

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Exit Date\* \_\_\_\_\_ Alias \_\_\_\_\_

Project (Program)\* \_\_\_\_\_

Case Worker \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

**HUD Program Data****Exit Destination\***

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency shelter including hotel or motel paid with emergency shelter voucher        | <input type="checkbox"/> Safe Haven  |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)                  | <input type="checkbox"/> Rental by client, VASH subsidy  |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons                      | <input type="checkbox"/> Rental by client, other ongoing housing subsidy (Public Housing, low-income housing, Section 8) |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility                                    | <input type="checkbox"/> Owned by client, with housing subsidy   |
| <input type="checkbox"/> Substance abuse treatment facility or detox center                                    | <input type="checkbox"/> Staying or living with family, permanent tenure   |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility                        | <input type="checkbox"/> Staying or living with friends, permanent tenure  |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility  | <input type="checkbox"/> Deceased  |
| <input type="checkbox"/> Rental by client, no on-going housing subsidy   | <input type="checkbox"/> Long-term care facility or nursing home   |
| <input type="checkbox"/> Owned by client, no on-going housing subsidy  | <input type="checkbox"/> Moved from HOPWA funded project to HOPWA PH   |
| <input type="checkbox"/> Staying or living with family, temporary tenure                                       | <input type="checkbox"/> Moved from HOPWA funded project to HOPWA TH   |
| <input type="checkbox"/> Staying or living with friends, temporary tenure                                      | <input type="checkbox"/> Rental by client, GPD TIP housing subsidy   |
| <input type="checkbox"/> Hotel/motel paid for without emergency shelter voucher                                | <input type="checkbox"/> Residential project or halfway house; no homeless criteria                                      |
| <input type="checkbox"/> Foster care home or foster care group home  | <input type="checkbox"/> No exit interview completed   |
| <input type="checkbox"/> Place not meant for habitation - unsheltered, living on the street, beach, park, etc. | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy  |
|  | <input type="checkbox"/> Other _____   |
|  | <input type="checkbox"/> Client doesn't know   |
|  | <input type="checkbox"/> Client refused  |
|  | <input type="checkbox"/> 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:**

- |   |   |
|---|---|
| <input type="checkbox"/> SNAP (Food Stamps)                         | <input type="checkbox"/> Section 8, Public Housing, Other Ongoing Rental Assistance |
| <input type="checkbox"/> WIC-Nutrition for Women, Infants, Children | <input type="checkbox"/> TANF Child Care Services                                   |
| <input type="checkbox"/> Other source: _____                        | <input type="checkbox"/> TANF Transportation Services                               |
| <input type="checkbox"/> Other TANF-Funded Services                 | <input type="checkbox"/> Temporary Rental Assistance                                |

**Health Insurance\****Are you covered by health insurance?*

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

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No                          | <input type="checkbox"/> Alcohol Abuse       | <input type="checkbox"/> Drug Abuse         |
| <input type="checkbox"/> Both Alcohol and Drug Abuse | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused     |
|  |  | <input type="checkbox"/> 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)

**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

**a) Expected to substantially impair ability to live independently?**

☐ 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)

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

**a) Expected to substantially impair ability to live independently?**

☐ 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\*** ☐ US 2012 ☐ Big Island ☐ Kauai ☐ Maui ☐ Oahu

**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>	<b>\$ _____</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: \_\_\_\_\_

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