Oahu's Continuum of Care

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

## PARTNERS IN CARE

VA Project Exit

*Last Name: *DOE			*Exit Date:			
*First Name:	*SSN (last 4 digits):		*Project:			
*Homeless Situation:	Exit Destir	nation				
☐ Emergency shelter, including hotel voucher, or Host Home Shelter	or motel paid	I for with eme	ergency shelter			
☐ Place not meant for habitation						
□ Safe Haven		Permanent Housing Situation:				
Institutional Situation:		☐ Rental by client, no ongoing housing subsidy				
☐ Foster care home/foster care group	☐ Foster care home/foster care group home		☐ Rental by client, with ongoing housing subsidy,			
<ul> <li>Hospital or other residential non psychiatric medical facility</li> </ul>		specify below**  Owned by client, no ongoing housing subsidy				
☐ Jail, prison, juvenile detention facility	enile detention facility		☐ Owned by client, with ongoing housing subsidy			
☐ Long-term care facility or nursing hor	term care facility or nursing home		** Rental Subsidy Type:			
☐ Psychiatric hospital or other psychiatric facility		☐ GPD TIP housing subsidy				
☐ Substance use treatment facility or d	detox	□ VASH Housing subsidy				
center		☐ RRH	☐ RRH or equivalent subsidy			
<u>Transitional Housing Situation:</u>		□ HCV voucher (tenant or project based) (not dedicated)				
☐ Transitional housing for homeless pers	sons	☐ Pub	olic Housing Unit			
(including homeless youth)  Residential project or halfway house	with no	Rental by client, with other ongoing housing subsidy				
homeless criteria		☐ Hou	☐ Housing Stability Voucher			
□ Hotel or Motel paid for without emer shelter voucher	gency	☐ Fan	☐ Family Unification Program Voucher (FUP)			
		☐ Fost	Foster Youth to Independence Initiative (FYI)			
<ul> <li>Host Home (non-crisis)</li> <li>Staying or living in a friend's room, apartment, or house,</li> <li>Staying or living in a family member's room, apartment or house</li> </ul>		<ul> <li>Permanent Supportive Housing</li> <li>Other permanent housing dedicated for formerly homeless persons</li> </ul>				
					10111	neny nomeless persons
		Other Exit Destination:				
□ Deceased □ C	Other, please	specify	☐ Client doesn't know			
☐ No exit interview completed			☐ Client prefers not to answer			

## Disabling Conditions

Long Term defined: ex	pected to be of lor	ng-continued ai	nd indefinite durc	ation and impairs the	ir ability to	
live independently <a href="Physical Disability:">Physical Disability:</a>	□Yes**	☐ Client doesn't know☐ Client prefers not to answer				
	□No			**If yes, long term?	□ No	
<u>Developmental</u>	□Yes	☐ Client doesr	n't know			
<u>Disability</u>	□No	☐ Client prefers not to answer				
		•				
Chronic Health Condition	□Yes**	☐ Client doesn't know		**If yes, long term?	ΠYes	
	□No	☐ Client prefe	rs not to answer	ir yes, long lenne	□ No	
HIV - AIDS	□Yes	☐ Client doesr	n't know			
<u> </u>	□No	☐ Client prefers not to answer				
		·				
Mental Health Disorder		<ul><li>□ Client doesn't know</li><li>□ Client prefers not to answer</li></ul>		**If yes, long term?	□Yes	
	□No				<b>□</b> No	
Substance Use Disorde		☐ Client doesn't know		**If yes, long term?	□Yes	
□Alcohol use**		☐ Client prefe	rs not to answer		□No	
■Drug use**	□Neither					
Domestic Violence	□Yes**	☐ Client prefers not to answer☐ Client doesn't know		**When DV experience occurred:		
Survivor	□No			☐ 3 months - less than 6 months		
Currently Fleeing DV □Yes** □No		☐ Client prefers not to answer☐ Client doesn't know		☐ 6 months - less than a year		
				<ul><li>☐ 1 year or more</li><li>☐ Client doesn't know</li></ul>		
				☐ Client prefers not to answer		
	HU	JD Financial .	 Assessment			
Income From Any Sou						
income nom Any 300			ers not to answer			
**If yes, select all that		•				
□ \$Unemploym	nent		□ \$TANF			
□ \$Earned Income (employment)		□ \$General Assistance				
□ \$\$SSI □ \$\$SDI		□ \$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				
Compensation			□ \$Alimony/Spousal support			
□ \$Private Disability Insurance			□ \$Other	income source, spec	cify below	
■ \$Worker's Co	mpensation					

Receiving Non-Cash Benefits?		? If rec	f recieving Non-Cash benefits, select all that apply:					
☐ Yes** ☐ No	☐ Client doesn'☐ Client prefers		<ul><li>□ SNAP</li><li>□ WIC</li><li>□ TANF Childcare</li></ul>	<ul><li>□ TANF Transportation</li><li>□ Other TANF Services</li><li>□ Other non-cash benefit source</li></ul>				
Covered by Yes**	y Health Insurance  Client doesn'  Client prefers	t know	TAM Childedie	— — — — — — — — — — — — — — — — — — —				
**If covered	d by insurance, se	lect all that apply:						
<ul> <li>□ MEDICAID</li> <li>□ MEDICARE</li> <li>□ State Children's Health Insurance Program</li> <li>□ Veteran's Administration (VA) Medical Services</li> <li>□ Employer-Provided Health Insurance</li> </ul>			<ul> <li>□ Health Insurance Obtained Through COBRA</li> <li>□ Private Pay Health Insurance</li> <li>□ State Health Insurance for Adults</li> <li>□ Indian Health Services Program</li> <li>□ Other Health Insurance</li> </ul>					
	tly working, # of orked in the past v	week:	Name of 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 rule/persons			<ul> <li>□ Needs could not be met by program</li> <li>□ Disagreement with rule/persons</li> <li>□ Deceased</li> <li>□ Institutionalized: Jail, Hospital, SA treatment</li> <li>□ Moved out of state: mainland</li> <li>□ Moved out of state: Compact of Free Association</li> <li>□ Moved out of state: out of country</li> <li>□ Moved to different island within state</li> <li>□ Other:</li> </ul>					
Forwarding Address:		Exit Destination: If ES, TH, or PH, which programs?						
		Additional V	A Information					
Connection	n with SOAR?	☐ Yes						
		□ No	□ No					
		☐ Client doesn't kno	☐ Client doesn't know					
		☐ Client prefers not	to answer					