

Pathways to Home Case Conference Form

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| <b>Date presented:</b> _____ <b>Date entered into PTH:</b> _____ |   |   |   |                      |                            |
| <b>Presenter name:</b> _____ <b>Agency:</b> _____                |   |   |   |                      |                            |
| <b>Email:</b> _____ <b>Phone:</b> _____                          |   |   |   |                      |                            |
| <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>HMIS #:</b> _____ | <b>Prev. HMIS #:</b> _____ |
|  | <b>Household size:</b> _____  | <input type="checkbox"/> Single <input type="checkbox"/> Couple/Adults Only <input type="checkbox"/> TAY (18-24)<br><input type="checkbox"/> Household with children <input type="checkbox"/> Pregnant? Due date: _____ |   |                      |                            |
|  | <b>Name of Spouse / Partner:</b> _____  |   | <b>Age of Spouse / Partner:</b> _____   | <b>HMIS #:</b> _____ | <b>Prev. HMIS #:</b> _____ |
|  | <b>Name of Other Adult in the home:</b> _____   |   | <b>Age of Other Adult in the home:</b> _____  |                      |                            |
|  | <b>Number of children:</b> _____  |   | <b>Ages of Children:</b> _____  |                      |                            |
|  | <b>City identified (select one):</b> _____  |   |   |                      |                            |
|  | <b>Number of Pets:</b> _____ <b>Type:</b> _____<br><b>Is the pet a documented:</b> <input type="checkbox"/> Emotional Support Animal or <input type="checkbox"/> Service Animal |   |   |                      |                            |

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| <b>HMIS Eligibility</b> | <b>Eligibility module ran?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No Please explain: _____   | <b>Vulnerability score (VAT):</b> _____ <b>At-Risk score:</b> _____<br><b>Completion date of most recent VAT or At-Risk tool:</b> _____<br><b>Approx. Date Homelessness Started:</b> _____ |
|                         | <b>Client is being referred for:</b><br>Literally Homeless/Prevention: <input type="checkbox"/> RRH ( <i>Rapid Re-Housing</i> ) <input type="checkbox"/> HP ( <i>Homeless Prevention</i> )<br><input type="checkbox"/> CHSP ( <i>CalWORKS Housing Support Program</i> )<br><input type="checkbox"/> PH ( <i>Permanent Housing</i> ) without disability<br>Chronic Homeless: <input type="checkbox"/> PSH ( <i>Permanent Supportive Housing</i> ) <input type="checkbox"/> PH ( <i>Permanent Housing</i> ) with disability<br>Emergency Shelter/ Transitional: <input type="checkbox"/> ES ( <i>Emergency Shelter</i> ) <input type="checkbox"/> Safe Haven <input type="checkbox"/> TH ( <i>Transitional Housing</i> )<br>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> )<br><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<br><b>VASH referral sent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><i>Please explain why veteran is ineligible to VASH:</i><br>_____<br>_____  |  |
|                         | <input type="checkbox"/> Referral to Housing Authority or Area Housing:<br>List the cities: _____   |  |

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|  | <b>VCBH Connected?</b><br><input type="checkbox"/> Yes Which clinic: _____ Case manager: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> No Date: _____  |                         |
|  | <b>Private mental health provider?</b><br><input type="checkbox"/> Yes Which clinic: _____ Name: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> No Date: _____  |                         |
|  | <b>Current household income:</b> _____  | <b>Source(s):</b> _____ |
|  | <b>Any known current case involvement with Children and Family Services or Adult Protective Services?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes--Name of social worker and department: _____  |                         |
|  | <b>Any case involvement with the Department of Justice?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, current or historical:<br><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   |                         |

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

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| <b>Additional Information</b> | <b>Severity of service needs (must be applicable to one):</b><br>1. History of high utilization of crisis services (jail, hospital)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____<br>2. Significant Health or behavioral health challenges / substance abuse of F (x) impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>4. Referral to Whole Person Care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client already engaged<br>5. How likely are you to be at risk of death or increased illness if returning or remaining homeless?<br><input type="checkbox"/> Imminent risk (days, weeks)<br><input type="checkbox"/> High risk (weeks, months)<br><input type="checkbox"/> Moderate risk<br><input type="checkbox"/> Low risk<br><input type="checkbox"/> No risk<br><br>Social worker observation notes (if applicable): _____<br>_____<br>_____<br>_____ |  |
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|  | <p><b>Working with other agencies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List agencies involved: _____</p> <p><b>Is your agency able to provide Supportive Services when placed in permanent housing?</b> <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><b>Desired case management model:</b> <input type="checkbox"/> On-Site <input type="checkbox"/> Scattered Site or <input type="checkbox"/> Either</p> <p><b>ADA (roll in shower, accessible by wheelchair, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Accommodations needed (first floor, grab bars, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Observations</b> <i>(if applicable; including risk/vulnerability observations not reflected in Vulnerability Tool score):</i></p> <p>_____</p> <p>_____</p>      |
|  | <p><b>Health observations</b> <i>(if applicable; physical, mental health, developmental):</i> _____</p> <p>_____</p> <p>_____</p>   |
|  | <p><b>Safety concerns</b> <i>(if applicable):</i></p> <p>_____</p> <p>_____</p>   |

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

|                           |  |
|---------------------------|--|
| <b>Household Analysis</b> | <p><b>What led to your current homelessness?</b> _____</p> <p>_____</p> <p>_____</p>                       |
|                           | <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>                                   |

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| <b>Are there any linkages that you feel are needed and not currently in place? Immediate needs?</b> |  |
| 1.  | _____  |
| 2.  | _____  |
| 3.  | _____  |
| 1.  | <b>Have you received rental and/or voucher assistance from any agency in the last 5 years?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.  | <b>Have you ever held a lease in your own name?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3.  | <b>Have you ever paid rent on your own for at least a year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 4.  | <b>Evictions and judgement, landlord references (if applicable):</b><br>_____  |
| 5.  | <b>Communal living concerns, satisfaction with current living situation:</b> _____<br>_____<br>_____   |
| 6.  | <b>Immigration status or ability to work and gain income:</b> _____  |
| 7.  | <b>Required to register as sex offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8.  | <b>History of arson?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |

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