

**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)**

**General Health Status\***

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair                | <input type="checkbox"/> Client refused     |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Poor                | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Client doesn't know |   |

**Well Being\***

**Client perceives their life has value and worth\***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree or disagree |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Strongly agree      | <input type="checkbox"/> Data not collected        |
| <input type="checkbox"/> Client refused    | <input type="checkbox"/> Client doesn't know |  |

**Client perceives they have help from others who will listen to their problems\***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree or disagree |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Strongly agree      | <input type="checkbox"/> Data not collected        |
| <input type="checkbox"/> Client refused    | <input type="checkbox"/> Client doesn't know |  |

**Client perceives they have a tendency to bounce back after hard times\***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree or disagree |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Strongly agree      | <input type="checkbox"/> Data not collected        |
| <input type="checkbox"/> Client refused    | <input type="checkbox"/> Client doesn't know |  |

**Clients' frequency of feeling nervous, tense, worried, frustrated or afraid\***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Not at all           | <input type="checkbox"/> Once a month        | <input type="checkbox"/> Several times a month |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> At least every day  | <input type="checkbox"/> Data not collected    |
| <input type="checkbox"/> Client refused       | <input type="checkbox"/> Client doesn't know |  |

**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?**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Mental Health Problem\*** (If "NO" selected, skip to Developmental Disability)

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <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?**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Developmental Disability\*** (If "NO" selected, skip to Chronic Health Condition)

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Chronic Health Condition\*** (If "NO" selected, skip to HIV / AIDS)

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <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?**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**HIV / AIDS\*** (If "NO" selected, skip to Physical Disability) (as applicable)

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Physical Disability\*** (If "NO" selected, skip to Health Insurance Assessment)

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <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?**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> 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>	<b>\$ _____</b>

**Hawaii Specific Data Elements Assessment**

**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?** \_\_\_\_\_