BTG & HPO Funded Outreach	Adult Exit Form			
Last Name*	First Name*Alias			
Exit Date*				
Project (Program)*				
Case Worker				
HUD Program Data				
Exit Destination*				
☐ Emergency shelter including hotel or motel paid with	☐ Safe Haven			
emergency shelter voucher	☐ Rental by client, VASH subsidy			
☐ Transitional housing for homeless persons (including	☐ Rental by client, other ongoing housing subsidy (Public			
homeless youth)	Housing, low-income housing, Section 8			
☐ Permanent housing (other than RRH) for formerly homeless persons	☐ Owned by client, with housing subsidy☐ Staying or living with family, permanent tenure			
☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living with friends, permanent tenure			
☐ Substance abuse treatment facility or detox center	☐ Deceased			
☐ Hospital or other residential non-psychiatric medical facility	☐ Long-term care facility or nursing home			
☐ Jail, prison, or juvenile detention facility	☐ Moved from HOPWA funded project to HOPWA PH			
☐ Rental by client, no on-going housing subsidy	☐ Moved from HOPWA funded project to HOPWA TH			
☐ Owned by client, no on-going housing subsidy	☐ Rental by client, GPD TIP housing subsidy			
\square Staying or living with family, temporary tenure	☐ Residential project or halfway house; no homeless criteria			
☐ Staying or living with friends, temporary tenure	☐ No exit interview completed			
	☐ Rental by client, with RRH or equivalent subsidy			
☐ Hotel/motel paid for without emergency shelter voucher	Other			
☐ Foster care home or foster care group home	☐ Client doesn't know			
☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc.				
street, beach, park, etc.	☐ Data not collected			
Non-Cash Benefits from Any Sources*				
Have you received any non-cash benefits in the past 30 days of				
	Client Refused			
If yes, please mark all that are applicable:				
• •	Section 8, Public Housing, Other Ongoing Rental Assistance			
· · · · · · · · · · · · · · · · · · ·	☐ TANF Child Care Services			
	TANF Transportation Services Temporary Rental Assistance			
	Temporary Kentar Assistance			
Health Insurance*				
Are you covered by health insurance?				
□ No □ Yes □ Client doesn't know □	Client Refused			
<u>Disabling Condition</u>				
Substance Abuse* (If "NO" selected, skip to Mental He				
☐ No☐ Alcohol Abuse☐ Both Alcohol and Drug Abuse☐ Client doesn't know	□ Drug Abusew □ Client Refused □ Data not collected			
<u> </u>	ation and substantially impairs ability to live independently?			

☐ Client doesn't know

☐ Client Refused

□Yes

 \square No

 \square Data not collected

HUD Program Data (Continued)

