

Homeless Services Assessment Form Worksheet

VA Staff member completing this form (*first and last name*)... _____

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*) _ _ _ _ _

Date of Assessment (*mm/dd/yy*)..... _ _ / _ _ / _ _

I. VETERAN IDENTIFICATION

1. Veteran's Name (*last name, first initial - please print*).... _____
2. Social Security Number _ _ _ - _ _ - _ _ _
3. Date of Birth (*mm/dd/yy*) _ _ / _ _ / _ _
4. Gender ☐ 1. Female ☐ 2. Male ☐ 3. Transgender male to female ☐ 4. Transgender female to male ☐ 5. Doesn't identify as male, female, or transgender
☐ 6. Client doesn't know

II. PRE-ENGAGEMENT SCREENING

May the Pre-engagement Screening be skipped? ***If yes, skip to item 6***

☐ 0. No ☐ 1. Yes

5.	Does the Veteran want assistance with any of the following areas? <i>[answer the category as "yes" if the Veteran answers "yes" to any of the informal probe questions]</i>	
	a. <u>Housing</u> – Examples: <i>Are you currently homeless?</i> <i>Are you currently living with a family member or friend until you can afford or find a place of your own?</i> <i>Have you received an eviction notice or request to leave your current housing?</i>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item
	b. <u>Financial Hardship</u> – Examples: <i>Do you need basic assistance like food and clothing?</i> <i>Are you unable to pay your bills?</i> <i>Do you need assistance with claims for disability benefits?</i> <i>Are you unemployed?</i>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item
	c. <u>Legal</u> - Examples: <i>Do you need help with a legal problem, such as civil, criminal, child support and/or custody, suspended driver license, probation or parole issues?</i>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item
	d. <u>Access to Healthcare</u> – Examples: <i>Are you in need of immediate medical attention or need a referral for a medical appointment?</i> <i>Do you want VA healthcare but are currently not enrolled for it?</i>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item
	e. <u>Mental Health Concerns and Substance Abuse</u> –	

	<p>Examples</p> <p><i>Do you often feel anxious or depressed?</i></p> <p><i>Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?</i></p>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item
	f. <u>Self Endangerment</u> –	
	<p>Examples</p> <p><i>Do you currently have thoughts of hurting yourself in some way?</i></p>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item
	g. <u>Civilian Adjustment</u> -	
	<p>Examples</p> <p><i>Are you having difficulty adjusting to civilian life since being discharged from military service?</i></p>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 98. Veteran declined to answer <input type="checkbox"/> 99. Interviewer omitted item

6. Will the assessment interview be completed? ☐ 0. No ☐ 1. Yes

If yes, skip to item 7

a. If **no**, please indicate main reason:

- ☐ 1. Veteran will not consent to interview
- ☐ 2. Veteran is not interested in any services
- ☐ 3. Veteran is not in need of homeless program services
- ☐ 4. Assessment deferred to a later time

b. If **no**, are immediate Non-VA homeless services required?

☐ 0. No ☐ 1. Yes

If no, skip to item 6d.

c. If **yes**, which Non-VA homeless service is required?

- 1. Non-VA Emergency Room (medical or psychiatric)
- 2. Non-VA detoxification services
- 3. Non-VA mental health or substance abuse services
- 4. Non-VA medical services
- 5. Non-VA social vocational assistance
- 6. Non-VA housing
- 7. Non-VA Income Resources
- 8. Other (specify): _____

☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes
☐ 0. No ☐ 1. Yes

d. May we contact you at a later date?

- ☐ 0. No
- ☐ 1. Yes, in 1 month
- ☐ 2. Yes, in 6 months
- ☐ 3. Yes, in 1 year
- ☐ 98. Veteran declined to answer
- ☐ 99. Interviewer omitted item

III. ASSESSMENT INTERVIEW

7. What race do you most strongly identify with?
- | | |
|---|---|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 5. White |
| <input type="checkbox"/> 2. Asian | <input type="checkbox"/> 6. Don't know |
| <input type="checkbox"/> 3. Black or African American | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 99. Interviewer omitted item |
8. What ethnicity do you most strongly identify with?
- | | |
|---|---|
| <input type="checkbox"/> 0. Non-Hispanic/Non-Latino | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 1. Hispanic/Latino | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 2. Don't know | |
9. What is your current marital status? (*choose most recent marital status*)
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> 1. Married | <input type="checkbox"/> 4. Separated | <input type="checkbox"/> 7. Committed relationship/partnered |
| <input type="checkbox"/> 2. Remarried | <input type="checkbox"/> 5. Divorced | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 3. Widowed | <input type="checkbox"/> 6. Never married | <input type="checkbox"/> 99. Interviewer omitted item |
10. How many children under the age of 18 do you have? Include biological children, adopted children, stepchildren, and foster children. (If no children, code 0; if Veteran refused or interviewer omitted, code N)
- _____

a. How many of them are in your legal custody (*full or joint custody*)?

11. How many full years of formal education do you have? (*if refused to answer code N*)

Guidelines: Use the following to help determine number of completed years. If any years of graduate or professional education have been completed, enter 20 years).

Elementary-Middle-High School
1- 2- 3- 4- 5- 6- 7- 8- 9- 10- 11- 12

Junior/Comm/4-year College
13- 14- 15 -16

Grad/Professional
Enter 20

IV. MILITARY HISTORY

12. **Identify the years in which you entered and separated from military service (*favor the longest period of time served; if equal time in two separate episodes, favor a combat era over a non-combat era*). (Code N if unknown)**
- a. What year did you enter military service? _____
- b. What year did you separate from military service? _____
13. In which branch of the military did you serve the longest?
- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> 1. Army | <input type="checkbox"/> 4. Air Force | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 2. Navy | <input type="checkbox"/> 5. Coast Guard | <input type="checkbox"/> 99. Interviewer Omitted Item |
| <input type="checkbox"/> 3. Marines | | |
14. In which component of the military did you serve the longest?
- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Active Duty (Regular) | <input type="checkbox"/> 3. Reserves | <input type="checkbox"/> 99. Interviewer Omitted Item |
| <input type="checkbox"/> 2. National Guard | <input type="checkbox"/> 98. Veteran declined to answer | |
- 14a. Have you served on active duty in the armed forces of the United States?
- | |
|---|
| <input type="checkbox"/> 0. No |
| <input type="checkbox"/> 1. Yes |
| <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 99. Interviewer omitted item |

15. What was the rank status of your longest military service?
- ☐ 1. Enlisted ☐ 3. Commissioned Officer ☐ 99. Interviewer Omitted Item
- ☐ 2. Warrant Officer ☐ 98. Veteran declined to answer
16. What was the highest rank you achieved during your military tour(s) of duty?
[E-rating of 1-9 for enlisted; W-rating of 1-5 for Warrant Officer; C-rating of 1-10 for Commissioned Officer; enter N if unknown or Veteran declined to answer] _____
17. Are you currently serving in the military on active duty or active in the Reserves or National Guard?
- ☐ 0. No ☐ 2. Active in Reserves ☐ 98. Veteran declined to answer
- ☐ 1. Active duty in military ☐ 3. Active in National Guard ☐ 99. Interviewer Omitted Item
18. Did you serve in the theatre of operations for any of the following military conflicts?
This item asks about service within the geographic proximity of the military conflict, not participation in combat.
- a. World War II ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- b. Korean War ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- c. Vietnam War ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- d. Persian Gulf War (Operation Desert Storm) ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- e. Afghanistan (Operation Enduring Freedom) ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- f. Iraq (Operation Iraqi Freedom) ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- g. Iraq (Operation New Dawn) ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
- h. Other peace-keeping operations or military interventions
(such as Lebanon, Panama, Somalia, Bosnia, Kosovo) ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item
19. Did you ever receive hostile or friendly fire in a combat zone? ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item

V. LIVING SITUATION

20. Where were you residing prior to today (ask the Veteran where he/she slept last night)?

Select if Veteran declined to answer or interviewer omitted item:

☐ 98. Veteran declined to answer

☐ 99. Interviewer omitted item

If Veteran declined or interviewer omitted item, skip to item 24

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- ☐ 6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR
- ☐ 15. Non-VA residential treatment program
- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital or other psychiatric facility
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway, station/airport or anywhere outside)
- ☐ 98. Veteran declined to answer
- ☐ 99. Interviewer omitted item

21. Over the past 30 days, did you spend at least one night in a place not meant for habitation? (e.g., a vehicle, an abandoned building, bus/train/subway, station/airport or anywhere outside).

Code "98" if Veteran declined to answer. Code "99" if interviewer omitted item.

☐ 0. No

☐ 1. Yes

☐ 98. Veteran declined to answer

☐ 99. Interviewer omitted item

- 21a. How long did you stay in the location where you were residing prior to today (location where he/she slept last night, item 20)?

☐ 0. One day or less

☐ 1. Two days to one week

☐ 2. More than one week, but less than one month

☐ 3. One to three months

☐ 4. More than three months, but less than one year

☐ 5. One year or longer

☐ 98. Veteran declined to answer

☐ 99. Interviewer omitted item

22. What is the zip code of that location (if unknown, use current location)?

23. Are you living with others at this location?

- ☐ 0= No
☐ 1=Yes
☐ 98=Veteran decline to answer
☐ 99=Interviewer omitted item

If yes, does the household include:

23a. spouse / significant other?

- ☐ 0= No ☐ 1=Yes

23b. children under 18 (list number)?

23c. related adults (list number)?

23d. unrelated adults (list number)?

23e. What is your relationship to the head of household at that location?

- | | |
|---|---|
| <input type="checkbox"/> 0. Self (head of household) | <input type="checkbox"/> 4. Other: non-relation member |
| <input type="checkbox"/> 1. Head of household's child | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 2. Head of household's spouse or partner | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 3. Head of household's other relation member (other relation to head of household) | |

24. Housing stability: How would you describe your current housing situation?

- | | |
|---|---|
| <input type="checkbox"/> 1. Literally homeless | <input type="checkbox"/> 5. Don't know |
| <input type="checkbox"/> 2. Imminent risk of losing housing | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 3. Unstably housed/at risk of losing housing | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 4. Stably housed | |

If item 24 = literally homeless, answer item 25; otherwise, skip to item 26.

25. How long have you been homeless?

- | | |
|--|---|
| <input type="checkbox"/> 1. At least one night but less than one month | <input type="checkbox"/> 5. Two years or more |
| <input type="checkbox"/> 2. At least one month but less than 6 months | <input type="checkbox"/> 6. Unknown |
| <input type="checkbox"/> 3. At least 6 months but less than 1 year | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 4. At least one year but less than 2 years | <input type="checkbox"/> 99. Interviewer omitted item |

26. What is the total number of times you have been homeless on the street, in Emergency Shelter (ES), or Safe Haven (SH), in the past three years?

- | | | |
|-------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 0. 0 | <input type="checkbox"/> 3. 3 | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 1. 1 | <input type="checkbox"/> 4. 4 or more | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 2. 2 | | |

26a. How many months in total have you been homeless in the past three years?

NOTE: If a Veteran is homeless for any part of a given month, round up and count that period as one month of homelessness. (if unknown, code N).

