

Last Name* _____ First Name* _____

Exit Date* _____ Alias _____

Project (Program)* _____

Case Worker _____ Last 4 digits of SSN _____

HUD Program Data

Exit Destination Type*

A. HOMELESS SITUATION

- Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter
- Safe Haven
- Place not meant for habitation – unsheltered, living on the street, beach, part, etc.

B. INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

C. TEMPORARY HOUSING SITUATION

- Hotel or motel paid for without emergency shelter voucher
- Host home (non-crisis)
- Moved from one HOPWA funded project to HOPWA TH
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria

D. PERMANENT HOUSING SITUATION

- Staying or living with family, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client, no ongoing housing subsidy
- Rental by client, ongoing housing subsidy*** (select below):
 - * **Subsidy type** Housing stability voucher
 - Family unification program voucher (FUP)
 - Foster Youth to Independence Initiative (FYI)
 - HCV voucher (tenant or project based)
 - GIP TPD housing subsidy
 - Other permanent housing dedicated for formerly homeless persons
 - Permanent supportive housing
 - Public housing unit
 - Rental by client, with other ongoing housing subsidy
 - RRH or equivalent
 - VASH housing subsidy
- Staying or living with friends, permanent tenure
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

E. OTHER

- Client doesn't know
- Client prefers not to answer
- No exit interview completed
- Data not collected

HUD Program Data (Continued)

Non-Cash Benefits from Any Sources* (Received non-cash benefits in the past 30 days; expect to receive them again next month?)

- No Yes* Client doesn't know Client prefers not to answer Data not collected

If yes, please mark all that are applicable:

- SNAP (Food Stamps) TANF Transportation Services
 WIC-Nutrition for Women, Infants, Children Other TANF-Funded Services
 TANF Child Care Services Other source: _____

Health Insurance*

Are you covered by health insurance?

- No Yes Client doesn't know Client prefers not to answer Data not collected

Disabling Condition

Substance Use Disorder* (If "NO" selected, skip to Mental Health)

- No Drug Use Disorder Both Alcohol and Drug Use Disorder
 Alcohol Use Disorder Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

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

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

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

- No Yes Client doesn't know Client prefers not to answer Data not collected

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

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

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

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

Health Insurance Assessment (if yes to health insurance)

- Medicaid Health Insurance through COBRA
 Medicare State Health Insurance for Adults
 State Children's Health Insurance Private Insurance
 Veteran's Health Administration (VHA) Indian Health Services Program
 Employer-Provided Health Insurance Other _____

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)

Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or 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 prefers not to answer | <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 prefers not to answer |
| | | | <input type="checkbox"/> Data not collected |

If "Yes", how many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?

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

If "Yes", did someone ever make you or persuade you to have sex with anyone else in exchange for something such as money, food, drugs, or 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 prefers not to answer | <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 prefers not to answer |
| | | | <input type="checkbox"/> Data not collected |

Labor Exploitation/Trafficking

1) Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?*

- No Yes* Client doesn't know Client Prefers not to answer Data not collected

2) Have you ever been promised work where the work or payment ended up being different from what you expected?*

- No Yes* Client doesn't know Client Prefers not to answer Data not collected

If "Yes" to either question 1 OR 2 above,

Did you feel forced, coerced, pressured or tricked into continuing this job?*

- No Yes Client doesn't know Client Prefers not to answer Data not collected

If "Yes" to either question 1 OR 2 above,

In the last 3 months?*

- No Yes Client doesn't know Client Prefers not to answer Data not collected