	<u>aith Problem* (</u>	(If "NO" selected, ski	p to Developi	mental Disability)				
\square No	□Yes	☐ Client does	sn't know	☐ Client Refused ☐ Data not collected				
a) Expect	ted to be of long	-continued and indefi	nite duration	•	npairs ability to live independe	ntly?		
□No	□Yes	☐ Client does	sn't know	☐ Client Refused	☐ Data not collected			
Dl	4 .1 TV 1. 914 . s	* (IC (NIO)) 1 , 1 1	· · · · · · · ·	H 14 C 177				
	-	* (If "NO" selected, sk	_		Data not calleged			
□No	□Yes tad to substantia	☐ Client does		☐ Client Refused	☐ Data not collected			
a) Expect □No	ued to substantia □Yes	ally impair ability to li ☐ Client doe:	_	☐ Client Refused	☐ Data not collected			
шио	□ 1 CS	□ Chefit does	SII t KIIOW	□ Chefit Refused	□ Data not conceted			
Chronic H	ealth Condition	* (If "NO" selected, s	skip to HIV /	AIDS)				
□No	□Yes	☐ Client does	_	☐ Client Refused	☐ Data not collected			
a) Expect	ted to be of long	-continued and indefi	nite duration	and substantially in	npairs ability to live independe	ntly?		
□No	□Yes	☐ Client does	sn't know	☐ Client Refused	☐ Data not collected			
· · · · · · · · · · · · · · · · · · ·		ected, skip to Physical						
□No	□Yes	☐ Client does		☐ Client Refused	☐ Data not collected			
		ally impair ability to li	-	•				
□No	□Yes	☐ Client does	sn't know	☐ Client Refused	☐ Data not collected			
Dhygiaal D	icobility* (If "N	(O" salastad skip to U	Icelth Ingures	aca Assassment)				
<u>Filysical Di</u> □No	<u>Isability* (II N</u> □Yes	O" selected, skip to H ☐ Client does		☐ Client Refused	☐ Data not collected			
-	_			•	npairs ability to live independe	ntly?		
□No	□Yes	☐ Client does	sn't know	☐ Client Refused	☐ Data not collected			
T 1/1 T		1 (10)						
		ent (if yes to health	ı insurance,)				
☐ Medi				☐ Health Insurance through Cobra				
☐ Medi				State Health Insura	nce for Adults			
☐ State	Children's Heal	th Insurance		Private Insurance		☐ Private Insurance		
□ VA-V	☐ VA-Veteran's Administration Medical Services			☐ Indian Health Services Program				
☐ Employer-Provided Health Insurance			vices \square	Indian Health Servi	ices Program			
☐ Empl	loyer-Provided F			Indian Health Servi	-			
_		Health Insurance			-			
_	loyer-Provided F ial Assessmen	Health Insurance			-			
HUD Financi	ial Assessmen	Health Insurance		Other				
HUD Financi Area Median I	ial Assessmen	Health Insurance at US 2012	□ Big Island	Other	☐ Maui ☐ Oahu			
HUD Financi Area Median I	ial Assessmen	Health Insurance at US 2012		Other	☐ Maui ☐ Oahu	ected		
HUD Financi Area Median I Income from A	ial Assessmen income* Any Source*	Health Insurance at US 2012	☐ Big Island	Other Kauai	☐ Maui ☐ Oahu	ected		
HUD Financi Area Median I Income from A Please chec	ial Assessmen income* Any Source* ek all resources a	Health Insurance It US 2012 No Yes Independent the amount Amou	☐ Big Island Client doesn' per MONTH unt Lint	☐ Kauai t know ☐ Client I * ncome Type	☐ Maui ☐ Oahu Refused ☐ Data not colle Amount	ected		
HUD Financi Area Median I Income from A Please chec Income Ty □ Earned I	ial Assessmen Income* Any Source* ek all resources a vpe Income (employr	Health Insurance US 2012 No Yes and enter the amount Amou ment): \$	☐ Big Island Client doesn' per MONTH	☐ Kauai t know ☐ Client I * * * * * * * * * * * * *	☐ Maui ☐ Oahu Refused ☐ Data not colle Amount \$			
HUD Financi Area Median II Income from A Please check Income Ty □ Earned II □ Unempl	ial Assessmen income* Any Source* ek all resources a vpe Income (employn loyment	Health Insurance It US 2012 No Yes Indenter the amount Amount S S S	☐ Big Island Client doesn' per MONTH Int	☐ Kauai t know ☐ Client I * ncome Type ☐ TANF ☐ Government Assist	☐ Maui ☐ Oahu Refused ☐ Data not colle Amount \$ ance:\$	-		
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HUD Financi Area Median II Income from A Please check Income Ty Earned II Unempl Unempl SSI: SSDI: VA Serv	ial Assessmen income* Any Source* ek all resources a vpe Income (employr loyment	Health Insurance It US 2012 No Yes Independent the amount Amount S S S ompensation: **S	Big Island Client doesn' per MONTH Int	☐ Kauai It know ☐ Client I I* In Come Type In TANF In Government Assist In Social Security Ret In Pension or Retirem In Child Support:	☐ Maui ☐ Oahu Refused ☐ Data not colle Amount \$ ance:\$ irement:\$ ent Income (job): \$ \$	- - - -		
HUD Financi Area Median II Income from A Please check Income Ty Earned II Unempl Unempl SSI: SSDI: VA Serv	ial Assessmen income* Any Source* ek all resources a vpe Income (employr loyment vice Disability Co	Health Insurance It US 2012 No Yes Amount Amount S S S ompensation: S ity Pension S	Big Island Client doesn' per MONTH III	☐ Kauai It know ☐ Client I I* Income Type ☐ TANF ☐ Government Assist ☐ Social Security Ret ☐ Pension or Retirem ☐ Child Support: ☐ Alimony or Other S	☐ Maui ☐ Oahu Refused ☐ Data not colle Amount \$ ance: \$ irement: \$ ent Income (job): \$ \$ Spousal Support: \$	- - - -		
HUD Financi Area Median II Income from A Please check Income Ty Earned II Unempl SSI: SSDI: VA Serve VA Nor	ial Assessmen Income* Any Source* Ik all resources a vee Income (employr loyment vice Disability Composervice Disability Disability Insuran	Health Insurance It US 2012 No Yes Independent the amount Amount S S S ompensation: **S	Big Island Client doesn' per MONTH Int	☐ Kauai It know ☐ Client I I* In Come Type In TANF In Government Assist In Social Security Ret In Pension or Retirem In Child Support:	☐ Maui ☐ Oahu Refused ☐ Data not colle Amount \$ ance: \$ irement: \$ ent Income (job): \$ \$ Spousal Support: \$	- - - -		

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 ☐ Institutionalized: jail, hospital, SA treatment ☐ Completed program ☐ 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 \square Needs could not be met by program ☐ Other: _____ Forwarding Address:

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