Bridging the Gap - RHY Youth Street Outreach   Exit Form

Last Name*_____   First Name*_____

Exit Date*_____   Alias _____

Project (Program)*_____

Case Worker _____   Last 4 digits of SSN _____

HUD Program Data

Exit Destination* (*Select only one option*)
HOMELESS SITUATIONS:

☐ 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 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 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 Disorder* (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*)

☐ Medicaid   ☐ Health Insurance through Cobra

☐ Medicare   ☐ State Health Insurance for Adults

☐ State Children's Health Insurance   ☐ Private Insurance

☐ VA-Veteran's Administration Medical Services   ☐ Indian Health Services Program

☐ Employer-Provided Health Insurance   ☐ 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*

Income Type	Amount	Income Type	Amount
☐ Earned Income (employment):	$	☐ TANF	$
☐ Unemployment	$	☐ Government Assistance:	$
☐ SSI:	$	☐ Social Security Retirement:	$
☐ SSDI:	$	☐ Pension or Retirement Income (job):	$
☐ VA Service Disability Compensation:	$	☐ Child Support:	$
☐ VA Non-Service Disability Pension	$	☐ Alimony or Other Spousal Support:	$
☐ Private Disability Insurance:	$	☐ Other:	$
☐ 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*:

☐ 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: _____

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)

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) *****
     ☐ No   ☐ Client doesn't know   If "**Yes**"*,* In the last three months*****
     ☐ Yes*   ☐ Client refused   ☐ No   ☐ Client doesn't know
                ☐ Data not collected   ☐ Yes   ☐ Client refused
                                                ☐ Data not collected

If **"Yes"**, to Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)
How many times?*
     ☐ 1-3   ☐ Client doesn't know
     ☐ 4-7   ☐ Client refused
     ☐ 8-11   ☐ Data not collected
     ☐ 12 or more

If **"Yes"**, Ever made/persuaded to have sex in exchange for something*
     ☐ No   ☐ Client doesn't know   If "**Yes**"*,* In the last three months*****
     ☐ Yes*   ☐ Client refused   ☐ No   ☐ Client doesn't know
                ☐ Data not collected   ☐ Yes   ☐ Client refused
                                                ☐ Data not collected

Labor Exploitation/Trafficking

1) Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?*
     ☐ No   ☐ Yes*   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

2) Ever promised work where work or payment was different than you expected?*
     ☐ No   ☐ Yes*   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

If **"Yes"** to either question 1 OR 2 above,
Felt forced, pressured or tricked into continuing the job?*
     ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected

If **"Yes"** to either question 1 OR 2 above,
In the last 3 months?*
     ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client Refused   ☐ Data not collected