27. What is the total amount of time, if any, that you have spent in jail or prison during your lifetime?

- | | | |
|---|--|---|
| <input type="checkbox"/> 0. None | <input type="checkbox"/> 2. Between 1 month and 1 year | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 1. Less than 1 month | <input type="checkbox"/> 3. More than 1 year | <input type="checkbox"/> 99. Interviewer omitted item |

VI. EMPLOYMENT AND INCOME

28. Which best describes your employment pattern in the last 3 years?

- | | |
|--|--|
| <input type="checkbox"/> 0. Disabled or Retired
<input type="checkbox"/> 1. Unemployed
<input type="checkbox"/> 2. Actively Seeking Employment
<input type="checkbox"/> 3. Part-time or temporary employment
<input type="checkbox"/> 4. Full-time employment
<input type="checkbox"/> 5. VA's IT or CWT (VI) | <input type="checkbox"/> 6. Other vocational training
<input type="checkbox"/> 7. Unpaid volunteer
<input type="checkbox"/> 8. Student
<input type="checkbox"/> 9. Don't know
<input type="checkbox"/> 98. Veteran declined to answer
<input type="checkbox"/> 99. Interviewer omitted item |
|--|--|

29. How many days did you work for pay in the past 30 days?

Count participation in CWT/SE as days worked.

If none, enter 0; If Veteran declined to answer, code N. _____

30. Did you receive any money in the past 30 days?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item

If 30 = no, Veteran declined to answer, or interviewer omitted item, skip to item 31.

If yes, list amount below in each category

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __,453.00)

a. Employment (include CWT/SE)	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
b. Compensation for service connected psychiatric condition	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
c. Compensation for other service connected condition	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
d. Non-service connected pension	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
e. Retirement income from Social Security	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
f. Pension from a former job	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
g. Supplemental Security Income (SSI)	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
h. Social Security Disability Income (SSDI)	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
i. Private disability insurance	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
j. Worker's compensation	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
k. Unemployment insurance	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
m. General Assistance (GA) or similar local program	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
n. Child support	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
o. Alimony or other spousal support	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
p. All other sources (do not include food stamps)	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
Total Income	Total Income Calculated in HOMES

31. Did you receive any non-cash benefits in the past 30 days?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item

If 31 = no, Veteran declined to answer, or Interviewer omitted item, skip to item 32

If yes, select each category:

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program Child Care Services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program Transportation Services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. Other _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

32. Do you have any significant outstanding debts?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item

If yes, please specify debt sources:

a. Housing loans	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Student loans	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Other loans (personal, auto, etc.)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Credit card debt	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Child support	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. Alimony	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Medical expenses (self or dependents)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Fines or other legal obligations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Outstanding tax bills	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Other (specify) _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

33. Do you currently have a representative payee or fiduciary?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item

VII. CLINICAL STATUS

34. In the past 30 days, would you say your physical health has been:

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0. Excellent | <input type="checkbox"/> 3. Fair | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 1. Very Good | <input type="checkbox"/> 4. Poor | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 2. Good | | |

34a. In the past six months, how many times have you been to the emergency department/room? (if unknown, code N).

34b. In the past six months, how many times have you been hospitalized as an inpatient, including hospitalizations in a mental health hospital? (if unknown, code N). _____

35. How would you describe the health of your teeth and gums?

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0. Excellent | <input type="checkbox"/> 3. Fair | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 1. Very Good | <input type="checkbox"/> 4. Poor | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 2. Good | | |

36. Has a doctor or nurse ever told you that you have any of the following medical conditions?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item

a. HIV/AIDS	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
b. Hepatitis C	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
c. Tuberculosis (TB) or + PPD	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
d. Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
e. Heart disease	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
f. Stroke	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
g. Diabetes	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
h. Seizures	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
i. Chronic Pain	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
j. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
k. Kidney Disease/End-stage Renal Disease	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
l. History of frostbite, immersion foot or hypothermia	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
m. Cancer	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
n. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item
o. Other (specify):	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 98. Veteran decline to answer <input type="checkbox"/> 99. Interviewer omitted item

36p. ****36p IS NOT SELF-REPORT FROM THE VETERAN AND IS BASED ON THE INTERVIEWER'S IMPRESSION.****

Is this Veteran a homeless individual with a disabling condition based on one of more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions.

- ☐ 0. No
☐ 1. Yes

37. Do you use tobacco products?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item

38. In the past 30 days, **how many days** did you drink ANY alcohol?
[code N if Veteran declined or interviewer omitted] _____
39. In the past 30 days, **how many days** did you have at least 5 drinks
(if you are a man) or at least 4 drinks (if you are a woman)?
[One drink is considered one shot of hard liquor (1.5oz) or
12-ounce can/bottle of beer or 5 ounce glass of wine]
[code N if Veteran declined or interviewer omitted] _____
40. In the past 30 days, **how many days** did you use any illegal/street drugs
or abuse any prescription medications?
[code N if Veteran declined or interviewer omitted] _____
*Examples: marijuana; heroin or methadone; barbiturates (downers); cocaine or
crack; amphetamines (speed); hallucinogens, like acid; or inhalants, like glue,
paint or nitrous oxide*
41. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
- | | | |
|--|--|---|
| <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 3. Considerably | <input type="checkbox"/> 98. Veteran declined to answer |
| <input type="checkbox"/> 1. Slightly | <input type="checkbox"/> 4. Extremely | <input type="checkbox"/> 99. Interviewer omitted item |
| <input type="checkbox"/> 2. Moderately | | |
42. Have you ever received professional treatment for alcohol or other
substance use disorder?
- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item
43. Have you ever been hospitalized for a psychiatric problem?
(do not include residential treatment or hospitalization for a
substance use problem)
- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item
44. Have you been attacked or beaten up since you've become
homeless?
- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item
45. Have you threatened to or tried to harm yourself or anyone else in
the last year?
- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item
46. Does anybody force you or trick you to do things you do not want to
do?
- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item
47. Do you ever do things that may be considered to be risky like
exchange sex for money, run drugs for someone, have unprotected
sex with someone you don't know, share a needle, or anything like
that?
- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran decline to answer
☐ 99. Interviewer omitted item

[END OF INTERVIEW QUESTIONS]**VIII. CLINICAL IMPRESSIONS**

48. Which of the following treatment concerns apply to this Veteran:

a. Alcohol use disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Drug use disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Gambling problem or pathological gambling	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Schizophrenia	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Other psychotic disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

f. Bipolar disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Military related PTSD	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Non-Military related PTSD	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Anxiety disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Affective disorder (<i>including depression</i>)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Adjustment disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Nicotine dependence	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. Organic brain syndrome	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
n. Personality disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
o. Other psychiatric disorder	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

- 49a. Does this Veteran need psychiatric treatment at this time? ☐ 0. No ☐ 1. Yes
- 49b. Is the Veteran interested and willing to participate in psychiatric treatment? ☐ 0. No ☐ 1. Yes ☐ 2. Don't know
- 50a. Does this Veteran need substance abuse treatment at this time? ☐ 0. No ☐ 1. Yes
- 50b. Is the Veteran interested and willing to participate in substance abuse treatment? ☐ 0. No ☐ 1. Yes ☐ 2. Don't know
- 51a. Does this Veteran need medical treatment at this time? ☐ 0. No ☐ 1. Yes
- 51b. Is the Veteran interested and willing to participate in medical treatment? ☐ 0. No ☐ 1. Yes ☐ 2. Don't know
- 52a. Does this Veteran need case management? ☐ 0. No ☐ 1. Yes
- 52b. Is the Veteran interested and willing to participate in case management treatment? ☐ 0. No ☐ 1. Yes ☐ 2. Don't know
- 53a. Does the Veteran need assistance with family problems? ☐ 0. No ☐ 1. Yes
- 53b. Is the Veteran interested and willing to participate in treatment for family problems? ☐ 0. No ☐ 1. Yes ☐ 2. Don't know
54. Is this Veteran a danger to self or others? ☐ 0. No ☐ 1. Yes
55. Is this Veteran in danger from others (e.g., gang violence, fleeing domestic violence)? ☐ 0. No ☐ 1. Yes

IX. INTERVIEWER INFORMATION

56. Main program affiliation of interviewer:
- ☐ 1. HUD-VA Supportive Housing (HUD-VASH)
 - ☐ 2. Healthcare for Homeless Veterans (HCHV)
 - ☐ 3. Grant and Per Diem (GPD)
 - ☐ 4. VA MH RRTP [*Includes all types - DCHV, CWT/TR, SA RRTP; PTSD RRTP; General RRTP*]
 - ☐ 5. Healthcare for Re-entry Veterans (HCRV)
 - ☐ 6. Veterans Justice Outreach (VJO)
 - ☐ 7. Other: VA affiliation _____
57. How was contact for this interview initiated?
- By VA:**
- ☐ 1. Street outreach initiated by VA staff

- ☐ 2. Justice System outreach initiated by VA staff
- ☐ 3. Other community outreach by VA staff
- ☐ 4. Contacted at Stand Down
- ☐ 5. Referral from VA MH RRTP *[Includes all types - DCHV, CWT/TR, SA RRTP; PTSD RRTP; General RRTP]*
- ☐ 6. Referral from VA mental health outpatient unit
- ☐ 7. Referral from VA substance abuse outpatient unit
- ☐ 8. Referral from VA medical outpatient unit
- ☐ 9. Referral from VA Emergency Room
- ☐ 10. Referral from VA inpatient unit
- ☐ 11. Referral from Vet Center
- ☐ 12. Referral from VBA
- ☐ 13. Referral from VA Homeless Veterans Hotline (1-877-424-3838)

By non-VA:

- ☐ 14. Street outreach by non-VA staff
- ☐ 15. Referral by shelter staff or other community homeless services provider
- ☐ 16. Referral from VA Grant and Per Diem
- ☐ 17. Referral from Non-VA Emergency Room
- ☐ 18. Referral from Non-VA Community Mental Health Center or clinic
- ☐ 19. Referral from other Federal Agency (HUD, Dept. of Labor, HHS)

By Criminal Justice System:

- ☐ 20. Referred by jail or prison staff
- ☐ 21. Referred by law enforcement official
- ☐ 22. Referred by Court (judge or District Attorney)
- ☐ 23. Referred by an attorney (e.g., public defender or defense attorney)
- ☐ 24. Referred by probation/parole officer

By family, self or other:

- ☐ 25. Referred by family member
- ☐ 26. Self-referred
- ☐ 27. Other: (please specify) _____
- ☐ 99. Interviewer omitted item

Homeless Operations Management and Evaluation System (HOMES) Referral Form

NOTE: Programs in which Veteran is already enrolled or for which referral is pending are not available for new referral on this form.

VA staff member completing Referral (*first and last name*) _____

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*) _____

I. VETERAN IDENTIFICATION

1. Veteran's name (*last name, first initial*) _____

2. Social Security number _____

3. Date of birth (*mm/dd/yy*) _____

4. Gender _____

1. Female, 2. Male, 3. Transgender male to female,
4. Transgender female to male, 5. Doesn't identify as male,
female or transgender, 6. Client doesn't know

II. REFERRAL PLANS

VA Specialized Homeless Services:

5. Case Management Services

a. HUD-VASH Case Management Services (intensive case management with permanent housing)

☐ 0. None

☐ 1. Yes

☐ 2. Would make referral, but no vouchers available

b. HCHV Case Management Services (direct case management beyond referral to other services)

☐ 0= None

☐ 1=Yes

6. Residential treatment / transitional housing

☐ 0. None

☐ 1. HCHV Contracted Emergency Residential Services (CERS)

☐ 2. HCHV Low Demand Safe Haven (LDSH)

☐ 3. GPD transitional housing

☐ 4. DCHV residential treatment

☐ 5. CWT/TR residential treatment

☐ 6. Other MH RRTP residential treatment (e.g., SA RRTP, PTSD RRTP, General RRTP)

What is the status of the referral to Other MH RRTP residential treatment?

