

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

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

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

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

**HUD Program Data**

**Exit Destination\* (Select only one option)**

**HOMELESS SITUATIONS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter | <input type="checkbox"/> Place not meant for habitation – unsheltered, living on the street, beach, part, etc. |
|   | <input type="checkbox"/> Safe Haven  |

**INSTITUTIONAL SITUATIONS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility             | <input type="checkbox"/> Long-term care facility or nursing home      |
| <input type="checkbox"/> Substance abuse treatment facility or detox center             | <input type="checkbox"/> Foster care home or foster care group home   |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Jail, prison, or juvenile detention facility |

**TEMPORARY AND PERMANENT SITUATIONS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)            | <input type="checkbox"/> Owned by client, with housing subsidy                       |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons                | <input type="checkbox"/> Staying or living with family, permanent tenure             |
| <input type="checkbox"/> Rental by client, no on-going housing subsidy                                   | <input type="checkbox"/> Staying or living with friends, permanent tenure            |
| <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"/> Rental by client with VASH housing subsidy                                      | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy            |
| <input type="checkbox"/> Rental by client, other ongoing housing subsidy (Low-income housing, Section 8) | <input type="checkbox"/> Host Home non-crisis  |
|  | <input type="checkbox"/> Rental by client with HCV voucher (tenant or project based) |
|  | <input type="checkbox"/> Rental by client in a public housing unit                   |

**OTHER:**

- |  |  |
|--|--|
| <input type="checkbox"/> No exit interview completed | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Deceased                    | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Data not collected  |

**Health Insurance\***

*Are you covered by health insurance?*

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

**Sexual Orientation\***

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual            | <input type="checkbox"/> Client refused     |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Questioning/Unsure  | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Lesbian      | <input type="checkbox"/> Client doesn't know |   |

**HUD Program Data (Continued)**

**Disabling Condition**

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

- No                                       Alcohol Abuse                                       Drug Abuse  
 Both Alcohol and Drug Abuse     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 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

**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

**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>	<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? \_\_\_\_\_

**HUD RHY Data**

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

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

- |                               |  |                                     |  |
|-------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> No   | <input type="checkbox"/> Client doesn't know | If "Yes", In the last three months* |  |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> Client refused      | <input type="checkbox"/> No         | <input type="checkbox"/> Client doesn't know |
|                               | <input type="checkbox"/> Data not collected  | <input type="checkbox"/> Yes        | <input type="checkbox"/> Client refused      |
|                               |  |                                     | <input type="checkbox"/> Data not collected  |

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

How many times?\*

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> 1-3        | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 4-7        | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> 8-11       | <input type="checkbox"/> Data not collected  |
| <input type="checkbox"/> 12 or more |  |

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

- |                               |  |                                     |  |
|-------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> No   | <input type="checkbox"/> Client doesn't know | If "Yes", In the last three months* |  |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> Client refused      | <input type="checkbox"/> No         | <input type="checkbox"/> Client doesn't know |
|                               | <input type="checkbox"/> Data not collected  | <input type="checkbox"/> Yes        | <input type="checkbox"/> Client refused      |
|                               |  |                                     | <input type="checkbox"/> Data not collected  |

**Labor Exploitation/Trafficking**

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

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

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

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

<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
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