

**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

**Health Insurance\***

*Are you covered by health insurance?*

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

**Sexual Orientation\***

- Heterosexual
- Bisexual
- Client refused
- Gay
- Questioning/Unsure
- Data not collected
- Lesbian
- 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>	\$ _____

**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 |
|-----------------------------|-------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|

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 |
|-----------------------------|-------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|

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 |
|-----------------------------|------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|

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 |
|-----------------------------|------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|