- ☐ 1. Referral made and service initiated – no further follow-up needed.
- ☐ 2. Referral made; will continue monitoring of care

6a-f Were referrals to any of the following programs not made because beds were unavailable?

0.No

1.Yes

- ☐ a. HCHV Contracted Emergency Residential Services (CERS)
- ☐ b. HCHV Low Demand Safe Haven (LDSH)
- ☐ c. GPD transitional housing
- ☐ d. DCHV residential treatment
- ☐ e. CWT/TR residential treatment
- ☐ f. Other MH RRTP residential treatment (e.g., SA RRTP, PTSD RRTP, General RRTP)

7. Services for Justice-Involved Veterans:

- ☐ 0. None
- ☐ 1. Veterans Justice Outreach (VJO)
- ☐ 2. Healthcare for Re-entry Veterans (HCRV)

8. VA prevention services

a. HUD-VA Pilot

- ☐ 0. No
- ☐ 1. Referral made and service initiated – no further follow-up needed.
- ☐ 2. Referral made; will continue monitoring of care

b. Supported Service for Veterans Families (SSVF)

- ☐ 0. No
- ☐ 1. Referral made and service initiated – no further follow-up needed.
- ☐ 2. Referral made; will continue monitoring of care

c. Rapid Rehousing

- ☐ 0. No
- ☐ 1. Referral made and service initiated – no further follow-up needed.
- ☐ 2. Referral made; will continue monitoring of care

VA treatment services		
9.	Community Resource and Referral Center (CRRC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
10.	Homeless Patient Aligned Care Team (HPACT)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
11.	VA Emergency Room (medical or psychiatric)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care

12.	VA detoxification services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
13.	VA mental health or substance abuse services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
14.	VA medical services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
15.	VA vocational rehabilitation programs (including VA CWT/SE)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care

16. VBA Services		
a.	Disability compensation	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
b.	Pension benefits	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
c.	Education	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
d.	Loan guaranty	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
e.	Vocational rehabilitation and employment	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
f.	Insurance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care

Non-VA services		
17.	Basic services (e.g., food, clothing, transportation)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
18.	Non-VA housing	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
19.	Non-VA social vocational assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
20.	Non-VA income resources and non-cash benefits	

	a. SSI or SSDI	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
	b. TANF	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
	c. Food Stamps or SNAP	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
	d. GA (General Assistance)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
	e. WIC	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
21.	Non-VA Emergency Room (medical or psychiatric)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
22.	Non-VA detoxification services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
23.	Non-VA mental health or substance abuse services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care
24.	Non-VA medical services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Referral made and service initiated – no further follow-up needed. <input type="checkbox"/> 2. Referral made; will continue monitoring of care

HCHV Case Management Services Entry Worksheet

Staff member completing this form (*first and last name*) _____

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*) ____ ____ ____ ____ ____

Date this form completed (*mm/dd/yy*)..... ____ ____ / ____ ____ / ____ ____

Veteran's name (last name, first name)..... _____

Social Security number..... ____ ____ ____ - ____ ____ - ____ ____ ____

Date of birth (*mm/dd/yy*)..... ____ ____ / ____ ____ / ____ ____

1. Will the Veteran receive HCHV Case Management services? ☐ 0. No ☐ 1. Yes

2. Date that the Veteran entered HCHV Case Management
(*Note: Entry date for PSH CM is the date of move-in to PSH. Case Management Services provided prior to PSH move-in should be documented as Homeless Case Management Services*). ____ ____ / ____ ____ / ____ ____

2a. Indicate the type of Case Management provided.

- ☐ 1. Permanent Supportive Housing Case Management
☐ 2. Homeless Case Management
☐ 3. CRRC Case Management

- **Permanent Supportive Housing Case Management** works with VA and/or community partners to ensure Veterans are able to access clinical and social support services necessary to maintain independent housing.
- **Homeless Case Management** is initiated through outreach and ensures access to and monitors Veteran involvement with appropriate VA and community-based providers and facilities throughout the continuum of services
- **CRRC Case Management** is initiated by Veterans who walk into the CRRC seeking services or through outreach to homeless Veterans that is performed by CRRC staff. The focus of CRRC case management is on providing access to housing resources and monitoring of Veteran involvement with appropriate VA and community-based providers throughout the continuum of services. CRRC case management is generally short-term in duration.

If the Veteran did not enter HCHV Case Management:

3. Select the main reason why Veteran did not enter HCHV Case Management:

- ☐ 1. Veteran left, can no longer locate
☐ 2. Veteran no longer in clinical need of program
☐ 3. Veteran not interested in program
☐ 4. Veteran refused to agree with terms of HCHV Case Management
☐ 5. Since referral, Veteran became too ill to participate
☐ 6. Veteran is incarcerated
☐ 7. Veteran did not meet program eligibility requirements
☐ 8. Other (specify): _____

4. What was the Veteran's housing arrangement prior to program entry?
- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
 - ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
 - ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
 - ☐ 4. Housing rented by Veteran with HUD-VASH voucher
 - ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
 - ☐ 6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)
 - ☐ 7. Staying or living with family, permanent tenure
 - ☐ 8. Staying or living with family, temporary tenure
 - ☐ 9. Staying or living with friends, permanent tenure
 - ☐ 10. Staying or living with friends, temporary tenure
 - ☐ 11. GPD transitional housing
 - ☐ 12. Non-VA transitional housing for homeless persons
 - ☐ 13. VA MH RRTP
 - ☐ 14. CWT/TR
 - ☐ 15. Non-VA residential treatment program
 - ☐ 16. Non-VA substance abuse treatment facility or detox center
 - ☐ 17. Hospital or other residential non-psychiatric medical facility
 - ☐ 18. Long-term care facility or nursing home
 - ☐ 19. Psychiatric hospital or other psychiatric facility
 - ☐ 20. Prison or jail
 - ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
 - ☐ 22. Safe Haven (SH)
 - ☐ 23. Hotel or motel paid for without emergency shelter voucher
 - ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
 - ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
5. How long the Veteran stay in the location where he/she was residing prior to today (location where he/she slept last night – item 4)?
- | | |
|---|--|
| <input type="checkbox"/> 0. One day or less | <input type="checkbox"/> 4. More than three months, but less than one year |
| <input type="checkbox"/> 1. Two days to one week | <input type="checkbox"/> 5. One year or longer |
| <input type="checkbox"/> 2. More than one week, but less than one month | <input type="checkbox"/> 6. Don't know |
| <input type="checkbox"/> 3. One to three months | <input type="checkbox"/> 99. Omitted item |
6. Is the Veteran living with others at that location?
- ☐ 0= No
☐ 1=Yes
☐ 2= Don't know
☐ 99=Omitted item
- If yes**, does the household include:
- | | |
|--------------------------------------|---|
| 6a. spouse / significant other? | <input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes |
| 6b. children under 18 (list number)? | _____ |
| 6c. related adults (list number)? | _____ |
| 6d. unrelated adults (list number)? | _____ |

7. How many months in total has the Veteran been homeless in the past three years?

NOTE: If a Veteran is homeless for any part of a given month, round up and count that period as one month of homelessness (if unknown, code N). _____

8. What is the total number of times the Veteran has been homeless on the street, in Emergency Shelter (ES), or Safe Haven (SH), in the past three years?

☐ 0. 0

☐ 4. 4 or more times

☐ 1. 1

☐ 5. Don't know

☐ 2. 2

☐ 99. Omitted item

☐ 3. 3

9. Is this Veteran a homeless individual with a disabling condition based on one of more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions.

☐ 0. No

☐ 1. Yes

10. What is the zip code of that location (if unknown, use current location)? _____

HCHV Case Management Services Exit Worksheet

Staff member completing this form (*first and last name*) _____

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*) ____ ____ ____ ____ ____

Date this form completed (*mm/dd/yy*)..... ____ ____ / ____ ____ / ____ ____

I. Veteran Information

1. Veteran's name (*last name, first initial*)..... _____
2. Social Security number..... ____ ____ ____ - ____ ____ - ____ ____ ____
3. Date of birth (*mm/dd/yy*)..... ____ ____ / ____ ____ / ____ ____

II. Reasons for Program Exit

4. Date HCHV Case Management ended for this Veteran (*mm/dd/yy*): ____ ____ / ____ ____ / ____ ____
5. Which is the most important reason why the Veteran ended involvement in HCHV case management?
☐ 1. Veteran accomplished his/her goals and/or obtained access to services and no longer has a need for this program
☐ 2. Veteran required a more intensive level of care than offered at this program
☐ 3. Veteran is no longer interested in participating in this program
☐ 5. Veteran cannot be located
☐ 6. Veteran too ill to participate in HCHV Case Management at this time
☐ 7. Veteran is incarcerated
☐ 8. Veteran is deceased
☐ 9. Other (specify): _____

If item 5 = 8 (Veteran is deceased), do not complete remainder of the form

III. Status at Program Exit

6. What is the Veteran's housing arrangement at program exit (Where is the Veteran sleeping on the night of program exit)?
☐ 1. Housing owned by Veteran, no ongoing housing subsidy
☐ 2. Housing owned by Veteran, with ongoing housing subsidy
☐ 3. Housing rented by Veteran, no ongoing housing subsidy
☐ 4. Housing rented by Veteran with HUD-VASH voucher
☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
☐ 6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)
☐ 7. Staying or living with family, permanent tenure
☐ 8. Staying or living with family, temporary tenure
☐ 9. Staying or living with friends, permanent tenure
☐ 10. Staying or living with friends, temporary tenure
☐ 11. GPD transitional housing

- ☐ 12. Non-VA transitional housing for homeless persons
 - ☐ 13. VA MH RRTP
 - ☐ 14. CWT/TR
 - ☐ 15. Non-VA residential treatment program
 - ☐ 16. Non-VA substance abuse treatment facility or detox center
 - ☐ 17. Hospital or other residential non-psychiatric medical facility
 - ☐ 18. Long-term care facility or nursing home
 - ☐ 19. Psychiatric hospital or other psychiatric facility
 - ☐ 20. Prison or jail
 - ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
 - ☐ 22. Safe Haven (SH)
 - ☐ 23. Hotel or motel paid for without emergency shelter voucher
 - ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
 - ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
 - ☐ 25. Don't know
7. What is the zip code of that location (if unknown, use current location)? ___ ___ ___ ___
8. Housing stability: How would you describe the Veteran's housing situation at program exit?
- ☐ 1. Literally homeless
 - ☐ 2. Imminent risk of losing housing
 - ☐ 3. Unstably housed/at risk of losing housing
 - ☐ 4. Stably housed
 - ☐ 5. Don't know
9. With whom will the Veteran be living at program exit?
- ☐ 0. No residence
 - ☐ 1. Alone
 - ☐ 2. With spouse/partner or children
 - ☐ 3. With parents, with siblings, or with other family
 - ☐ 4. With friends
 - ☐ 5. With strangers
 - ☐ 6. Don't know
10. What is the Veteran's arrangement for employment at program exit?
- ☐ 0. Disabled or retired
 - ☐ 1. Unemployed
 - ☐ 2. Actively seeking employment
 - ☐ 3. Part-time or temporary employment
 - ☐ 4. Full-time employment
 - ☐ 5. VA's IT or CWT (VI)
 - ☐ 6. Other vocational training
 - ☐ 7. Unpaid volunteer
 - ☐ 8. Student
 - ☐ 9. Don't know

11. What is the Veteran's arrangement for receipt of VA financial benefits (disability payments or pension) at the time of program exit?
- ☐ 0. Currently receiving VA benefits and will continue
- ☐ 1. Has pending application for VA financial benefits
- ☐ 2. Is planning to apply for VA financial benefits
- ☐ 3. Is neither receiving nor planning to apply for any VA financial benefits
- ☐ 4. Do not know Veteran's status with respect to VA financial benefits
12. What is the Veteran's arrangement for receipt of non-VA financial benefits (disability payments or other support) at the time of program exit?
- ☐ 0. Currently receiving non-VA benefits and will continue
- ☐ 1. Has pending application for non-VA financial benefits
- ☐ 2. Is planning to apply for non-VA financial benefits
- ☐ 3. Is neither receiving nor planning to apply for any non-VA financial benefits
- ☐ 4. Do not know Veteran's status with respect to non-VA financial benefits
13. Did you receive any money in the past 30 days prior to program exit? ☐ 0. No
☐ 1. Yes
☐ 99. Case Manager omitted item

If 13 = no, Veteran declined to answer, or interviewer omitted item, skip to item 14.

