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

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:

- ☐ SNAP (Previously Known as Food Stamps)
- ☐ WIC-Nutrition for Women, Infants, Children
- ☐ Other source: _____
- ☐ Other TANF-Funded Services
- ☐ Section 8, Public Housing, Other Ongoing Rental Assistance
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Temporary Rental Assistance

Health Insurance*

Are you covered by health insurance?

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

HUD Program Data (Continued)

Disabling Condition

Substance Abuse* (If "NO" selected, skip to Mental Health)

☐ No ☐ Alcohol Abuse ☐ Drug Abuse
☐ Both Alcohol and Drug Abuse ☐ 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

Mental Health Problem* (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)*

☐ 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 Refused ☐ Data not collected

Please check all resources and enter the amount per MONTH*

Income Type	Amount	Income Type	Amount
☐ Earned Income (employment):	$	☐ TANF	$
☐ Unemployment	$	☐ Government Assistance:	$
☐ SSI:	$	☐ Social Security Retirement:	$
☐ SSDI:	$	☐ Pension or Retirement Income (job):	$
☐ VA Service Disability Compensation:	$	☐ Child Support:	$
☐ VA Non-Service Disability Pension	$	☐ Alimony or Other Spousal Support:	$
☐ Private Disability Insurance:	$	☐ Other:	$
☐ 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
- ☐ 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?_____