

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

**TEMPORARY AND PERMANENT SITUATIONS:**

- Transitional housing for homeless persons (including homeless youth)
- Owned by client, with housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Staying or living with family, permanent tenure
- Rental by client, no on-going housing subsidy
- Staying or living with friends, permanent tenure
- Owned by client, no on-going housing subsidy
- Moved from HOPWA funded project to HOPWA PH
- Staying or living with family, temporary tenure
- Moved from HOPWA funded project to HOPWA TH
- Staying or living with friends, temporary tenure
- Rental by client, GPD TIP housing subsidy
- Hotel/motel paid for without emergency shelter voucher
- Residential project or halfway house; no homeless criteria
- Rental by client with VASH housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, other ongoing housing subsidy (Low-income housing, Section 8)
- 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
- Client doesn't know
- Deceased
- Client refused
- Other \_\_\_\_\_
- 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)
- Section 8, Public Housing, Other Ongoing Rental Assistance
- WIC-Nutrition for Women, Infants, Children
- TANF Child Care Services
- Other source: \_\_\_\_\_
- TANF Transportation Services
- Other TANF-Funded 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 Use Disorder\*** (If “NO” selected, skip to Mental Health)

- No                                       Drug Use Disorder                       Both Alcohol and Drug Use Disorder  
 Alcohol Use Disorder                       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 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>	\$ _____

**Hawaii Specific Data Elements Assessment**

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**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:** \_\_\_\_\_

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