If yes, list amount below in each category

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __,453.00)

a. Employment (include CWT/SE)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
b. Compensation for service connected psychiatric condition	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
c. Compensation for other service connected condition	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
d. Non-service connected pension	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
e. Retirement income from Social Security	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
f. Pension from a former job	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
g. Supplemental Security Income (SSI)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
h. Social Security Disability Income (SSDI)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
i. Private disability insurance	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
j. Worker's compensation	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
k. Unemployment insurance	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
m. General Assistance (GA) or similar local program	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
n. Child support	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
o. Alimony or other spousal support	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
p. All other sources (do not include food stamps)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
Total Income	Total Income Calculated in HOMES

14. Did you receive any non-cash benefits in the
- past 30 days
- ?

☐ 0. No☐ 1. Yes☐ 99. Case Manager omitted item

If 14= no, Veteran declined to answer, or Interviewer omitted item, skip to item 15

If yes, select each category:

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program Child Care Services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program Transportation Services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. Other _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

IV. Follow-up Arrangements

Select the code that best describes clinical treatment arrangements made at program exit.

15. Alcohol problems

☐ 0. Not a problem area for this veteran☐ 1. Problem area for this Veteran, but no treatment arranged☐ 2. Veteran's treatment has been arranged with non-VA provider☐ 3. Veteran's treatment has been arranged with VA provider☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

16. Drug problems

☐ 0. Not a problem area for this veteran☐ 1. Problem area for this Veteran, but no treatment arranged☐ 2. Veteran's treatment has been arranged with non-VA provider☐ 3. Veteran's treatment has been arranged with VA provider☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

17. Mental health problems (other than drug or alcohol)

☐ 0. Not a problem area for this veteran☐ 1. Problem area for this Veteran, but no treatment arranged☐ 2. Veteran's treatment has been arranged with non-VA provider☐ 3. Veteran's treatment has been arranged with VA provider☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

18. Medical problems

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Veteran's treatment has been arranged with non-VA provider
- ☐ 3. Veteran's treatment has been arranged with VA provider
- ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

19. Social and recreational deficits

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Veteran's treatment has been arranged with non-VA provider
- ☐ 3. Veteran's treatment has been arranged with VA provider
- ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

20. Vocational skill deficits

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Veteran's treatment has been arranged with non-VA provider
- ☐ 3. Veteran's treatment has been arranged with VA provider
- ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

HCRV Entry Worksheet

Staff member completing this form (*first and last name*)

VA Site (3-digit VAMC code plus 2-digit suffix, if any)

Date this form completed (*mm/dd/yy*).....

I. VETERAN INFORMATION

1. Veteran's name (*last name, first initial*).....
2. Social Security number.....
3. Date of birth (*mm/dd/yy*).....
4. Did the Veteran enter the HCRV program? ☐ 0. No ☐ 1. Yes
5. Date of program entry decision (*mm/dd/yy*).....

If the Veteran did not enter the HCRV program, answer items 6 and 7 only (do not complete 8-25):

6. Select the main reason why Veteran did not enter the HCRV program?
 - ☐ 1. Veteran left, can no longer locate
 - ☐ 2. Veteran no longer in clinical need of program
 - ☐ 3. Veteran not interested in program
 - ☐ 4. Veteran refused to agree with terms of HCRV case management
 - ☐ 5. Since referral, Veteran became too ill to participate
 - ☐ 6. Veteran's anticipated release date is more than 6 months away
 - ☐ 7. Veteran is not eligible for VHA Healthcare
 - ☐ 8. Other (specify _____)

II. INITIAL CONTACT WITH HCRV PROGRAM

7. Where did HCRV staff make initial contact with this Veteran?
 - ☐ 1. State prison
 - ☐ 2. State-funded corrections halfway house or work release facility
 - ☐ 3. Federal prison
 - ☐ 4. Federally-funded corrections halfway house or work release facility
 - ☐ 5. Local or county jail
 - ☐ 6. State jail
 - ☐ 7. Re-entry treatment court
 - ☐ 8. Shelter or temporary housing for homeless
 - ☐ 9. Street, park, outdoors
 - ☐ 10. Soup kitchen
 - ☐ 11. VAMC
 - ☐ 12. Vet Center
 - ☐ 13. At special program for homeless Veterans (specify) _____
 - ☐ 14. Other (specify) _____

III. CURRENT INCARCERATION

8. Is the Veteran currently incarcerated or released less than 10 days ago? ☐ 0. No ☐ 1. Yes

If Veteran is currently incarcerated or was released less than 10 days ago, complete remainder of form; otherwise leave items 9-25 blank

9. Veteran's State or Federal Corrections Identification Number:

- 10-15. For what type of offense(s) is the Veteran currently being held?

10. Violent offense <u>Examples:</u> Murder, manslaughter, assault, sexual assault including rape or child molestation, robbery, domestic violence or other violent offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
11. Property offense <u>Examples:</u> Burglary, breaking & entering, larceny, motor vehicle theft, fraud, stolen property, arson, shoplifting, vandalism, other property offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
12. Drug offense <u>Examples:</u> Possession, trafficking, other drug offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
13. Public order offense <u>Examples:</u> Weapons offense, prostitution, public intoxication, disorderly conduct, DWI, other public order offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
14. Probation / parole violation	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
15. Other / unspecified	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

16. Had the Veteran been drinking any alcohol or was s/he under the influence of a drug or drugs at the time of the offense for which s/he is now incarcerated?

- ☐ 0. No
☐ 1. Had been drinking alcohol
☐ 2. Under the influence of drug(s)
☐ 3. Under the influence of both alcohol and drug(s)
☐ 4. Unknown

17. Does the Veteran have a definite release date? ☐ 0. No ☐ 1. Yes

a. IF "YES", what is the definite release date? (mm/dd/yy)

____ / ____ / ____

b. IF "NO", what is the earliest date he or she is eligible for release (or, the earliest expected date of release)? (mm/dd/yy)

____ / ____ / ____

18. County and state being released to:

County _____

State (abbreviate) ____

19. What will be the Veteran's status upon release (including after release from corrections halfway house or work release facility)?

- ☐ 1. Under parole or post-custody supervision in the community
☐ 2. No parole or post-custody supervision in the community
☐ 3. Unknown or yet to be determined

20. By the time of the Veteran's release date, how long will the current incarceration be, including:
If value is less than a month: enter "0 months" for durations 0-14 days; enter "1 month" for durations 15-30 days
- a. Total time in jail (if a portion of the current incarceration was served in jail)? [*in years and months; enter all zeros for none*] _____ years _____ months
- b. Total time in prison? [*in years and months; enter all zeros for none*] _____ years _____ months
21. Does the Veteran have a child support debt due to be paid upon release? ☐ 0. No
☐ 1. Yes
☐ 99. Don't know/omitted
- a. If yes, what is total arrearage amount (not monthly amount); [code N for do not know] \$ _____ , _____ . 0 0

IV. PRE-INCARCERATION HISTORY

22. Before the Veteran's arrest on (*date of arrest for the current incarceration*), was s/he living in a — ?
- ☐ 1. House (*including own, family's or friend's*)
- ☐ 2. Apartment (*including own, family's or friend's*)
- ☐ 3. Trailer or mobile home (*including own, family's or friend's*)
- ☐ 4. Rooming house, hotel or motel
- ☐ 5. On the street or in a homeless shelter
- ☐ 6. In a group living situation or institution, such as a hospital, halfway house, recovery home, dormitory, etc.
- ☐ 7. In another type of housing (specify) _____
23. In the 12 months before the Veteran's arrest on (*date of arrest for the current incarceration*), was there a time when s/he was homeless, living on the street or in a shelter? ☐ 0. No ☐ 1. Yes
24. How old was the Veteran the first time s/he was arrested for a crime?
 [Code "N" if Veteran doesn't know or declined to answer] _____
25. How many times had the Veteran been arrested, as an adult or as a juvenile, before his/her arrest in (*month/year of arrest for the current incarceration*)?
 [enter "00" for none; cannot exceed "99"]
 [Code "N" if Veteran doesn't know or declined to answer] _____

HCRV Exit Worksheet

Staff member completing this form (*first and last name*)

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*)

Date this form completed (*mm/dd/yy*).....

I. Veteran Information

1. Veteran's name (*last name, first initial*).....
2. Social Security number.....
3. Date of Birth (*mm/dd/yy*).....

II. Reasons for Program Exit

4. Date HCRV program participation ended for this Veteran:
5. Which is the most important reason why the Veteran ended involvement in HCRV?
 - ☐ 1. Veteran accomplished his/her goals and/or obtained access to services and no longer has a need for this program
 - ☐ 2. Veteran ending services at this program but will continue at another VA medical center
 - ☐ 3. Veteran is no longer interested in participating in this program
 - ☐ 4. Veteran released from prison to a geographic area not served by this HCRV program
 - ☐ 5. Veteran cannot be located
 - ☐ 6. Veteran too ill to participate in HCRV at this time
 - ☐ 7. Veteran is incarcerated
 - ☐ 8. Discharge information not applicable (outreach contact only)
 - ☐ 9. Veteran is deceased
 - ☐ 10. Other (please specify):

If item 5=8 (Discharge information not applicable (outreach contact only) or item 5=9 (Veteran is deceased), do not complete remainder of form

III. Status at Program Exit

6. What was the Veteran's housing arrangement at program exit (Where is the Veteran sleeping on the night of program exit)?
 - ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
 - ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
 - ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
 - ☐ 4. Housing rented by Veteran with HUD-VASH voucher
 - ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
 - ☐ 6. Permanent housing for formerly homeless persons (such as CoC Project or S+C)
 - ☐ 7. Staying or living with family, permanent tenure
 - ☐ 8. Staying or living with family, temporary tenure
 - ☐ 9. Staying or living with friends, permanent tenure
 - ☐ 10. Staying or living with friends, temporary tenure
 - ☐ 11. GPD transitional housing
 - ☐ 12. Non-VA transitional housing for homeless persons
 - ☐ 13. VA MH RRTP
 - ☐ 14. CWT/TR
 - ☐ 15. Non-VA residential treatment program

- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital (acute care)
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
- ☐ 26. Don't know

7. What is the zip code of that location? (If unknown, use current location)

8. Housing stability: How would you describe the Veteran's housing situation at program exit?

- ☐ 1. Literally homeless
- ☐ 2. Imminent risk of losing housing
- ☐ 3. Unstably housed/at risk of losing housing
- ☐ 4. Stably housed
- ☐ 5. Don't know

9. With whom will the Veteran be living at program exit?

- ☐ 0. No residence
- ☐ 1. Alone
- ☐ 2. With spouse/partner or children
- ☐ 3. With parents, with siblings, or with other family
- ☐ 4. With friends
- ☐ 5. With strangers
- ☐ 6. Don't know

10. What is the Veteran's arrangement for employment at program exit?

- ☐ 0. Disabled or retired
- ☐ 1. Unemployed
- ☐ 2. Actively seeking employment
- ☐ 3. Part-time or temporary employment
- ☐ 4. Full-time employment
- ☐ 5. VA's IT or CWT (VI)
- ☐ 6. Other vocational training
- ☐ 7. Unpaid volunteer
- ☐ 8. Student
- ☐ 9. Don't know

11. What is the Veteran's arrangement for receipt of VA financial benefits (disability payments or pension) at the time of program exit?

