|  |  |
| --- | --- |
| **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\***

|  |  |
| --- | --- |
| ☐ Emergency shelter including hotel or motel paid with emergency shelter voucher | ☐ Safe Haven ☐ Rental by client, VASH subsidy |
| ☐ Transitional housing for homeless persons (including homeless youth) | ☐ Rental by client, other ongoing housing subsidy (Public Housing, low-income housing, Section 8 |
| ☐ Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH) | ☐ Owned by client, with housing subsidy ☐ Staying or living with family, permanent tenure |
| ☐ Psychiatric hospital or other psychiatric facility | ☐ Staying or living with friends, permanent tenure |
| ☐ Substance abuse treatment facility or detox center | ☐ Deceased |
| ☐ Hospital or residential medical facility (non-psychiatric) | ☐ Long-term care facility or nursing home |
| ☐ Jail, prison, or juvenile detention facility | ☐ Moved from HOPWA funded project to HOPWA PH |
| ☐ Rental by client, no on-going housing subsidy | ☐ Moved from HOPWA funded project to HOPWA TH |
| ☐ Owned by client, no on-going housing subsidy | ☐ Rental by client, GPD TIP housing subsidy |
| ☐ Staying or living with family, temporary tenure | ☐ Residential project or halfway house; no homeless criteria |
| ☐ Staying or living with friends, temporary tenure | ☐ No exit interview completed |
| ☐ Hotel/motel paid for without emergency shelter voucher | ☐ Other  |
| ☐ Foster care home or foster care group home | ☐ Client doesn't know |
| ☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc. | ☐ Client refused☐ 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) | ☐ 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

|  |
| --- |
| **Employment Information:**  |
| **Employed\*** | ☐ Client doesn’t know | **If yes, type of employment:\*** |
| ☐ No | ☐ Client refused  | ☐ Full-Time |
| ☐ Yes | ☐ Data not collected | ☐ Part-Time |
| **If no, why not employed:\*** | ☐ Seasonal / Sporadic (including day labor)  |
| ☐ Looking for Work  | ☐ Not Looking for Work |  |
| ☐ Unable to Work |  |  |
| **General Health Status\*** |  |  |
| ☐ Excellent | ☐ Fair | ☐ Client doesn’t know |  |
| ☐ Very Good | ☐ Poor | ☐ Client refused |  |
| ☐ Good |  | ☐ 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

1. **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

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **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

1. **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

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **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

1. **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

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **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

1. **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

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **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

1. **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

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **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

1. **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

1. **Documentation of the disability and severity on File:** ☐No ☐Yes
2. **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 | ☐ 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\*** ☐ 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** |
| ☐ Unemployment $  | ☐ Retirement from Social Security: $  |
| ☐ Earned Income (employment): $  | ☐ VA Non-Service Disability Pension $  |
| ☐ SSI: $  | ☐ Pension or Retirement Income (job): $  |
| ☐ SSDI: $  | ☐ Child Support: $  |
| ☐ VA Service Disability Compensation: $  | ☐ Alimony or Other Spousal Support: $  |
| ☐ Private Disability Insurance: $  | ☐ Worker’s Compensation: $  |
| ☐ TANF $  | ☐ Other: $  |
| ☐ 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 | ☐ Emphysema |
| ☐ Back/Spinal impairment | ☐ Heart disease, high BP, Stroke history |
| ☐ Cancer | ☐ Kidney, renal disease | ☐ Other medical problems |
| ☐ Diabetes | ☐ Liver disease, cirrhosis, Hep C | ☐ None |
| **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**

|  |  |
| --- | --- |
| **Dental Health Status\*** | **Mental Health Status\*** |
| ☐ Excellent | ☐ Fair | ☐ Client doesn’t know | ☐ Excellent | ☐ Fair | ☐ Client doesn’t know |
| ☐ Very Good | ☐ Poor | ☐ Client refused | ☐ Very Good | ☐ Poor | ☐ Client refused |
| ☐ Good |  | ☐ Data not collected | ☐ Good |  | ☐ 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 |