Bridging the Gap - BCP Homeless Prevention   Adult Exit Form

Last Name* _____   **First Name*** _____

Exit Date* _____   **Alias** _____

Project (Program)* _____

Case Worker _____   **Last 4 digits of SSN** _____

HUD Program Data

Exit Destination*(*Select only one)*
HOMELESS SITUATIONS:

☐ 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

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:

☐ 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

Education: Last Grade Completed*

☐ Less than Grade 5   ☐ Grade 12 / High school diploma   ☐ Associate's degree   ☐ Client doesn't know

☐ Grades 5-6   ☐ School program does not have grade levels   ☐ Bachelor's degree   ☐ Client refused

☐ Grades 7-8   ☐ GED   ☐ Graduate degree   ☐ Data not collected

☐ Grades 9-11   ☐ Some college   ☐ Vocational certification

Employment Information: Employed*

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

*If "Yes", Employment type**:** ☐ Full time   ☐ Part time   ☐ Seasonal/sporadic (including day labor)

*If "No", Why not employed: ☐ Looking for work   ☐ Unable to work   ☐ Not looking for work

Sexual Orientation*

☐ Heterosexual   ☐ Bisexual   ☐ Client refused

☐ Gay   ☐ Questioning/Unsure   ☐ Data not collected

☐ Lesbian   ☐ Client doesn't know

General Health Status*

☐ Excellent   ☐ Fair   ☐ Client doesn't know

☐ Very Good   ☐ Poor   ☐ Client refused

☐ Good   ☐ Data not collected

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

HUD Program Data (Continued)

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   ☐ Health Insurance through Cobra
☐ Medicare   ☐ State Health Insurance for Adults
☐ State Children's Health Insurance   ☐ Private Insurance
☐ VA-Veteran's Administration Medical Services   ☐ Indian Health Services Program
☐ Employer-Provided Health Insurance   ☐ 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   ☐ Disagreement with rules/persons
☐ Successfully moved into housing   ☐ Death
☐ Completed program   ☐ Institutionalized: jail, hospital, SA treatment
☐ Nonpayment of rent/program fees   ☐ Moved out of state: mainland
☐ Noncompliance with program   ☐ Moved out of state: Compact of Free Association
☐ Criminal activity/destruction of property/violence   ☐ Moved out of state: out of country
☐ Reached maximum time allowed by program   ☐ Moved to different Island within State
☐ Needs could not be met by program   ☐ Other: _____

Forwarding Address: _____

Exit Destination: If ES, TH, or PH, which program? _____

HUD RHY Data

School Status*

☐ Attending school regularly   ☐ Dropped out   ☐ Client doesn't know

☐ Attending school irregularly   ☐ Suspended   ☐ Client refused

☐ Graduated from high school   ☐ Expelled   ☐ Data not collected

☐ Obtained GED

Dental Health Status*

☐ Excellent   ☐ Fair   ☐ Client doesn't know

☐ Very Good   ☐ Poor   ☐ Client refused

☐ Good   ☐ Data not collected

Mental Health Status*

☐ Excellent   ☐ Fair   ☐ Client doesn't know

☐ Very Good   ☐ Poor   ☐ Client refused

☐ Good   ☐ Data not collected

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

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) *****

☐ No   ☐ Client doesn't know   If "**Yes**", In the last three months*****

☐ Yes*   ☐ Client refused   ☐ No   ☐ Client doesn't know

    ☐ Data not collected   ☐ Yes   ☐ Client refused

    ☐ Data not collected

If "**Yes**", to Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)
How many times?*

☐ 1-3   ☐ Client doesn't know

☐ 4-7   ☐ Client refused

☐ 8-11   ☐ Data not collected

☐ 12 or more

If "**Yes**", Ever made/persuaded to have sex in exchange for something*

☐ No   ☐ Client doesn't know   If "**Yes**", In the last three months*****

☐ Yes*   ☐ Client refused   ☐ No   ☐ Client doesn't know

    ☐ Data not collected   ☐ Yes   ☐ Client refused

    ☐ Data not collected

Labor Exploitation/Trafficking

1) Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?*

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

2) Ever promised work where work or payment was different than you expected?*

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

If "**Yes**" to either question 1 OR 2 above,
Felt forced, pressured or tricked into continuing the job?*

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

If "**Yes**" to either question 1 OR 2 above,
In the last 3 months?*

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

HUD RHY Exit and Post Exit Assessment

<u>Counseling:</u>
Counseling received by client?*
☐ 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