- ☐ 0. Currently receiving VA benefits and will continue
- ☐ 1. Has pending application for VA financial benefits
- ☐ 2. Is planning to apply for VA financial benefits
- ☐ 3. Is neither receiving nor planning to apply for any VA financial benefits
- ☐ 4. Do not know Veteran's status with respect to VA financial benefits

12. What is the Veteran's arrangement for receipt of non-VA financial benefits (disability payments or other support) at the time of program exit?
- ☐ 0. Currently receiving non-VA benefits and will continue
- ☐ 1. Has pending application for non-VA financial benefits
- ☐ 2. Is planning to apply for non-VA financial benefits
- ☐ 3. Is neither receiving nor planning to apply for any non-VA financial benefits
- ☐ 4. Do not know Veteran's status with respect to non-VA financial benefits

13. Did the Veteran receive any money in the 30 days prior to program exit?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 99. Case manager omitted item

If 13=no or Case manager omitted item, skip to item 14

If yes, list amount in each category

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __,453.00)

a. Employment (include CWT/SE)	\$ __ __, __ __ __ . 0 0
b. Compensation for service connected psychiatric condition	\$ __ __, __ __ __ . 0 0
c. Compensation for other service connected condition	\$ __ __, __ __ __ . 0 0
d. Non-service connected pension	\$ __ __, __ __ __ . 0 0
e. Retirement income from Social Security	\$ __ __, __ __ __ . 0 0
f. Pension from a former job	\$ __ __, __ __ __ . 0 0
g. Supplemental Security Income (SSI)	\$ __ __, __ __ __ . 0 0
h. Social Security Disability Income (SSDI)	\$ __ __, __ __ __ . 0 0
i. Private disability insurance	\$ __ __, __ __ __ . 0 0
j. Worker's compensation	\$ __ __, __ __ __ . 0 0
k. Unemployment insurance	\$ __ __, __ __ __ . 0 0
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __ __, __ __ __ . 0 0
m. General Assistance (GA) or similar local program	\$ __ __, __ __ __ . 0 0
n. Child support	\$ __ __, __ __ __ . 0 0
o. Alimony or other spousal support	\$ __ __, __ __ __ . 0 0
p. All other sources (do not include food stamps)	\$ __ __, __ __ __ . 0 0
Total Amount	[Total income calculated in HOMES]

14. Did the Veteran receive any non-cash benefits in the 30 days prior to program exit?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 99. Case manager omitted item

If 14=no or Case Manager omitted item, skip to item 15

If 14=yes, select each category

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. Other _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

IV. Follow-up Arrangements

Select the code that best describes clinical treatment arrangements made at program exit.

15. Alcohol problems
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arrangements made
 - ☐ 2. Veteran's treatment has been arranged with non-VA provider
 - ☐ 3. Veteran's treatment has been arranged with VA provider
 - ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider
16. Drug problems
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arrangements made
 - ☐ 2. Veteran's treatment has been arranged with non-VA provider
 - ☐ 3. Veteran's treatment has been arranged with VA provider
 - ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider
17. Mental health problems (other than drug or alcohol)
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arrangements made
 - ☐ 2. Veteran's treatment has been arranged with non-VA provider
 - ☐ 3. Veteran's treatment has been arranged with VA provider
 - ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider
18. Medical problems
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arrangements made
 - ☐ 2. Veteran's treatment has been arranged with non-VA provider
 - ☐ 3. Veteran's treatment has been arranged with VA provider
 - ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider
19. Social and recreational deficits
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arrangements made
 - ☐ 2. Veteran's treatment has been arranged with non-VA provider
 - ☐ 3. Veteran's treatment has been arranged with VA provider
 - ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider
20. Vocational skill deficits
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arrangements made
 - ☐ 2. Veteran's treatment has been arranged with non-VA provider
 - ☐ 3. Veteran's treatment has been arranged with VA provider
 - ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

Residential Treatment Entry Worksheet

Use this form for Veteran entry into the Grant and Per Diem Program (GPD), HCHV Contract Residential Treatment Program, Domiciliary Care for Homeless Veterans (DCHV) Program or Compensated Work Therapy / Transitional Residence (CWT/TR) program.

Staff login (*first and last name*)

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*)

____ _

Date this form completed (*mm/dd/yy*).....

____ / ____ / ____

Veteran's name (*last name, first initial*).....

Social Security number.....

____ - ____ - ____

Date of birth (*mm/dd/yy*).....

____ / ____ / ____

1. Date of screening decision for residential entry (*mm/dd/yy*):

____ / ____ / ____

2. Is the Veteran entering a residential treatment program?

☐ 0. No ☐ 1. Yes

If YES complete items 3a & 3b; if NO skip to item 4

3a. Date of program entry (*mm/dd/yy*):

____ / ____ / ____

3b. Residential program:

- ☐ 1. Grant and Per Diem (GPD)
- ☐ 2. HCHV Contracted Emergency Residential Services (CERS)
- ☐ 3. Domiciliary Care for Homeless Veterans (DCHV) Program
- ☐ 4. Compensated Work Therapy / Transitional Residence (CWT/TR) Program
- ☐ 5. HCHV Low Demand Safe Haven

If "1" or "2" or "5" chosen in item 3b

Program Code: ____ - ____ - ____

Program Name: _____

3c. Is this an admission to Bridge Housing? ☐ 0. No ☐ 1. Yes

If the Veteran did not enter program

4. Select the main reason why Veteran did not enter a residential program:

- ☐ 1. Veteran left, can no longer locate
- ☐ 2. Veteran no longer in clinical need of program
- ☐ 3. Veteran not interested in program
- ☐ 4. Veteran refused to agree with terms of residential treatment program
- ☐ 5. Since referral, Veteran became too ill to participate
- ☐ 6. Bed not available within 72 hours of assessed clinical need
- ☐ 7. Veteran is incarcerated
- ☐ 8. Veteran did not meet program eligibility requirements
- ☐ 9. Other (specify): _____

5. What was the Veteran's housing arrangement prior to program entry?

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- ☐ 6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR
- ☐ 15. Non-VA residential treatment program
- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital or other psychiatric facility
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

6. How long did you stay in the location where you were residing prior to today (location where he/she slept last night – item 6)?

- | | |
|---|--|
| <input type="checkbox"/> 0. One day or less | <input type="checkbox"/> 4. More than three months, but less than one year |
| <input type="checkbox"/> 1. Two days to one week | <input type="checkbox"/> 5. One year or longer |
| <input type="checkbox"/> 2. More than one week, but less than one month | <input type="checkbox"/> 6. Don't know |
| <input type="checkbox"/> 3. One to three months | <input type="checkbox"/> 99. Omitted item |

7. Is the Veteran living with others at that location?

- ☐ 0= No
- ☐ 1=Yes
- ☐ 98=Veteran decline to answer
- ☐ 99=Interviewer omitted item

If yes, does the household include:

7a. spouse / significant other?

☐ 0. No ☐ 1. Yes

7b. children under 18 (list number)?

7c. related adults (list number)? _____

7d. unrelated adults (list number)? _____

8. How many months in total has the Veteran been homeless in the past three years? NOTE: If a Veteran is homeless for any part of a given month, round up and count that period as one month of homelessness (if unknown, code N). _____
9. What is the total number of times the Veteran has been homeless on the street, in Emergency Shelter (ES), or Safe Haven (SH), in the past three years?
- | | |
|-------------------------------|---|
| <input type="checkbox"/> 0. 0 | <input type="checkbox"/> 4. 4 or more |
| <input type="checkbox"/> 1. 1 | <input type="checkbox"/> 5. Don't know |
| <input type="checkbox"/> 2. 2 | <input type="checkbox"/> 99. Omitted item |
| <input type="checkbox"/> 3. 3 | |
10. Is this Veteran a homeless individual with a disabling condition based on one of more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions.
- | |
|---------------------------------|
| <input type="checkbox"/> 0. No |
| <input type="checkbox"/> 1. Yes |
11. What is the zip code of that location (if unknown, use current location)? _____

Residential Treatment Exit Form Worksheet

Use this form to document exit of Veterans from a Grant and Per Diem program (GPD), HCHV Contract Residential Treatment Program, Domiciliary Care for Homeless Veterans (DCHV) Program or Compensated Work Therapy / Transitional Residence (CWT/TR) program.

Staff member completing this form (*first and last name*) _____

VA Site (3-digit VAMC code plus 2-digit suffix, if any) _____

Date this form completed (*mm/dd/yy*)..... _____ / _____ / _____

I. Veteran Information

Veteran's name (*last name, first initial*)..... _____

Social Security number..... _____ - _____ - _____

Date of birth (*mm/dd/yy*)..... _____ / _____ / _____

II. Residential Treatment Stay

Program Type _____

Project Code _____

Program Name _____

1. Period covered by this report Entry date: ____ / ____ / ____
 (*Code dates: mm/dd/yy*) Exit date: ____ / ____ / ____

1a. Billable Days (LOS) and Cost of Care (to be completed for GPD, HCHV, DCHV)

Unpaid days: _____
 Billable days (LOS): _____
 Cost of treatment (round to nearest dollar): \$ _____ , _____

1b. CWT/TR: Work/Earnings/Rent Summary (only completed for CWT/TR)

Hours worked:

Total hours worked in CWT since entry to the TR (# hours) _____ , _____
 Total hours worked in competitive employment since entry to the TR
 (approximate # hours) _____ , _____

Earnings: Please round to whole dollar amounts

Total (net) earnings from CWT since entry to the TR \$ _____ , _____ . 0 0 .
 Total (net) earnings from competitive employment since entry to the TR \$ _____ , _____ . 0 0 .

Rent: Please round to whole dollar amounts

Total program fee (rent) paid since entry to the TR \$ _____ , _____ . 0 0 .

