

Last Name* _____ **First Name*** _____

Exit Date* _____ **Alias** _____

Project (Program)* _____

Case Worker _____ **Last 4 digits of SSN** _____

HUD Program Data

Project Completion Status*

- | | |
|---|--|
| <input type="checkbox"/> Completed project | <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project |
| <input type="checkbox"/> Youth voluntarily left early | <input type="checkbox"/> Involuntarily left – Reached maximum time allowed by program |
| <input type="checkbox"/> Voluntarily left early for other opportunities - Education | <input type="checkbox"/> Involuntarily left – Project terminated |
| <input type="checkbox"/> Voluntarily left early for other opportunities - Military | <input type="checkbox"/> Ongoing |
| <input type="checkbox"/> Voluntarily left early for other opportunities - Other | <input type="checkbox"/> Dropped out |
| <input type="checkbox"/> Voluntarily left early – Needs could not be met by project | <input type="checkbox"/> Referred |
| <input type="checkbox"/> Involuntarily left -Criminal activity/destruction of property/violence | <input type="checkbox"/> No further contact |
| <input type="checkbox"/> Involuntarily left – Non-compliance with program rules | <input type="checkbox"/> Other |

Exit Destination*(Select only one)

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 |

HUD Program Data (Continued)

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) Section 8, Public Housing, Other Ongoing Rental Assistance
 WIC-Nutrition for Women, Infants, Children TANF Child Care Services
 Other source: _____ TANF Transportation Services
 Other TANF-Funded Services Temporary Rental Assistance

Health Insurance*

Are you covered by health insurance?

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

Education: Last Grade Completed*

- Less than Grade 5 Grade 12 / High school diploma Associate's degree Client doesn't know
 Grades 5-6 School program does not have grade levels Bachelor's degree Client refused
 Grades 7-8 GED Graduate degree Data not collected
 Grades 9-11 Some college Vocational certification

Employment Information: Employed*

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

*If "Yes", Employment type: Full time Part time Seasonal/sporadic (including day labor)

*If "No", Why not employed: Looking for work Unable to work Not looking for work

Sexual Orientation*

- Heterosexual Bisexual Client refused
 Gay Questioning/Unsure Data not collected
 Lesbian Client doesn't know

General Health Status*

- Excellent Fair Client doesn't know
 Very Good Poor Client refused
 Good Data not collected

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

HUD Program Data (Continued)

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: _____	\$ _____	TOTAL INCOME:	\$ _____

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

School Status*

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Expelled | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Obtained GED | | |

Dental Health Status*

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

Mental Health Status*

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

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

HUD RHY Exit and Post Exit Assessment

Counseling:

Counseling received by client?*

- No Yes*

If “Yes”, what type(s) of counseling received?*

- Individual Family Group - including peer counseling

If “Yes”, identify the number of sessions received by exit * _____

Total number of sessions planned in youth treatment or service plan * _____

A plan is in place to start or continue counseling after exit*

- No Yes

Safe and Appropriate Exit:

Exit destination safe as determined by the client*

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

Exit destination safe as determined by the project/caseworker*

- No Yes Worker does not know

Client has permanent positive adult connections outside of project*

- No Yes Worker does not know

Client has permanent positive peer connections outside of project*

- No Yes Worker does not know

Client has permanent positive community connections outside of project*

- No Yes Worker does not know