ _____

**Hawaii Specific Data Elements Assessment**

**If currently working, # of hours worked in the past week:** \_\_\_\_\_

**Medical Insurer:** \_\_\_\_\_

**Reason for Exit\*:**

- Unknown/disappeared/abandoned unit
- Successfully moved into housing
- Completed program
- Nonpayment of rent/program fees
- Noncompliance with program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program
- Needs could not be met by program
- Disagreement with rules/persons
- Death
- Institutionalized: jail, hospital, SA treatment
- Moved out of state: mainland
- Moved out of state: Compact of Free Association
- Moved out of state: out of country
- Moved to different Island within State
- Other: \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_

**Exit Destination: If ES, TH, or PH, which program?** \_\_\_\_\_

**HUD RHY Data**

**School Status\***

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Dental Health Status\***

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Mental Health Status\***

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Sexual Exploitation/Sex Trafficking** (If no selected, skip to Labor Exploitation)

Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter\*

- No
- Yes\*
- Client doesn't know
- Client prefers not to answer
- Data not collected
- If "Yes", In the last three months\*
  - No
  - Yes
  - Client doesn't know
  - Client prefers not to answer
  - Data not collected

\*If "Yes", how many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?

- 1-3
- 4-7
- 8-11
- 12 or more
- Client doesn't know
- Client prefers not to answer
- Data not collected

\*If "Yes", did someone ever make you or persuade you to have sex with anyone else in exchange for something such as money, food, drugs, or shelter?\*

- No
- Yes\*
- Client doesn't know
- Client prefers not to answer
- Data not collected
- If "Yes", In the last three months\*
  - No
  - Yes
  - Client doesn't know
  - Client prefers not to answer
  - Data not collected

**Labor Exploitation/Trafficking**

1) Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?\*

- No
- Yes\*
- Client doesn't know
- Client prefers not to answer
- Data not collected

2) Have you ever been promised work where the work or payment ended up being different from what you expected?\*

- No
- Yes\*
- Client doesn't know
- Client prefers not to answer
- Data not collected

\*If "Yes" to either question 1 OR 2 above,

Did you feel forced, coerced, pressured or tricked into continuing this job?\*

- No
- Yes
- Client doesn't know
- Client prefers not to answer
- Data not collected

\*If "Yes" to either question 1 OR 2 above,

In the last 3 months?\*

- No
- Yes
- Client doesn't know
- Client prefers not to answer
- Data not collected

**HUD RHY Exit and Post Exit Assessment**

**Counseling:**

Client received counseling?\*

- No       Yes\*

If “Yes”, what type(s) of counseling received?\*

- Individual    Family    Group - including peer counseling

If “Yes”, identify the number of sessions received by exit \* \_\_\_\_\_

Total number of sessions planned in youth treatment or service plan \* \_\_\_\_\_

A plan is in place to start or continue counseling after exit\*

- No       Yes

**Safe and Appropriate Exit:**

Exit destination safe – as determined by the client\*

- No       Yes       Client doesn't know       Client prefers not to answer       Data not collected

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