

**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   |
| <input type="checkbox"/> Involuntarily left – Unknown/disappeared                               |  |

**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 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

**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: _____	\$ _____	<b>TOTAL INCOME:</b>	<b>\$ _____</b>

**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\***

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

**Dental Health Status\***

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

**Mental Health Status\***

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client refused
- 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) \*

- No
- Yes\*
- Client doesn't know
- Client refused
- Data not collected
- If "Yes", In the last three months\*
- No
- Yes
- Client doesn't know
- 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
- 4-7
- 8-11
- 12 or more
- Client doesn't know
- Client refused
- Data not collected

If "Yes", Ever made/persuaded to have sex in exchange for something\*

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

**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