III. Status at Program Exit

2. Which is the most important reason why the Veteran ended residential treatment?
- ☐ 1. Successful completion of the program
 - ☐ 2. Successfully completed some components of the program
 - ☐ 3. Veteran was asked to leave because of violation of program rules or failure to comply with program requirements
 - ☐ 4. Veteran required a more intensive level of care than offered at this program
 - ☐ 5. Veteran was transferred to another residential program for administrative reasons
 - ☐ 6. Veteran left the program by his/her own decision, without consulting staff
 - ☐ 7. Veteran was incarcerated
 - ☐ 8. Veteran is deceased

If item 2 = 8 (Veteran is deceased), do not complete the remainder of the form

- 2a. If the Veteran ended residential treatment because of a **rule violation**, what was the most important reason?

- ☐ 1. Threatened/actual violence to self or others
- ☐ 2. Use of alcohol or drugs
- ☐ 3. Curfew violation
- ☐ 4. Other (please specify) _____

3. What is the Veteran's housing arrangement at program exit (Where is the Veteran sleeping on the night of program exit?)

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- ☐ 6. Permanent housing for formerly homeless persons (such as: CoC Project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR
- ☐ 15. Non-VA residential treatment program
- ☐ 16. Non-VA residential substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital or other psychiatric facility
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency Shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
- ☐ 26. Don't know

4. What is the zip code of that location (if unknown, use current location)? _____
5. Housing stability: How would you describe the Veteran's housing situation at program exit?
- ☐ 1. Literally homeless
 - ☐ 2. Imminent risk of losing housing
 - ☐ 3. Unstably housed/at risk of losing housing
 - ☐ 4. Stably housed
 - ☐ 5. Don't know
6. With whom will the Veteran be living at program exit?
- ☐ 0. No residence
 - ☐ 1. Alone
 - ☐ 2. With spouse/partner or children
 - ☐ 3. With parents, with siblings, or with other family
 - ☐ 4. With friends
 - ☐ 5. With strangers
 - ☐ 6. Don't know
7. What is the Veteran's arrangement for employment at program exit?
- ☐ 0. Disabled or retired
 - ☐ 1. Unemployed
 - ☐ 2. Actively seeking employment
 - ☐ 3. Part-time or temporary employment
 - ☐ 4. Full-time employment
 - ☐ 5. VA's IT or CWT (VI)
 - ☐ 6. Other vocational training
 - ☐ 7. Unpaid volunteer
 - ☐ 8. Student
 - ☐ 9. Don't know
8. What is the Veteran's arrangement for receipt of VA financial benefits (disability payments or pension) at the time of program exit?
- ☐ 0. Currently receiving VA benefits and will continue
 - ☐ 1. Has pending application for VA financial benefits
 - ☐ 2. Is planning to apply for VA financial benefits
 - ☐ 3. Is neither receiving nor planning to apply for any VA financial benefits
 - ☐ 4. Do not know Veteran's status with respect to VA financial benefits
9. What is the Veteran's arrangement for receipt of non-VA financial benefits (disability payments or other support) at the time of program exit?
- ☐ 0. Currently receiving non-VA benefits and will continue
 - ☐ 1. Has pending application for non-VA financial benefits
 - ☐ 2. Is planning to apply for non-VA financial benefits
 - ☐ 3. Is neither receiving nor planning to apply for any non-VA financial benefits
 - ☐ 4. Do not know Veteran's status with respect to non-VA financial benefits

10. Did the Veteran receive any money in the past 30 days prior to program exit?

- ☐ 0. No
☐ 1. Yes
☐ 98. Veteran declined to answer
☐ 99. Interviewer omitted item

If 10 = no, Veteran declined to answer, or interviewer omitted item, skip to item 14.

If yes, list amount below in each category

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __,453.00)

a. Employment (include CWT/SE)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
b. Compensation for service connected psychiatric condition	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
c. Compensation for other service connected condition	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
d. Non-service connected pension	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
e. Retirement income from Social Security	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
f. Pension from a former job	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
g. Supplemental Security Income (SSI)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
h. Social Security Disability Income (SSDI)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
i. Private disability insurance	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
j. Worker's compensation	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
k. Unemployment insurance	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
m. General Assistance (GA) or similar local program	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
n. Child support	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
o. Alimony or other spousal support	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
p. All other sources (do not include food stamps)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
Total Income	Total Income Calculated in HOMES

11. Did the Veteran receive any non-cash benefits in the 30 days prior to program exit?

- ☐ 0. No
☐ 1. Yes
☐ 99. Case manager omitted item

If 11 = no or Case Manager omitted item, skip to item 12

If yes, select each category

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
k. Other TANF-funded services	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes
m. Other	<input type="checkbox"/> 0= No <input type="checkbox"/> 1=Yes

IV. Follow-up Arrangements

Select the code that best describes clinical treatment arrangements made at program exit.

12. Alcohol problems

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Treatment has been arranged with non-VA provider
- ☐ 3. Treatment has been arranged with VA provider
- ☐ 4. Treatment has been arranged with both non-VA and VA provider

13. Drug problems

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Treatment has been arranged with non-VA provider
- ☐ 3. Treatment has been arranged with VA provider
- ☐ 4. Treatment has been arranged with both non-VA and VA provider

14. Mental health problems (other than drug or alcohol)

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Treatment has been arranged with non-VA provider
- ☐ 3. Treatment has been arranged with VA provider
- ☐ 4. Treatment has been arranged with both non-VA and VA provider

15. Medical problems

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Treatment has been arranged with non-VA provider
- ☐ 3. Treatment has been arranged with VA provider
- ☐ 4. Treatment has been arranged with both non-VA and VA provider

16. Social and recreational deficits

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Treatment has been arranged with non-VA provider
- ☐ 3. Treatment has been arranged with VA provider
- ☐ 4. Treatment has been arranged with both non-VA and VA provider

17. Vocational skill deficits

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arranged
- ☐ 2. Treatment has been arranged with non-VA provider
- ☐ 3. Treatment has been arranged with VA provider
- ☐ 4. Treatment has been arranged with both non-VA and VA provider

HUD-VASH Entry Worksheet

Staff member completing this form (*first and last name*)

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*)

Date this form completed (*mm/dd/yy*).....

Veteran's name (*last name, first initial*).....

Social Security number.....

Date of birth (*mm/dd/yy*).....

1. Did the Veteran enter the HUD-VASH program? ☐ 0. No ☐ 1. Yes

2. Date Veteran entered HUD-VASH Case Management (*mm/dd/yy*)

If the Veteran did not enter the HUD-VASH program, answer item 3 only (do not complete remainder of form).

3. Select the main reason why Veteran did not enter the HUD-VASH program: (if more than one reason, code most important):

- ☐ 1. Veteran not interested in program (e.g. found alternate housing)
- ☐ 2. Veteran left; can no longer locate
- ☐ 3. Veteran refused to agree with the terms of the HUD-VASH program
- ☐ 4. Since referral, Veteran became too ill to participate
- ☐ 5. Veterans with greater clinical need given priority for entry over this Veteran
- ☐ 6. Veteran is incarcerated
- ☐ 7. Veteran did not meet program eligibility requirements
- ☐ 8. Program is not accepting new entries at this time
- ☐ 9. Other (specify):

4. What was the Veteran's housing status prior to program entry (location where the Veteran was sleeping prior to program entry)?

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- ☐ 6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR
- ☐ 15. Non-VA residential treatment program

- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-Term care facility or nursing home
- ☐ 19. Psychiatric hospital or other psychiatric facility
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

5. How long did the Veteran stay in the location where he/she was residing prior to today (location where the Veteran was sleeping prior to program entry)?

- ☐ 0. One day or less
- ☐ 1. Two days to one week
- ☐ 2. More than one week, but less than one month
- ☐ 3. One to three months
- ☐ 4. More than three months, but less than one year
- ☐ 5. One year or longer
- ☐ 6. Don't know
- ☐ 98. Veteran declined to answer
- ☐ 99. Omitted item

6. Was the Veteran living with others at that location?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Don't know
- ☐ 99. Omitted item

If yes, does the household include:

6a. spouse / significant other?

- ☐ 0. No ☐ 1. Yes

6b. children under 18 (list number)?

6c. related adults (list number)?

6d. unrelated adults (list number)?

7. How many months in total has the Veteran been homeless in the past three years? NOTE: If a Veteran is homeless for any part of a given month, round up and count that period as one month of homelessness (if unknown, code N). ____

8. What is the total number of times the Veteran has been homeless on the street, in Emergency Shelter (ES), or Safe Haven (SH), in the past three years?

- ☐ 0. Zero
- ☐ 1. One time
- ☐ 2. Two times
- ☐ 3. Three times
- ☐ 4. Four or more
- ☐ 5. Don't know
- ☐ 99. Omitted item

9. Is this Veteran a homeless individual with a disabling condition based on one or more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: 1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions?

- ☐ 0. No
- ☐ 1. Yes

10. What is the zip code of that location where the Veteran was residing prior to program entry (if unknown, use current location)? _____

HUD-VASH Exit Worksheet

Staff member completing this form (*first and last name*)

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*)

Date this form completed (*mm/dd/yy*).....

I. Veteran Information

1. Veteran's name (*last name, first initial*).....
2. Social Security number.....
3. Date of birth (*mm/dd/yy*).....

II. Reasons for Program Exit

4. Date the Veteran exited the HUD-VASH program (*mm/dd/yy*):
5. Which is the most important reason why the Veteran ended involvement in HUD-VASH Case Management?

- ☐ 1. Veteran accomplished his/her goals and/or obtained access to services and no longer has a need for this program
- ☐ 2. Veteran transferred to another HUD-VASH program site
- ☐ 3. Veteran found/chose other housing
- ☐ 4. Veteran did not comply with HUD-VASH case management
- ☐ 5. Veteran was evicted from his/her HUD-VASH apartment by PHA or landlord and/or had other housing related issues or problems
- ☐ 6. Veteran unhappy with HUD-VASH housing
- ☐ 7. Veteran is no longer financially eligible for a HUD-VASH voucher
- ☐ 8. Veteran is no longer interested in participating in this program
- ☐ 9. Veteran cannot be located
- ☐ 10. Veteran too ill to participate in HUD-VASH at this time
- ☐ 11. Veteran is incarcerated
- ☐ 12. Veteran is deceased
- ☐ 13. Other (specify):

- 5a. Did another household member of the deceased Veteran continue to use the voucher? ☐ 0. No ☐ 1. Yes

6. What is the status of the Veteran's HUD-VASH voucher?
 - ☐ 1. Veteran will continue to use the voucher
 - ☐ 2. Other household member will continue to use the voucher (victim of domestic violence, etc.)
 - ☐ 3. Veteran exited the program prior to voucher receipt
 - ☐ 4. Voucher was denied by PHA
 - ☐ 5. Voucher expired
 - ☐ 6. Voucher was returned to the PHA by the Veteran
 - ☐ 7. Voucher was revoked
 - ☐ 8. HUD-VASH Voucher was converted to a mainstream Housing Choice Voucher (Veteran or Veteran and Family)
 - ☐ 9. HUD-VASH Voucher was converted to a mainstream Housing Choice Voucher (Veteran Family Only)

