

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

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

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

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

**HUD Program Data**

**Exit Destination\***

- Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter
- Place not meant for habitation – unsheltered, living on the street, beach, part, etc.
- Safe Haven

**INSTITUTIONAL SITUATIONS:**

- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital or other residential non-psychiatric medical facility
- Long-term care facility or nursing home
- Foster care home or foster care group home
- Jail, prison, or juvenile detention facility

**TEMPORARY AND PERMANENT SITUATIONS:**

- Transitional housing for homeless persons (including homeless youth)
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no on-going housing subsidy
- Owned by client, no on-going housing subsidy
- Staying or living with family, temporary tenure
- Staying or living with friends, temporary tenure
- Hotel/motel paid for without emergency shelter voucher
- Rental by client with VASH housing subsidy
- Rental by client, other ongoing housing subsidy (Low-income housing, Section 8)
- Owned by client, with housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from HOPWA funded project to HOPWA PH
- Moved from HOPWA funded project to HOPWA TH
- Rental by client, GPD TIP housing subsidy
- Residential project or halfway house; no homeless criteria
- Rental by client, with RRH or equivalent subsidy
- Host Home non-crisis
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit

**OTHER:**

- No exit interview completed
- Deceased
- Other \_\_\_\_\_
- Client doesn't know
- Client refused
- Data not collected

**Housing Assessment at Exit\***

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless – moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client doesn't know
- Client refused
- Client Died
- Data not collected

**HUD Program Data (Continued)**

**Non-Cash Benefits from Any Sources\***

Have you received any non-cash benefits in the past 30 days and expect to receive them again next month?

- No     Yes     Client doesn't know     Client Refused     Data not collected

If yes, please mark all that are applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> SNAP (Previously Known as Food Stamps)     | <input type="checkbox"/> Section 8, Public Housing, Other Ongoing Rental Assistance |
| <input type="checkbox"/> WIC-Nutrition for Women, Infants, Children | <input type="checkbox"/> TANF Child Care Services                                   |
| <input type="checkbox"/> Other source: _____                        | <input type="checkbox"/> TANF Transportation Services                               |
| <input type="checkbox"/> Other TANF-Funded Services                 | <input type="checkbox"/> Temporary Rental Assistance                                |

**Health Insurance\***

Are you covered by health insurance?

- No     Yes     Client doesn't know     Client Refused     Data not collected

**Disabling Condition**

**Substance Use Disorder\*** (If "NO" selected, skip to Mental Health)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No                   | <input type="checkbox"/> Drug Use Disorder   | <input type="checkbox"/> Both Alcohol and Drug Use Disorder                         |
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected |

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No     Yes     Client doesn't know     Client Refused     Data not collected

**Mental Health Disorder\*** (If "NO" selected, skip to Developmental Disability)

- No     Yes     Client doesn't know     Client Refused     Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No     Yes     Client doesn't know     Client Refused     Data not collected

**Developmental Disability\*** (If "NO" selected, skip to Chronic Health Condition)

- No     Yes     Client doesn't know     Client Refused     Data not collected

**Chronic Health Condition\*** (If "NO" selected, skip to HIV / AIDS)

- No     Yes     Client doesn't know     Client Refused     Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No     Yes     Client doesn't know     Client Refused     Data not collected

**HIV / AIDS\*** (If "NO" selected, skip to Physical Disability) (as applicable)

- No     Yes     Client doesn't know     Client Refused     Data not collected

**Physical Disability\*** (If "NO" selected, skip to Health Insurance Assessment)

- No     Yes     Client doesn't know     Client Refused     Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No     Yes     Client doesn't know     Client Refused     Data not collected

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

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

**HUD Financial Assessment**

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

**Income from Any Source\***       No     Yes     Client doesn't know     Client Refused       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"/> Earned Income (employment): _____         | \$ _____      | <input type="checkbox"/> TANF _____                                | \$ _____        |
| <input type="checkbox"/> Unemployment _____                        | \$ _____      | <input type="checkbox"/> Government Assistance: _____              | \$ _____        |
| <input type="checkbox"/> SSI: _____                                | \$ _____      | <input type="checkbox"/> Social Security Retirement: _____         | \$ _____        |
| <input type="checkbox"/> SSDI: _____                               | \$ _____      | <input type="checkbox"/> Pension or Retirement Income (job): _____ | \$ _____        |
| <input type="checkbox"/> VA Service Disability Compensation: _____ | \$ _____      | <input type="checkbox"/> Child Support: _____                      | \$ _____        |
| <input type="checkbox"/> VA Non-Service Disability Pension _____   | \$ _____      | <input type="checkbox"/> Alimony or Other Spousal Support: _____   | \$ _____        |
| <input type="checkbox"/> Private Disability Insurance: _____       | \$ _____      | <input type="checkbox"/> Other: _____                              | \$ _____        |
| <input type="checkbox"/> Worker's Compensation: _____              | \$ _____      | <b>TOTAL INCOME:</b>   | <b>\$ _____</b> |

**Hawaii Specific Data Elements Assessment**

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

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

**Reason for Exit\*:**

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

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

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