

Presenter name: _____ Agency: _____	
Email: _____ Phone: _____	
Household Demographics	Client name: _____ Client age: _____ Language: <input type="checkbox"/> Eng. <input type="checkbox"/> Span. <input type="checkbox"/> Other: _____ HMIS #: _____
	Household size: _____ <input type="checkbox"/> Single <input type="checkbox"/> Couple/Adults Only <input type="checkbox"/> TAY (18-24) <input type="checkbox"/> Household with children <input type="checkbox"/> Pregnant? Due date: _____
	Name of Spouse / Partner: _____ Age of Spouse / Partner: _____ HMIS #: _____
	Name of Other Adult in the home: _____ Age of Other Adult in the home: _____
	Number of children: _____ Ages of Children: _____
	City identified (select one): _____
	Number of Pets: _____ Type: _____ Is the pet a documented: <input type="checkbox"/> Emotional Support Animal <input type="checkbox"/> Service Animal or <input type="checkbox"/> N/A

HMIS Eligibility	CES entry and eligibility module completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	Vulnerability score (VAT): _____ At-Risk score: _____ Completion date of most recent VAT or At-Risk tool: _____ Approx. Date Homelessness Started: _____
	Client is being referred for: Literally Homeless: <input type="checkbox"/> PH (Permanent Housing) without disability Chronic Homeless: <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> PH (Permanent Housing) with disability Transitional: <input type="checkbox"/> TH (Transitional Housing) Veteran Housing: <input type="checkbox"/> SSVF (Supportive Services for Veteran Families) <input type="checkbox"/> PH (Vets) <input type="checkbox"/> PSH (Vets) <input type="checkbox"/> Other (Emergency Housing Vouchers, EI Portal, etc.): _____	
	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 <input type="checkbox"/> N/A Please explain why veteran is ineligible to VASH: _____ _____	
	<input type="checkbox"/> Referral to Housing Authority or Area Housing: List the cities: _____	
VCBH Connected? <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis: _____ Name of Clinic: _____ Case Manager: _____ Notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		

Private mental health provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Clinic: _____ Mental Health Provider Name: _____ Notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Immigration status or ability to work and gain income:	_____	
Current household income:	_____	Source(s): _____
Any known current case involvement with Children and Family Services or Adult Protective Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes--Name of social worker and department: _____	
Potential family reunification:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any case involvement with the Department of Justice?	<input type="checkbox"/> No <input type="checkbox"/> Yes, current or historical: <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Restraining order <input type="checkbox"/> Court Dates: _____	

Homeless Status	Homeless Category: <input type="checkbox"/> Literally homeless <input type="checkbox"/> Chronic 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.)? _____ What led to your current homelessness? _____ _____
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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 <input type="checkbox"/> Client already engaged Whole Person Care Case Worker: _____ Social worker observation notes (if applicable): _____ _____
Additional Information	Is your agency able to provide Supportive Services when placed in permanent housing? <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: _____
Additional Information	Desired case management model: <input type="checkbox"/> On-Site <input type="checkbox"/> Scattered Site or <input type="checkbox"/> Either ADA (roll in shower, accessible by wheelchair, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Accommodations needed (first floor, grab bars, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Observations (if applicable; including risk/vulnerability observations not reflected in Vulnerability Tool score): _____ _____

Pathways to Home Case Conference Form

	Health observations (<i>physical, mental health, developmental</i>): _____ _____
	Safety concerns: _____ _____

Housing Barriers	Evictions: _____
	Criminal history (<i>if applicable, ex; arson, sex offender, etc.</i>): _____ _____
	Others: _____ _____

Notes	_____

