

Pathways to Home Case Conference Form

Date presented: _____		Date entered into PTH: _____	
Presenter name: _____		Agency: _____	
Email: _____		Phone: _____	
<b>Household Demographics</b>	<b>Client name:</b> _____	<b>Client age:</b> _____	<b>Language:</b> <input type="checkbox"/> Eng. <input type="checkbox"/> Span. <input type="checkbox"/> Other: _____
	<b>Household size:</b> _____	<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	
	<b>Spouse / Partner name:</b> _____	<b>Age of spouse / partner:</b> _____	<b>HMIS #:</b> _____
	<b>Number of children:</b> _____	<b>Ages of Children:</b> _____	
	<b>City identified:</b> _____		<b># of Pets:</b> _____

<b>HMS Eligibility</b>	<b>Eligibility module ran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	<b>Vulnerability score (VAT):</b> _____ <b>At-risk score:</b> _____ <b>Completion date of most recent VAT:</b> _____ <b>Approx. Date Homelessness Started:</b> _____
	<b>Client MAY be eligible for:</b>	
	Literally Homeless/Prevention: <input type="checkbox"/> RRH ( <i>Rapid Re-Housing</i> ) <input type="checkbox"/> HP ( <i>Homeless Prevention</i> ) <input type="checkbox"/> CHSP ( <i>CalWORKS Housing Support Program</i> )	
	Chronic Homeless: <input type="checkbox"/> PSH ( <i>Permanent Supportive Housing</i> ) <input type="checkbox"/> PH ( <i>Permanent Housing</i> ) w/disability	
	Emergency Shelter/ Transitional: <input type="checkbox"/> ES ( <i>Emergency Shelter</i> ) <input type="checkbox"/> Safe Haven <input type="checkbox"/> TH ( <i>Transitional Housing</i> )	
Veteran Housing: <input type="checkbox"/> SSVF ( <i>Supportive Services for Veteran Families</i> ) <input type="checkbox"/> PH ( <i>Vets</i> ) <input type="checkbox"/> PSH ( <i>Vets</i> ) <input type="checkbox"/> Other ( <i>Emergency Housing Vouchers, EI Portal, etc</i> ): _____		
<b>Client is being referred for:</b>		
Literally Homeless/Prevention: <input type="checkbox"/> RRH ( <i>Rapid Re-Housing</i> ) <input type="checkbox"/> HP ( <i>Homeless Prevention</i> ) <input type="checkbox"/> CHSP ( <i>CalWORKS Housing Support Program</i> )		
Chronic Homeless: <input type="checkbox"/> PSH ( <i>Permanent Supportive Housing</i> ) <input type="checkbox"/> PH ( <i>Permanent Housing</i> ) w/disability		
Emergency Shelter/ Transitional: <input type="checkbox"/> ES ( <i>Emergency Shelter</i> ) <input type="checkbox"/> Safe Haven <input type="checkbox"/> TH ( <i>Transitional Housing</i> )		
Veteran Housing: <input type="checkbox"/> SSVF ( <i>Supportive Services for Veteran Families</i> ) <input type="checkbox"/> PH ( <i>Vets</i> ) <input type="checkbox"/> PSH ( <i>Vets</i> ) <input type="checkbox"/> Other ( <i>Emergency Housing Vouchers, EI Portal, etc</i> ): _____		
<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Discharge Status:</b> <input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable <input type="checkbox"/> Dishonorable <b>VASH referral sent?</b> <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: _____	
	<b>VCBH Connected?</b> <input type="checkbox"/> Yes Which clinic: _____ Case manager: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Date: _____	
	<b>Private mental health provider?</b> <input type="checkbox"/> Yes Which clinic: _____ Name: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Date: _____	
	<b>Current household income:</b> _____	<b>Source(s):</b> _____
	<b>Any known current case involvement with Child and Family Services or Adult Protective Services?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes--Name of social worker and department: _____	
	<b>Any known current case involvement with the Department of Justice?</b> <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: _____	
	<b>Potential family reunification:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Foster care:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Family/friend:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

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

<b>Additional Information</b>	<b>Severity of service needs (must be applicable to one):</b> 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	
	<b>Working with other agencies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No List agencies involved: _____	
	<b>Is your agency able to provide Supportive Services when placed in permanent housing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check the box below and explain: <input type="checkbox"/> Staffing capacity (1-2 staff agency): _____ <input type="checkbox"/> Not funded to provide case management: _____ <input type="checkbox"/> Victim Service Provider: _____	

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	<p><b>Desired case management model:</b>    <input type="checkbox"/> On-Site    <input type="checkbox"/> Scattered Site</p> <p><b>ADA/First floor unit needed?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Observations</b> (Including risk/vulnerability observations not reflected in Vulnerability Tool score):</p> <p>_____</p> <p>_____</p>
	<p><b>Health observations</b> (physical, mental health, developmental): _____</p> <p>_____</p> <p>_____</p>
	<p><b>Safety concerns:</b> _____</p> <p>_____</p> <p>_____</p>

<b>Housing Barriers</b>	<b>Evictions:</b> _____
	<b>Criminal history:</b> _____
	<b>Others:</b> _____

<b>Household Analysis</b>	<p><b>Briefly describe household goals at present:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
	<p><b>Strengths:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
	<p><b>Are there any linkages that you feel are needed and not currently in place? Immediate needs?</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
	<p><b>What lead to your current homelessness?</b> _____</p> <p>_____</p> <p>_____</p>
	<p>1. <b>Have you received rental and/or voucher assistance from any agency in the last 5 years?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
	<p>2. <b>Have you ever held a lease in your own name?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
	<p>3. <b>Have you ever paid rent on your own for at least a year?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
	<p>4. <b>Evictions and judgement, landlord references:</b> _____</p>

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	<p>5. <b>Communal living concerns, satisfaction with current living situation:</b> _____ _____ _____</p>
	<p>6. <b>Immigration status or ability to work and gain income:</b> _____</p>
	<p>7. <b>Required to register as sex offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>8. <b>History of arson?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>9. <b>How likely are you to be at risk of death or increased illness if returning or remaining homeless?</b></p> <p><input type="checkbox"/> <b>Imminent risk (days, weeks)</b> <input type="checkbox"/> <b>High risk (weeks, months)</b> <input type="checkbox"/> <b>Moderate risk</b> <input type="checkbox"/> <b>Low risk</b> <input type="checkbox"/> <b>No risk</b></p> <p><b>Social worker observation notes:</b> _____ _____ _____ _____</p>

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