Oahu's Continuum of Care

For data entry purposes only: Client ID: \_\_\_\_\_

## **PARTNERS IN CARE**

## **HOPWA Project Exit**

*Last Name:	*DOB:	*Exit Date:			
*First Name:	*SSN (last 4 digits):	*Project:			
	Exit Destination	 1			
* <u>Homeless Situation:</u>		Other Exit Destination:			
Emergency shelter, including hotel or motel paid with emergency shelter voucher, or Host Home Sh		<ul><li>□ Deceased</li><li>□ No exit interview completed</li></ul>			
Place not meant for habitation		☐ Other			
☐ Safe Haven		☐ Client doesn't know			
		☐ Client prefers not to answer			
Institutional Situation:		Client prefers for to driswer			
☐ Foster care home/foster care group home		Permanent Housing Situation:			
Hospital or other residential non psychi medical facility	<b>□</b> R	☐ Rental by client, no ongoing housing subsidy			
<ul> <li>□ Jail, prison, juvenile detention facility</li> <li>□ Long-term care facility or nursing home</li> <li>□ Psychiatric hospital or other psychiatric facility</li> </ul>		☐ Rental by client, with ongoing housing sub			
		<ul><li>Owned by client, no ongoing housing subsidy</li><li>Owned by client, with ongoing housing subsidy</li></ul>			
	** Re	ental Subsidy Type:			
Transitional Housing Situation:		GPD TIP housing subsidy			
☐ Transitional housing for homeless perso	ns 🔲 V	ASH Housing subsidy			
(including homeless youth)	□ R	☐ RRH or equivalent subsidy			
Residential project or halfway house w homeless criteria		<ul><li>HCV voucher (tenant or project based) (not dedicated)</li><li>Public Housing Unit</li></ul>			
□ Hotel or Motel paid for without emerge shelter voucher	encv				
☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or		☐ Rental by client, with other ongoing housing			
		ubsidy			
house,	□ H	■ Housing Stability Voucher			
☐ Staying or living in a family member's apartment or house	oom,	Family Unification Program Voucher (FUP)			
	□ F	Foster Youth to Independence Initiative (FYI)			
	□ P	Permanent Supportive Housing			
		<ul> <li>Other permanent housing dedicated for formerly homeless persons</li> </ul>			

## Disabling Conditions

Long Term defined: ex	xpected to be of lor	ng-continued ai	nd indefinite durc	ation and impairs the	eir ability to	
live independently Physical Disability:	□Yes** □ Client de		n't know			
□No	□No	☐ Client prefe	rs not to answer	**If yes, long term?	□Yes □ No	
Disability	□Yes	☐ Client doesn't know				
	□No		rs not to answer			
Chronic Health	□Yes**	☐ Client doesr	n't know			
<u>Condition</u>	□No		rs not to answer	**If yes, long term?	□Yes	
		,			□ No	
HIV - AIDS	□Yes	☐ Client doesn't know				
	□No	☐ Client prefe	rs not to answer			
Mental Health Disorder	r □Yes**	☐ Client doesn	n't know	**If yes, long term?	□Yes	
	□No	☐ Client prefe	rs not to answer		□No	
Substance Use Disorde		☐ Client doesn't know☐ Client prefers not to answer		**If yes, long term?	□Yes	
□Alcohol use**					□ No	
□Drug use**	□Neither					
Domestic Violence	□Yes**	☐ Client prefers not to answer		**When DV experience occurred:		
Survivor		☐ Client doesn		ress man 3 monins		
				<ul><li>3 months - less than 6 months</li><li>6 months - less than a year</li></ul>		
Currently Fleeing DV □Yes** □No		☐ Client prefers not to answer☐ Client doesn't know		☐ 1 year or more		
				☐ Client doesn't know		
				☐ Client prefers not to answer		
	HU	ID Financial .	 Assessment	<u> </u>		
Income From Any Sou	rce? □ Yes**	☐ Client does	sn't know			
	□ No	☐ Client prefe	ers not to answer			
**If yes, select all that	apply, and enter th	e amount earne	ed per MONTH.			
□ \$Unemploym	nent		□ \$TANF			
□ \$Earned Income (employment)		□ \$General Assistance				
□ \$\$SSI □ \$ \$S\$DI		□ \$Retirement Income from Social Security				
□ \$VA Service Connected Disability Compensation		ty	□ \$Pension/Retirement from a former job			
			□ \$Child Support			
□ \$VA non-service Connected Disability		ability	□ \$Alimony/Spousal support			
Compensation		□ \$Other income source, specify below				
□ \$Private Disa	ability Insurance		<b>-</b> ΨOITI <del>C</del> I	11101110 30010 <del>0</del> , 3pe	Oily DGIUW	
□ \$Worker's Co	ompensation					

Receiving Non-Cash Benefits?	☐ Yes**	Yes** □No □Client doesn't know		esn't know	□Client prefers not to answer		
If yes, select all that apply:	■ SNAP				□ Other TANF Services		
,	□ WIC				☐ Other non-cash benefit source		
Covered by Health Insurance?							
If yes, select all that apply:	☐ Yes**	□No	□Client do	esn't know	□Client prefers not to answer		
☐ MEDICAID			☐ Health Ins	urance Ob	tained Through COBRA		
☐ MEDICARE			☐ Private Pc	ıy Health Ins	surance		
☐ State Children's Health Insuranc	e Program	1	□ State Health Insurance for Adults				
☐ Veteran's Administration (VA) M	edical Ser	vices	☐ Indian He	alth Service	s Program		
☐ Employer-Provided Health Insura	ance		□ Other Hed	alth Insuranc	ce		
	Мес	dical	Assistance	e			
Receiving AIDS Drug Assistance Prog (ADAP)	gram			eiving Ryan al Assistanc	White-Funded Medical or e		
□ Yes				☐ Yes			
□ No**				■ No**			
☐ Client doesn't know				☐ Clien	t doesn't know		
Client prefers not to answer				☐ Clien	t prefers not to answer		
** If you answered No t	o any que	stions	above, plec	ise specify t	he reason:		
☐ Applied, Decision pending				□ Appli	ed, Decision pending		
☐ Applied, client not eligible	☐ Applied, client not eligible				ed, client not eligible		
☐ Client did not apply		☐ Client did not apply					
☐ Insurance type N/A for client	☐ Insurance type N/A for client						
☐ Client doesn't know		☐ Client doesn't know					
☐ Client prefers not to answer		☐ Client prefers not to answer			t prefers not to answer		
	T-cell (C	CD4)	and Viral	Load			
*T-cell (CD4) Count Available ☐ Yes**	**T-cell 0 - 1500		t (integer be		**How Was the Information Obtained		
□ No					☐ Medical report		
☐ Client doesn't know					☐ Client report		
Client prefers not to answer					□ Other		
*Viral Load Information Available  • Yes**	**Coun 1500)	ıt (inte	ger betweer		**How Was the Information Obtained		
□ No					☐ Medical report		
☐ Client doesn't know					☐ Client report		
☐ Client prefers not to answer					□ Other		
	Prescril	ned	Anti-Retro	viral			
*Has the participant been prescrib				☐ Yes**	☐ Client doesn't know		
, , , , , , , , , , , , , , , , , , , ,		-	O	□ No	☐ Client prefers not to answer		