III. Status at Program Exit

7. What is the Veteran's housing arrangement at program exit (location where the Veteran was sleeping on the night of program exit)?
- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
 - ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
 - ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
 - ☐ 4. Housing rented by Veteran with HUD-VASH voucher
 - ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
 - ☐ 6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)
 - ☐ 7. Staying or living with family, permanent tenure
 - ☐ 8. Staying or living with family, temporary tenure
 - ☐ 9. Staying or living with friends, permanent tenure
 - ☐ 10. Staying or living with friends, temporary tenure
 - ☐ 11. GPD transitional housing
 - ☐ 12. Non-VA transitional housing for homeless persons
 - ☐ 13. VA MH RRTP
 - ☐ 14. CWT/TR
 - ☐ 15. Non-VA residential treatment program
 - ☐ 16. Non-VA substance abuse treatment facility or detox center
 - ☐ 17. Hospital or other residential non-psychiatric medical facility
 - ☐ 18. Long-term care facility or nursing home
 - ☐ 19. Psychiatric hospital or other psychiatric facility
 - ☐ 20. Prison or jail
 - ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
 - ☐ 22. Safe Haven (SH)
 - ☐ 23. Hotel or motel paid for without emergency shelter voucher
 - ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
 - ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
8. What is the zip code of the location where the Veteran was residing prior to program exit (if unknown, use current location)?
9. Housing stability: How would you describe the Veteran's housing situation at program exit?
- ☐ 1. Literally homeless
 - ☐ 2. Imminent risk of losing housing
 - ☐ 3. Unstably housed/at risk of losing housing
 - ☐ 4. Stably housed
 - ☐ 5. Don't know
10. With whom will the Veteran be living at program exit?
- ☐ 0. No residence
 - ☐ 1. Alone
 - ☐ 2. With spouse/partner or children
 - ☐ 3. With parents, with siblings, or with other family
 - ☐ 4. With friends
 - ☐ 5. With strangers
 - ☐ 6. Don't know
11. What is the Veteran's arrangement for employment at program exit?
- ☐ 0. Disabled or retired

- ☐ 1. Unemployed
- ☐ 2. Actively seeking employment
- ☐ 3. Part-time or temporary employment
- ☐ 4. Full-time employment
- ☐ 5. VA's IT or CWT (VI)
- ☐ 6. Other vocational training
- ☐ 7. Unpaid volunteer
- ☐ 8. Student
- ☐ 9. Don't know

12. What is the Veteran's arrangement for receipt of VA financial benefits (disability payments or pension) at the time of program exit? [drop down list]

- ☐ 0. Currently receiving VA benefits and will continue
- ☐ 1. Has pending application for VA financial benefits
- ☐ 2. Is planning to apply for VA financial benefits
- ☐ 3. Is neither receiving nor planning to apply for any VA financial benefits
- ☐ 4. Do not know Veteran's status with respect to VA financial benefits

13. What is the Veteran's arrangement for receipt of non-VA financial benefits (disability payments or other support) at the time of program exit? [drop down list]

- ☐ 0. Currently receiving non-VA benefits and will continue
- ☐ 1. Has pending application for non-VA financial benefits
- ☐ 2. Is planning to apply for non-VA financial benefits
- ☐ 3. Is neither receiving nor planning to apply for any non-VA financial benefits
- ☐ 4. Do not know Veteran's status with respect to non-VA financial benefits

14. Did the Veteran receive any money in the 30 days prior to program exit?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 99. Case manager omitted item

If yes, list amount in each category

a. Employment (include CWT/SE)	\$ ____ , ____ . <u>0</u> <u>0</u>
b. Compensation for service connected psychiatric condition	\$ ____ , ____ . <u>0</u> <u>0</u>
c. Compensation for other service connected condition	\$ ____ , ____ . <u>0</u> <u>0</u>
d. Non-service connected pension	\$ ____ , ____ . <u>0</u> <u>0</u>
e. Retirement income from Social Security	\$ ____ , ____ . <u>0</u> <u>0</u>
f. Pension from a former job	\$ ____ , ____ . <u>0</u> <u>0</u>
g. Supplemental Security Income (SSI)	\$ ____ , ____ . <u>0</u> <u>0</u>
h. Social Security Disability Income (SSDI)	\$ ____ , ____ . <u>0</u> <u>0</u>
i. Private disability insurance	\$ ____ , ____ . <u>0</u> <u>0</u>
j. Worker's compensation	\$ ____ , ____ . <u>0</u> <u>0</u>
k. Unemployment insurance	\$ ____ , ____ . <u>0</u> <u>0</u>
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ ____ , ____ . <u>0</u> <u>0</u>
m. General Assistance (GA) or similar local program	\$ ____ , ____ . <u>0</u> <u>0</u>
n. Child support	\$ ____ , ____ . <u>0</u> <u>0</u>
o. Alimony or other spousal support	\$ ____ , ____ . <u>0</u> <u>0</u>
p. All other sources (do not include food stamps)	\$ ____ , ____ . <u>0</u> <u>0</u>
Total Amount	[Total income calculated in HOMES]

15. Did the Veteran receive any of the following non-cash benefits in the 30 days prior to program exit?

- ☐ 0. No
- ☐ 1. Yes

☐ 99. Case manager omitted item***If yes, select each category***

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. Other	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

IV. Follow-up Arrangements*Select the code that best describes clinical treatment arrangements made at program exit. Include arrangements for VA treatment only.*

16. Alcohol problems

- ☐ 0. Not a problem area for this veteran
☐ 1. Problem area for this Veteran, but no treatment arrangements made
☐ 2. Veteran's treatment has been arranged with non-VA provider
☐ 3. Veteran's treatment has been arranged with VA provider
☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

17. Drug problems

- ☐ 0. Not a problem area for this veteran
☐ 1. Problem area for this Veteran, but no treatment arrangements made
☐ 2. Veteran's treatment has been arranged with non-VA provider
☐ 3. Veteran's treatment has been arranged with VA provider
☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

18. Mental health problems (other than drug or alcohol)

- ☐ 0. Not a problem area for this veteran
☐ 1. Problem area for this Veteran, but no treatment arrangements made
☐ 2. Veteran's treatment has been arranged with non-VA provider
☐ 3. Veteran's treatment has been arranged with VA provider
☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

19. Medical problems

- ☐ 0. Not a problem area for this veteran
☐ 1. Problem area for this Veteran, but no treatment arrangements made
☐ 2. Veteran's treatment has been arranged with non-VA provider
☐ 3. Veteran's treatment has been arranged with VA provider
☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

20. Social and recreational deficits

- ☐ 0. Not a problem area for this veteran
☐ 1. Problem area for this Veteran, but no treatment arrangements made

- ☐ 2. Veteran's treatment has been arranged with non-VA provider
- ☐ 3. Veteran's treatment has been arranged with VA provider
- ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

21. Vocational skill deficits

- ☐ 0. Not a problem area for this veteran
- ☐ 1. Problem area for this Veteran, but no treatment arrangements made
- ☐ 2. Veteran's treatment has been arranged with non-VA provider
- ☐ 3. Veteran's treatment has been arranged with VA provider
- ☐ 4. Veteran's treatment has been arranged with both non-VA and VA provider

HUD-VASH Housing Progress Worksheet

Staff member completing this form (*first and last name*) _____

VA Site (*3-digit VAMC code plus 2-digit suffix, if any*) _____

Sequence Number _____

Date this form completed (*mm/dd/yy*)..... _____ / _____ / _____

I. VETERAN IDENTIFICATION

Veteran's name (*last name, first initial*)..... _____

Social Security number..... _____ - _____ - _____

Date of birth (*mm/dd/yy*)..... _____ / _____ / _____

Does the Veteran's current HUD-VASH case management episode retain housing from a previous HUD-VASH episode? (Select "yes" only if the Veteran is using the same voucher and the housing process dates are the same as the previous HUD-VASH episode.)

☐ 0. No
☐ 1. Yes

PHA Number _____

II. HOUSING PROGRESS DATES

1. Date referral package was forwarded to the PHA (*mm/dd/yy*) _____ / _____ / _____

2. Date voucher was issued by the PHA (*mm/dd/yy*) _____ / _____ / _____

2a. Type of Voucher

- ☐ 1. Tenant Based Voucher
☐ 2. Project Based Voucher

3. Date housing selected by the Veteran (*mm/dd/yy*) _____ / _____ / _____

4. Date of Safety Inspection (*mm/dd/yy*) _____ / _____ / _____

5. Date Housing Assistance Payment (HAP) Contract signed (*mm/dd/yy*) _____ / _____ / _____

6. Date Veteran moved into HUD-VASH housing (*mm/dd/yy*) _____ / _____ / _____

7. What was the Veteran's housing arrangement prior to move-in to HUD-VASH housing (location where the Veteran was sleeping prior to move- in to HUD-VASH housing)?

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- ☐ 6. Permanent housing for formerly homeless persons (such as CoC project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR

- ☐ 15. Non-VA residential treatment program
- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital or other psychiatric facility
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)

8. How long did the Veteran stay in the location where he/she was residing prior to move-in to HUD-VASH housing (location where the Veteran was sleeping prior to move in to HUD-VASH housing)?

- ☐ 0. One day or less
- ☐ 1. Two days to one week
- ☐ 2. More than one week, but less than one month
- ☐ 3. One to three months
- ☐ 4. More than three months, but less than one year
- ☐ 5. One year or longer
- ☐ 6. Don't know
- ☐ 99. Omitted item

9. Is the Veteran living with others at that location?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Don't know
- ☐ 99. Omitted item

If yes, does the household include:

9a. spouse / significant other?

- ☐ 0. No ☐ 1. Yes

9b. children under 18 (list number)?

9c. related adults (list number)?

9d. unrelated adults (list number)?

10. How many months in total have you been homeless in the past three years?

NOTE: If a Veteran is homeless for any part of a given month, round up and count that period as one month of homelessness. (if unknown, code N). _____

11. What is the total number of time you have been homeless on the street, in Emergency Shelter (ES), or Safe Haven (SH) in the past three years?

- ☐ 0. Zero
- ☐ 1. One time
- ☐ 2. Two times
- ☐ 3. Three times
- ☐ 4. Four or more times
- ☐ 5. Don't know
- ☐ 99. Omitted item

12. Is this Veteran a homeless individual with a disabling condition based on one of more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions.

- ☐ 0. No
- ☐ 1. Yes

13. What is the zip code of that location (if unknown, use current location)? _____

III. CHANGE IN VOUCHER STATUS

Complete this section when there is a change in the Veteran's voucher status. Completing this section will close the current housing episode and a new Housing Progress Form must be completed to document any subsequent housing episode.

14. Please select the reason the Veteran's voucher status has changed.

- ☐ 1. Voucher was denied by the PHA

- ☐ 2. Voucher was revoked or expired
- ☐ 3. Voucher was ported locally (same medical center, different housing and different PHA)
- ☐ 4. Voucher was administratively absorbed by a new PHA (ported), HOWEVER Veteran retained HUD-VASH housing (same medical center, same housing, different PHA)
- ☐ 5. Veteran left HUD-VASH housing but maintained voucher
- ☐ 6. HUD-VASH voucher converted to a mainstream Housing Choice Voucher (Veteran or Veteran and family)
- ☐ 7. HUD-VASH voucher converted to a mainstream Housing Choice Voucher (Veteran family only)
- ☐ 8. Voucher was returned to the PHA by the Veteran

14a. Date voucher status changed (mm/dd/yy)

____ / ____ / ____

15. What is the Veteran's housing arrangement at exit from HUD-VASH housing (location where the Veteran was sleeping on the night of move-out from HUD-VASH housing)?

