

**Last Name\*** \_\_\_\_\_ **First Name\*** \_\_\_\_\_  
**Exit Date\*** \_\_\_\_\_ **Alias** \_\_\_\_\_  
**Project (Program)\*** \_\_\_\_\_  
**Case Worker** \_\_\_\_\_ **Last 4 digits of SSN** \_\_\_\_\_

**HUD Program Data**

**A. HOMELESS SITUATION**

- Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter
- Safe Haven
- Place not meant for habitation – unsheltered, living on the street, beach, part, etc.

**B. INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**C. TEMPORARY HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Host home (non-crisis)
- Moved from one HOPWA funded project to HOPWA TH
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria

**D. PERMANENT HOUSING SITUATION**

- Staying or living with family, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client, no ongoing housing subsidy
- Rental by client, ongoing housing subsidy\*** (select below):
  - \* **Subsidy type:**  Housing stability voucher
  - Family unification program voucher (FUP)
  - Foster Youth to Independence Initiative (FYI)
  - HCV voucher (tenant or project based)
  - GIP TPD housing subsidy
  - Other permanent housing dedicated for formerly homeless persons
  - Permanent supportive housing
  - Public housing unit
  - Rental by client, with other ongoing housing subsidy
  - RRH or equivalent
  - VASH housing subsidy
- Staying or living with friends, permanent tenure
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

**E. OTHER**

- Client doesn't know
- Client prefers not to answer
- Deceased (\*Please update the client demographic form with the deceased date)
- No exit interview completed
- Data not collected
- Other \_\_\_\_\_

**Non-Cash Benefits from Any Sources\***(Received non-cash benefits in the past 30 days; expect to receive them again next month?)

- No     Yes\*     Client doesn't know     Client prefers not to answer     Data not collected

**If yes, please mark all that are applicable:**

- SNAP (Food Stamps)
- WIC-Nutrition for Women, Infants, Children
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funder Services
- Other source: \_\_\_\_\_

**HUD Program Data (Continued)**

**Health Insurance\*** *Are you covered by health insurance?*

- No     Yes     Client doesn't know     Client prefers not to answer     Data not collected

**SOAR\*** *Is there a connection with SOAR?*

- No     Yes     Client doesn't know     Client prefers not to answer     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 prefers not to answer     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 prefers not to answer     Data not collected

**Mental Health Disorder\*** (If "NO" selected, skip to Developmental Disability)

- No     Yes     Client doesn't know     Client prefers not to answer     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 prefers not to answer     Data not collected

**Developmental Disability\*** (If "NO" selected, skip to Chronic Health Condition)

- No     Yes     Client doesn't know     Client prefers not to answer     Data not collected

**Chronic Health Condition\*** (If "NO" selected, skip to HIV / AIDS)

- No     Yes     Client doesn't know     Client prefers not to answer     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 prefers not to answer     Data not collected

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

- No     Yes     Client doesn't know     Client prefers not to answer     Data not collected

**Physical Disability\*** (If "NO" selected, skip to Health Insurance Assessment)

- No     Yes     Client doesn't know     Client prefers not to answer     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 prefers not to answer     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"/> Veteran's Health Administration (VHA) | <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 prefers not to answer  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 PATH Data Assessment**

Date of Status Determination\* \_\_\_\_\_

Client became enrolled in PATH\*  No\*  Yes

\*If no, reason not enrolled

- Client found ineligible  Not enrolled for other reasons  Unable to locate