



Last Name* _____ First Name* _____

Exit Date* _____ Alias _____

Project (Program)* _____

Case Worker _____ Last 4 digits of SSN _____

HUD Program Data

Completion Status (FYI - as of 10/2016 drop down in CaseWorthy doesn't match this correct HUD list of responses)

- Completed project
- Youth voluntarily left early
- Youth was expelled or otherwise involuntarily discharged from project

If Youth voluntarily left early for, Select the major reason

- Left for other opportunities – Independent living
- Left for other opportunities - Education
- Needs could not be met by project
- Left for other opportunities - Military
- left for other opportunities - Other

If Youth was expelled or otherwise involuntarily discharged from project, Select the major reason

- Criminal activity/destruction of property/violence
- Non-compliance with project rules
- Non-payment of rent/occupancy charge
- Reached maximum time allowed by project
- Project terminated
- Unknown/disappeared

Exit Destination*

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Emergency shelter including hotel or motel paid with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hospital or residential medical facility (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Rental by client, no on-going housing subsidy <input type="checkbox"/> Owned by client, no on-going housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Hotel/motel paid for without emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Place not meant for habitation - unsheltered, living on the street, beach, park, etc. | <ul style="list-style-type: none"> <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other ongoing housing subsidy (Public Housing, low-income housing, Section 8) <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house; no homeless criteria <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <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 (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

Employment Information:

Employed*

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

If yes, type of employment:*

- Full-Time
- Part-Time
- Seasonal / Sporadic (including day labor)

If no, why not employed:*

- Looking for Work
- Unable to Work
- Not Looking for Work

General Health Status*

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

Disabling Condition

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

- No
- Both Alcohol and Drug Abuse
- Alcohol Abuse
- Client doesn't know
- Drug Abuse
- 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

b) Documentation of the disability and severity on File:

- No
- Yes

c) Currently receiving services/treatment for this condition?

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

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

b) Documentation of the disability and severity on File:

- No
- Yes

c) Currently receiving services/treatment for this condition?

- 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 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

b) Documentation of the disability and severity on File:

- No
- Yes

c) Currently receiving services/treatment for this condition?

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



HUD Program Data (Continued)

Disabling Condition

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

b) Documentation of the disability and severity on File: No Yes

c) Currently receiving services/treatment for this condition?

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 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

b) Documentation of the disability and severity on File: No Yes

c) Currently receiving services/treatment for this condition?

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

b) Documentation of the disability and severity on File: No Yes

c) Currently receiving services/treatment for this condition?

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*

<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: _____	\$ _____	TOTAL INCOME: _____	\$ _____



Hawaii Specific Data Elements Assessment

If currently working, # of hours worked in the past week: _____

Medical Information* (Do you have any of the following medical problems)

- Asthma
- Back/Spinal impairment
- Cancer
- Diabetes
- Emphysema
- Heart disease, high BP, Stroke history
- Kidney, renal disease
- Liver disease, cirrhosis, Hep C
- Other medical problems
- None

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

Date of Status Determination _____ FSB Youth No Yes

- If "No", reason for not providing Services
- Ward of the State – Immediate Reunification
 - Out of age range
 - Other
 - Ward of the Criminal Justice System – Immediate Reunification

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

Family Reunification Achieved*

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

Transitional, Exit-care or Aftercare Plans and Actions

- A written transitional, aftercare or follow-up plan or agreement* No Yes Client refused
- Advice about and/or referral to appropriate mainstream assistance programs* No Yes Client refused
- Advice about and/or referral to appropriate mainstream assistance programs* No Yes Client refused
- Placement in appropriate, permanent, stable housing (not a shelter)* No Yes Client refused
- Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter* No Yes Client refused
- Exit counseling* No Yes Client refused
- A course of further follow-up treatment or services* No Yes Client refused
- A follow-up meeting or series of staff/youth meetings or contacts has been scheduled* ... No Yes Client refused
- A "package" of such things as maps, information about local shelters and resources* No Yes Client refused
- Other* No Yes Client refused