Hawaii HMIS
Serving Honolulu, Maui, Kauai and Hawaii Counties

Adult Exit Form
Rapid Re-Housing

Last Name* _____ **First Name*** _____

Exit Date* _____ **Alias** _____

Project (Program)* _____

Please Circle Program: **HPO RRH** **HPP RRH** **SHEG RRH** **ESG RRH**

Case Worker _____ **Last 4 digits of SSN** _____

HUD Program Data

Exit Destination*

- ☐ Emergency shelter including hotel or motel paid with emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ 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
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc.
- ☐ Safe Haven
- ☐ Rental by client, VASH subsidy
- ☐ Rental by client, other ongoing housing subsidy (Public Housing, 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
- ☐ Deceased
- ☐ Long-term care facility or nursing home
- ☐ 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
- ☐ No exit interview completed
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Other _____
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

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 (Food Stamps)
- ☐ WIC-Nutrition for Women, Infants, Children
- ☐ Other source:
- ☐ Other TANF-Funded Services
- ☐ Section 8, Public Housing, Other Ongoing Rental Assistance
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Temporary Rental Assistance

Health Insurance*

Are you covered by health insurance?

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

Disabling Condition

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

☐ No ☐ Alcohol Abuse ☐ Drug Abuse

☐ Both Alcohol and Drug Abuse ☐ 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)

Mental Health Problem* (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

a) Expected to substantially impair ability to live independently?

☐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

HIV / AIDS* (If "NO" selected, skip to Physical Disability)

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

a) Expected to substantially impair 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
☐ 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* ☐ US 2012 ☐ Big Island ☐ Kauai ☐ Maui ☐ Oahu

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
- ☐ 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?_____