



Agency: \_\_\_\_\_ Exit Date: \_\_\_\_\_  
 Program: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
 First Name\*: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

### HUD Program Data

#### 1. Exit Destination\*

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

#### 2. Non-Cash Benefits – Current at Exit\*

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

#### 3. Health Insurance\*

Are you covered by health insurance?

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

#### 4. Disabling Condition\*

##### SUBSTANCE ABUSE\*

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

##### b) Documentation of the Disability and severity on File:

- ☐ No    ☐ Yes

##### c) Currently receiving services/treatment for this condition?

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

##### d) How Confirmed\*

- |   |  |
|---|--|
| <input type="checkbox"/> Confirmed by prior evaluation or clinical records<br><input type="checkbox"/> Confirmed through assessment and clinical evaluation | <input type="checkbox"/> Unconfirmed; presumptive or self-report |
|---|--|

**MENTAL HEALTH PROBLEM\***

- 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
- b) **Documentation of the Disability and severity on File:** ☐ No ☐ Yes
- c) **Currently receiving services/treatment for this condition?**  
☐ No ☐ Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected
- d) **How Confirmed\***  
☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report  
☐ Confirmed through assessment and clinical evaluation
- e) **Serious mental illness (SMI) and, if SMI, how confirmed\*** (*major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder*)  
☐ No, not SMI ☐ Confirmed through assessment and clinical evaluation  
☐ Unconfirmed; presumptive or self-report ☐ Client doesn't know  
☐ Confirmed by prior evaluation ☐ Client Refused

**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
- b) **Documentation of the Disability and severity on File:** ☐ No ☐ Yes
- c) **Currently receiving services/treatment for this condition?**  
☐ No ☐ Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

**CHRONIC HEALTH CONDITION\***

- ☐ 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
- b) **Documentation of the Disability and severity on File:** ☐ No ☐ Yes
- c) **Currently receiving services/treatment for this condition?**  
☐ No ☐ Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

**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
- b) **Documentation of the Disability and severity on File:** ☐ No ☐ Yes
- c) **Currently receiving services/treatment for this condition?**  
☐ No ☐ Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

**PHYSICAL 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
- b) **Documentation of the Disability and severity on File:** ☐ No ☐ Yes
- c) **Currently receiving services/treatment for this condition?**  
☐ No ☐ Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

**Health Insurance Assessment** (if yes to health insurance)

- ☐ Medicaid  
☐ Medicare  
☐ State Children's Health Insurance  
☐ VA-Veteran's Administration Medical Services  
☐ Employer-Provided Health Insurance  
☐ Health Insurance through Cobra  
☐ State Health Insurance for Adults  
☐ Private Insurance

**HUD Financial Assessment**

- d) Area Median Income\***    ☐ US 2012    ☐ Big Island    ☐ Kauai    ☐ Maui    ☐ Oahu  
**e) 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\*

Income Type	Amount	Income Type	Amount
<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> _____			

**Hawaii Specific Data Elements Assessment**

- 5. If currently working, # of hours worked in the past week:** \_\_\_\_\_  
**6. Medical Information\*** (Do you have any of the following medical problems)  
☐ Asthma    ☐ Back/Spinal impairment    ☐ Cancer  
☐ Diabetes    ☐ Emphysema    ☐ Heart disease, high BP, Stroke history  
☐ Kidney, renal disease    ☐ Liver disease, cirrhosis, Hep C    ☐ Other medical problems  
☐ Client doesn't know    ☐ Client refused disclosure    ☐ Data not collected  
**Name of Medical Insurer** \_\_\_\_\_

- 7. Reason for Exit\*:**  
☐ Unknown/disappeared/abandoned unit    ☐ Disagreement with rules/persons  
☐ Successfully moved into housing    ☐ Death  
☐ Completed program    ☐ Institutionalized: jail, hospital, SA treatment  
☐ Nonpayment of rent/program fees    ☐ Moved out of state: mainland  
☐ Noncompliance with program    ☐ Moved out of state: Compact of Free Association  
☐ Criminal activity/destruction of property/violence    ☐ Moved out of state: out of country  
☐ Reached maximum time allowed by program    ☐ Moved to different Island within State  
☐ Needs could not be met by program    ☐ Other: \_\_\_\_\_

- 8. Forwarding Address:** \_\_\_\_\_  
**9. Exit Destination: If ES, TH, or PH, which program?** \_\_\_\_\_

**HUD PATH Data**

- 10. Date of Status Determination** \_\_\_\_\_ **Client became enrolled in PATH** ☐ No    ☐ Yes  
**If no, reason not enrolled**    ☐ Client Found Ineligible    ☐ Not enrolled for other reasons  
**11. Connection with SOAR**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client Refused    ☐ Data not collected