



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



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



**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**

**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