

Pathways to Home Case Conference Form

Date presented:		Date entered in to PTH:		
Presenter Name:		Agency:		
Household Demographics	Clients Name:	Age of Client:	HMIS #:	Previous HMIS #:
	Household size:	<input type="checkbox"/> Single <input type="checkbox"/> Couple/Adults Only <input type="checkbox"/> Household with children <input type="checkbox"/> TAY (18-24) <input type="checkbox"/> Pregnant Due date: _____ Reunification <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Spouse /Partner Name:	Age of Spouse/Partner:	HMIS #:	Previous HMIS #:
	Number of children:	Ages of Children:		
	City Identified:			

HMIS Eligibility	Eligibility Module ran? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	VI-SPDAT score: Length of time Homeless: ____ Yr(s) ____ Mo. Date (last time VI-SPDAT was ran): _____
	Client is Eligible for: Literally Homeless/Prevention: <input type="checkbox"/> RRH <input type="checkbox"/> HP <input type="checkbox"/> CHSP Chronic Homeless <input type="checkbox"/> PSH Emergency Shelter/ Transitional: <input type="checkbox"/> ES <input type="checkbox"/> Safe Haven <input type="checkbox"/> TH Veteran Housing: <input type="checkbox"/> SSVF <input type="checkbox"/> PH (Veterans) <input type="checkbox"/> PSH (Veterans) <input type="checkbox"/> Other: _____	
	Client Referred to: Literally Homeless/Prevention: <input type="checkbox"/> RRH <input type="checkbox"/> HP <input type="checkbox"/> CHSP Chronic Homeless <input type="checkbox"/> PSH Emergency Shelter/ Transitional: <input type="checkbox"/> ES <input type="checkbox"/> Safe Haven <input type="checkbox"/> TH Veteran Housing: <input type="checkbox"/> SSVF <input type="checkbox"/> PH (Veterans) <input type="checkbox"/> PSH (Veterans) <input type="checkbox"/> Other: _____	
	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge Status: <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable: <input type="checkbox"/> Dishonorable VASH referral sent: <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain why veteran is ineligible to VASH: _____	

Pathways to Home Case Conference Form

	<input type="checkbox"/> Referral to Housing Authority or Area Housing: List the Cities: _____	
	VCBH Connected <input type="checkbox"/> Yes Which Clinic: _____ Case Manager: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No _____ Date: _____	
	Outside Psychiatrist / Clinician: <input type="checkbox"/> Yes Which Clinic: _____ Name: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No _____ Date: _____	
	Current Household Income: _____	Source(s): _____
	Any known current case involvement with Child and Family Services or Adult Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Social Worker and department: _____	
	Any known current case involvement with the Department of Justice? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Restraining order <input type="checkbox"/> Court Dates: _____	
	Potential Family Reunification: <input type="checkbox"/> No <input type="checkbox"/> Yes Foster Care <input type="checkbox"/> No <input type="checkbox"/> Yes Family/Friend <input type="checkbox"/> No <input type="checkbox"/> Yes	

Homeless Status	Homeless Category: <input type="checkbox"/> Literally Homeless <input type="checkbox"/> At Risk <input type="checkbox"/> Attempting to Flee DV Where is the person or household currently staying (shelter, streets, RV, car, transitional housing, etc.)?	
	Chronic Homeless documents submitted/approved? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you requesting Feedback / Consultation? <input type="checkbox"/> Disability verification <input type="checkbox"/> Homeless Status <input type="checkbox"/> Supportive documentation <input type="checkbox"/> Length of time (timeline)	

Additional Information	Severity of Service Needs: (must be applicable to one) 1. History of High utilization of crisis services (Jail, hospital)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ 2. Significant Health or behavioral health challenges / substance abuse of F (x) impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. For youth or DV, high risk of continued trauma or high risk of harm or exposure to dangerous living situations? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Referral to Whole Person Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Working with other Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No List agencies involved: _____	

Pathways to Home Case Conference Form

	<p>Observations: (Including observations of risk and vulnerability not reflected in VI-SPDAT score)</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Health Observations (Physical, Mental Health, Developmental) _____</p> <p>_____</p> <p>_____</p>
	<p>Safety Concerns: _____</p> <p>_____</p> <p>_____</p>

Housing Barriers	<p>Evictions:</p>
	<p>Criminal History:</p>
	<p>Others:</p>

Household Analysis	<p>Briefly describe Household goals at present:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
	<p>Strengths:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
	<p>Are there any linkages that you feel are needed and not currently in place? Immediate Needs?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Services / Notes	<p>Please list services that have already been provided to the family:</p> <p><input type="checkbox"/> None for this individual</p>
-------------------------	--

Pathways to Home Case Conference Form

	Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
--	---

FOR HMIS Staff (County use only)	
Date Presented:	
Client ID:	
Provider:	
Social Worker:	
VI-SPDAT Score:	
Current Living Situation:	
Recommended Next Steps:	
Referrals Type:	
Household Size:	