

**Last Name\*** \_\_\_\_\_ **First Name\*** \_\_\_\_\_  
**Exit Date\*** \_\_\_\_\_ **Alias** \_\_\_\_\_  
**Project (Program)\*** \_\_\_\_\_  
**Case Worker** \_\_\_\_\_ **Last 4 digits of SSN** \_\_\_\_\_

**HUD Program Data**

**Project Completion Status\***

- Completed project
- Client voluntarily left early
- Voluntarily left early for other opportunities - Education
- Voluntarily left early for other opportunities - Military
- Voluntarily left early for other opportunities - Other
- Voluntarily left early – Needs could not be met by program
- Involuntarily left - Criminal activity/destruction of property/violence
- Involuntarily left - Non-compliance with project rules
- Referred
- Client was expelled or otherwise involuntarily discharged from project\*
- Involuntarily left - Reached maximum time allowed by project
- Involuntarily left - Project terminated
- Involuntarily left - Unknown/disappeared
- Reached maximum time allowed by project
- On-going
- Dropped out
- No further contact
- Other: \_\_\_\_\_

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

**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
- Deceased (\*Please update the client demographic form with the deceased date)
- No exit interview completed
- Data not collected
- Other \_\_\_\_\_



**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
- Indian Health Services Program
- Other \_\_\_\_\_

**HUD Financial Assessment**

**Area Median Income\***       Big Island       Kauai       Maui

**Income from Any Source\***     No     Yes     Client doesn’t know     Client prefers not to answer     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"/> Unemployment	\$ _____	<input type="checkbox"/> Retirement from Social Security:	\$ _____
<input type="checkbox"/> Earned Income (employment):	\$ _____	<input type="checkbox"/> VA Non-Service Disability Pension	\$ _____
<input type="checkbox"/> SSI:	\$ _____	<input type="checkbox"/> Pension or Retirement Income (job):	\$ _____
<input type="checkbox"/> SSDI:	\$ _____	<input type="checkbox"/> Child Support:	\$ _____
<input type="checkbox"/> VA Service Disability Compensation:	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support:	\$ _____
<input type="checkbox"/> Private Disability Insurance:	\$ _____	<input type="checkbox"/> Worker’s Compensation:	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> General Assistance:	\$ _____	<b>TOTAL INCOME:</b>	\$ _____

**Hawaii Specific Data Elements Assessment**

**If currently working, # of hours worked in the past week:** \_\_\_\_\_

**Medical Insurer:** \_\_\_\_\_

**Reason for Exit\*:**

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

**Forwarding Address:** \_\_\_\_\_

**Exit Destination: If ES, TH, or PH, which program?** \_\_\_\_\_

**HUD RHY Data**

**School Status\***

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Dental Health Status\***

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Mental Health Status\***

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer
- Data not collected

**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\*

- No
- Yes\*
- Client doesn't know
- Client prefers not to answer
- Data not collected
- If "Yes", In the last three months\*
- No
- Yes
- Client doesn't know
- Client prefers not to answer
- 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?

- 1-3
- 4-7
- 8-11
- 12 or more
- Client doesn't know
- Client prefers not to answer
- Data not collected

\*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?\*

- No
- Yes\*
- Client doesn't know
- Client prefers not to answer
- Data not collected
- If "Yes", In the last three months\*
- No
- Yes
- Client doesn't know
- Client prefers not to answer
- 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

**HUD RHY Exit and Post Exit Assessment**

**Counseling:**

Client received counseling?\*

- 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 prefers not to answer     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