

Pathways to Home Case Conference Form

Date presented:		Date entered in to PTH:		
Presenter Name:		Agency:		
Household Demographics	Clients Name:		Age of Client:	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 #:
	Number of children:		Ages of Children:	
	City Identified:		# of Pets: _____ Type: _____	

HMIS Eligibility	Eligibility Module ran? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____		Vulnerability score (SPDAT/At Risk): _____ Length of time Homeless: _____ Yr(s) _____ Mo. Date (last time Vulnerability Tool was completed): _____	
	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 <input type="checkbox"/> PH w/ disability 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 (Emergency Housing Vouchers, EI Portal, etc): _____			
	Client Referred to: Literally Homeless/Prevention: <input type="checkbox"/> RRH <input type="checkbox"/> HP <input type="checkbox"/> CHSP Chronic Homeless <input type="checkbox"/> PSH <input type="checkbox"/> PH w/ disability 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: _____			

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	<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	

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	<p>Working with other Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List agencies involved: _____</p> <p>Is your agency able to provide Supportive Services when placed in permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no, please check the box below and explain:</i></p> <p><input type="checkbox"/> Staffing capacity (1-2 staff agency): _____</p> <p><input type="checkbox"/> Not funded to provide case management: _____</p> <p><input type="checkbox"/> Victim Service Provider: _____</p>
	<p>Observations: (Including observations of risk and vulnerability not reflected in Vulnerability Tool 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	Evictions:
	Criminal History:
	Others:

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>
	<p>1. What lead to your current homelessness?</p>
	<p>2. Have you received rental and/or voucher assistance from any agency in the last 5 years?</p>

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	3. Have you ever held a lease in your own name?
	4. Have you ever paid rent on your own for at least a year?
	5. Evictions and judgement, landlord references
	6. Communal living concerns, satisfaction with current living situation
	7. Immigration status or ability to work and gain income.
	8. Required to register as sex offender?
	9. History of arson?

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

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:	