

PARTNERS IN CARE *Oahu's Continuum of Care*

Adult Exit Form

Identifying

*Case Worker: _____ Fields with an * **MUST** be answered.

*First Name: _____ *Last Name: _____

*Date of Birth: _____ *Last 4 digits of SSN: _____

*Exit Date: _____ Project: _____

HUD Program Data

*Destination Type

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Rental by client with VASH housing subsidy |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Rental by client, with ongoing housing subsidy |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) | <input type="checkbox"/> Rental by client with GPD TIP housing subsidy |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter | <input type="checkbox"/> Residential Project or halfway house with no homeless criteria |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

*Non Cash Benefits Yes** Client doesn't know Data not collected
 No Client refused

**If yes, select all that apply

- | | | |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Previously known as Food Stamps | <input type="checkbox"/> TANF Child Care services | <input type="checkbox"/> Other source |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> TANF transportation services | <input type="checkbox"/> Temporary Rental Assistance |
| | <input type="checkbox"/> Other TANF –funded services | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Section 8, Public Housing, or other Rental Assist | |

***Covered by Health Insurance** Yes Client doesn't know Data not collected
 No Client refused

Disabling Conditions

***Substance Abuse Problem** No Alcohol Abuse** Client doesn't know Data not collected
 Drug Abuse** Client refused
 Alcohol and Drug Abuse**

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Yes Client doesn't know Data not collected
 No Client refused

***Mental Health Problem** No Yes** Client doesn't know Client refused Data not collected

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Yes Client doesn't know Data not collected
 No Client refused

***Developmental Disability** No Yes** Client doesn't know Client refused Data not collected

**Expected to substantially impair ability to live independently. Yes Client doesn't know Data not collected
 No Client refused

***Chronic Health Condition** No Yes** Client doesn't know Client refused Data not collected

**Expected to substantially impair ability to live independently. Yes Client doesn't know Data not collected
 No Client refused

***HIV/AIDS** No Yes** Client doesn't know Client refused Data not collected

**Expected to substantially impair ability to live independently. Yes Client doesn't know Data not collected
 No Client refused

***Physical Disability** No Yes* Client doesn't know Client refused Data not collected

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Yes Client doesn't know Data not collected
 No Client refused

HUD Health Insurance Assessment

Select an option if the client responded "yes" to having health insurance.

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance obtained 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 Pay Health Insurance |
| <input type="checkbox"/> VA Veteran's Administration Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other: Specify |

HUD Financial Assessment

Area Median Income? Oahu Other: _____

Income From Any Source? Yes** No Client doesn't know Client refused Data not collected

**Select all resources and enter the amount earned per MONTH.

- | | | | |
|--------------------------------------------------------------|----------|-------------------------------------------------------------|----------|
| <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 Services Disability Compensation | \$ _____ | <input type="checkbox"/> Alimony or Other Spousal Support | \$ _____ |
| <input type="checkbox"/> Private Disability | \$ _____ | <input type="checkbox"/> Worker's Compensation | \$ _____ |
| <input type="checkbox"/> TANF | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> General Assistance | \$ _____ | | |

Total Income: \$ _____

Hawaii Specific Assessment

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

Name of Medical Insurer: _____

- *Reason for Exit:
- | | | |
|-------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Unknown/disappeared/abandoned unit | <input type="checkbox"/> Completed program | <input type="checkbox"/> Noncompliance with program |
| <input type="checkbox"/> Successfully moved into housing | <input type="checkbox"/> Nonpayment of rent/program fees | <input type="checkbox"/> Criminal activity/destruction of property/violence |

Forwarding Address: _____

Exit Destination: If ES, TH, or PH, which program? _____