

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

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

- Employer Provided Health Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused
- Health Insurance through COBRA:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused
- State Health Insurance for Adults:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused
- VA-Veterans Administration Medical Services:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused
- Private Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused
- Indian Health Services Program:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused
- Other:** _____ Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client refused

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: _____	\$ _____	TOTAL INCOME:	\$ _____

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
- Disagreement with rules/persons
- Death
- Institutionalized: jail, hospital, SA treatment
- Moved out of state: mainland

HUD Health Insurance Assessment (continued)

- | | |
|---|--|
| <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? _____

HUD HOPWA Data Assessment (only applicable if client answered “Yes” to the HIV/AIDS disabling condition question above)

HUD HOPWA:

Receiving Public HIV/AIDS medical assistance*

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

If “No”, reason*:

- | | |
|---|--|
| <input type="checkbox"/> Applied: Decision pending | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Applied: Client not eligible | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Insurance type N/A for this client | |

Receiving AIDS Drug Assistance Program (ADAP)*

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

If “No”, reason*:

- | | |
|---|--|
| <input type="checkbox"/> Applied: Decision pending | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Applied: Client not eligible | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Insurance type N/A for this client | |

T-Cell (CD4) and Viral Load:

T-Cell (CD4) Count Available*

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

If “Yes”, T-Cell count*: _____

Viral Load Information Available*

- | | |
|---|--|
| <input type="checkbox"/> Not available | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Available* | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Undetectable | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Closed | <input type="checkbox"/> Change in capacity |
| <input type="checkbox"/> Alternate schedule | |

If “Available”, Viral Load count*: _____

How was the viral load information obtained*

- Medical report Client report Other