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy
- ☐ 6. Permanent housing for formerly homeless persons (such as CoC project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR
- ☐ 15. Non-VA residential treatment program
- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital or other psychiatric facility
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
- ☐ 26. Don't know

16. What is the zip code of that location (if unknown, use current location)?

____ - ____ - ____

VJO Entry Worksheet

Staff member completing this form (*first and last name*)

VA Site (3-digit VAMC code plus 2-digit suffix, if any)

Date this form completed (*mm/dd/yy*).....

I. VETERAN INFORMATION

1. Veteran's name (*last name, first initial*).....
2. Social Security number.....
3. Date of birth (*mm/dd/yy*).....
4. Will the Veteran receive VJO services? ☐ 0. No ☐ 1. Yes
5. Date of program entry decision (*mm/dd/yy*):

If the Veteran will not receive VJO services, answer items 6, 7a, and 7b ONLY (do not complete remainder of the form);

6. Select the main reason why Veteran did not enter the VJO program?
 - ☐ 1. Veteran left, can no longer locate
 - ☐ 2. Veteran no longer in clinical need of program
 - ☐ 3. Veteran not interested in program
 - ☐ 4. Veteran refused to agree with terms of VJO case management
 - ☐ 5. Since referral, Veteran became too ill to participate
 - ☐ 6. Veteran is incarcerated and more than 6 months from release date
 - ☐ 7. Veteran is not eligible for VHA healthcare
 - ☐ 8. Other (specify).....

II. INITIAL CONTACT WITH VJO PROGRAM

7a. Where did VJO staff make initial contact with this Veteran?

- ☐ 1. Local, county or state jail
- ☐ 2. Criminal Court
- ☐ 3. Treatment Court (***specify type in item 7b***)
- ☐ 4. Civil Court
- ☐ 5. Shelter or temporary housing for homeless
- ☐ 6. Street, park, outdoors
- ☐ 7. Soup kitchen
- ☐ 8. VAMC
- ☐ 9. Vet Center
- ☐ 10. Transitional Housing Program (e.g. GPD)
- ☐ 11. CMHC (Community Mental Health Center)
- ☐ 12. Community Hospital
- ☐ 13. At special program for homeless Veterans (specify):
- ☐ 14. Veteran's current residence
- ☐ 15. State or Federal prison (includes corrections halfway house or work release facility)
- ☐ 16. Other (specify):

If item 7a = 3 (Treatment Court):

7b. Treatment court type?

- ☐ 0. Veterans' Treatment Court or Veterans docket
- ☐ 1. Drug Treatment Court
- ☐ 2. Mental Health Treatment Court
- ☐ 3. Domestic Violence Court
- ☐ 4. DUI Court
- ☐ 5. Problem Solving Court
- ☐ 6. Re-entry Court
- ☐ 7. Other Specialty Court: (specify): _____

III. CURRENT ARREST/COURT INVOLVEMENT8. Is the Veteran currently involved with jail or courts?☐ 0. No ☐ 1. Yes**If item 8= no, skip to item 22**

9a. Veteran's Corrections Booking Number:

9b. Veteran's State Corrections Identification Number:

10-15. For what type of offense(s) is the Veteran currently arrested or in court?

10. Violent offense <u>Examples:</u> Murder, manslaughter, assault, sexual assault including rape or child molestation, robbery, domestic violence or other violent offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
11. Property offense <u>Examples:</u> Burglary, breaking & entering, larceny, motor vehicle theft, fraud, stolen property, arson, shoplifting, vandalism, other property offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
12. Drug offense <u>Examples:</u> Possession, trafficking, other drug offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
13. Public order offense <u>Examples:</u> Weapons offense, prostitution, public intoxication, disorderly conduct, DWI, other public order offense	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
14. Probation / parole violation	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
15. Other / unspecified	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

16a. Is Driving Under the Influence (DUI) involved in the current case?☐ 0. No ☐ 1. Yes16b. Is domestic dispute involved in the current case?☐ 0. No ☐ 1. Yes16c. Are there arrearage or delinquency problems with any current child support orders?☐ 0. No ☐ 1. Yes16d. If 16c is 'yes', what is total arrearage or delinquency amount (not monthly amount); [code N for do not know]\$ _____ , _____ . 0 017. Is the Veteran currently in jail? **If no, skip to item 22**☐ 0. No ☐ 1. Yes**** Answer 18-21 only if item 17 is coded "YES" ****

18. Does the Veteran have a definite release date?

☐ 0. No ☐ 1. Yes

a. IF "YES", what is the definite release date? (mm/dd/yy)

____ / ____ / ____

- b. IF "NO", what is the earliest date he or she is eligible for release (or, the earliest expected date of release)? (mm/dd/yy) _____ / _____ / _____
19. County and State being released to after court commitment completed:
- a. County: _____
- b. State (abbreviate): _____
20. What will the Veteran's status be upon release (including after release from corrections halfway house or work release facility)?
- ☐ 1. Under parole or post-custody supervision in the community
- ☐ 2. No parole or post-custody supervision in the community
- ☐ 3. Unknown or yet to be determined
21. By the time of the Veteran's release date, how long will the current incarceration be, including:
**If value is less than a month: enter "0 months" for durations 0-14 days; enter "1 month" for durations 15-30 days.*
- a. Total time in jail? (if a portion of the current incarceration was served in jail) [in years and months*; enter all zeros for none] _____ years _____ months
- b. Total time in prison? [in years and months*; enter all zeros for none] _____ years _____ months

IV. PRE-ARREST/COURT INVOLVEMENT

22. Before the arrest on (date of arrest for the current court involvement), was the Veteran living in a — ?
- ☐ 1. House (including own, family's or friend's)
- ☐ 2. Apartment (including own, family's or friend's)
- ☐ 3. Trailer or mobile home (including own, family's or friend's)
- ☐ 4. Rooming house, hotel or motel
- ☐ 5. On the street or in a homeless shelter
- ☐ 6. In a group living situation or institution, such as a hospital, halfway house, recovery home, dormitory, etc.
- ☐ 7. In another type of housing (specify) _____
23. In the 12 months before the Veteran's arrest on (date of arrest for the current court involvement), was there a time when s/he was homeless, living on the street or in a shelter? ☐ 0. No ☐ 1. Yes
24. How old was the Veteran the first time he or she was arrested for a crime?
 [If never arrested code 99]
 [Code "N" if Veteran doesn't know or declined to answer] _____
25. How many times had the Veteran ever been arrested, as an adult or a juvenile, before* his/her arrest for the current court involvement?
 [enter "0" for none; cannot exceed "99"]
 [Code "N" if Veteran doesn't know or declined to answer] _____
- a. How many of these arrests occurred in the 1 year prior* to the current arrest? _____
- * do not count the current arrest
26. Is the Veteran facing or wanting assistance for the following legal issues? (select all that apply)
- a. upcoming court hearings ☐ 0. No ☐ 1. Yes
- b. reporting requirements for parole, probation, or the court ☐ 0. No ☐ 1. Yes
- c. employment restrictions ☐ 0. No ☐ 1. Yes
- d. outstanding warrants ☐ 0. No ☐ 1. Yes
- e. registry or housing requirements ☐ 0. No ☐ 1. Yes
- f. impact of long term institutionalization ☐ 0. No ☐ 1. Yes
- g. current or recent behavioral safety risk ☐ 0. No ☐ 1. Yes

- h. concurrent treatment requirements related to legal status (e.g. DUI, sex offender or domestic violence treatment) ☐ 0. No ☐ 1. Yes
- i. frequent jail incarceration ☐ 0. No ☐ 1. Yes
- j. non-criminal legal issues ☐ 0. No ☐ 1. Yes
- k. other (specify) _____ ☐ 0. No ☐ 1. Yes

27. Will the Veteran enter a treatment or specialty court?
If no, skip to 29

☐ 0. No ☐ 1. Yes

27a. Name of Treatment Court : _____

27b. Specialty Court type:

- ☐ 0. Veterans' Treatment Court or Veterans docket
- ☐ 1. Drug Treatment Court
- ☐ 2. Mental Health Treatment Court
- ☐ 3. Domestic Violence Court
- ☐ 4. DUI Court
- ☐ 5. Problem Solving Court
- ☐ 6. Re-entry Court
- ☐ 7. Other Specialty Court: (specify) _____

28. Date of Entry to Treatment Court (mm/dd/yy): ____ / ____ / ____

29. Please indicate the status of clients not entering a Treatment Court:

- ☐ 1. referral and linkage to VA and/or non-VA service provider(s) - no further VJO contact anticipated
- ☐ 2. case management by VJO specialist (no court or probation supervision)
- ☐ 3. case management by VJO specialist (ongoing monitoring by court or probation)
- ☐ 4. direct treatment by VJO specialist (no court or probation supervision)
- ☐ 5. direct treatment by VJO specialist (ongoing monitoring by court or probation)
- ☐ 6. Other (specify) _____

VJO Treatment Court Progress Report Worksheet

Staff member completing this form (*first and last name*) _____

VA Site (3-digit VAMC code plus 2-digit suffix, if any) _____

Date this form completed (*mm/dd/yy*)..... _____ / _____ / _____

I. Veteran Information

1. Veteran's name (*last name, first initial*)..... _____
2. Social Security number..... _____ - _____ - _____
3. Date of birth (*mm/dd/yy*)..... _____ / _____ / _____
4. Date of VJO Treatment Court entry (*mm/dd/yy*): _____ / _____ / _____

II. Contact with Veteran

*** IMPORTANT NOTE ***

Report sequence number and time period covered in this report are provided on the forms due list that is posted on NEPEC's secure website. THIS INFORMATION WILL ALSO BE AUTOMATICALLY FILLED IN HOMES. Please make sure that this information matches both the forms due list and HOMES. Contact NEPEC with any questions.

5. Time period covered in this report: _____
Report sequence _____

Did you have contact with this Veteran during reporting period? ☐ 0. No ☐ 1. Yes

If no, do not complete remainder of the form

This progress report should only include information about case management provided during the "time period covered in this report" entered above. Please keep these dates in mind when completing the form.

Date of the last face-to-face contact with Veteran by VJO Specialist
that provides the basis for current report: _____ / _____ / _____

III. Housing/Employment Status

- 6a. During the reporting period, how many days did the Veteran sleep in the following kinds of places? ☐ 99. VJO Specialist doesn't know/omitted item

If 6a= 99, skip to item 7

Please make sure that responses to 6a (1-25) add up to 90 days

1. Housing owned by Veteran, <u>no ongoing</u> housing subsidy	_____
2. Housing owned by Veteran, <u>with ongoing</u> housing subsidy	_____
3. Housing rented by Veteran, <u>no ongoing</u> housing subsidy	_____
4. Housing rented by Veteran <u>with</u> HUD-VASH voucher	_____
5. Housing rented by Veteran <u>with non</u> -HUD-VASH housing subsidy	_____
6. Permanent housing for formerly homeless persons (such as: CoC project or S+C)	_____
7. Staying or living with family, permanent tenure	_____

8. Staying or living with family, temporary tenure	_____
9. Staying or living with friends, permanent tenure	_____
10. Staying or living with friends, temporary tenure	_____
11. GPD transitional housing	_____
12. Non-VA transitional housing for homeless persons	_____
13. VH MH RRTP	_____
14. CWT/TR	_____
15. Non-VA residential treatment program	_____
16. Non-VA substance abuse treatment facility or detox center	_____
17. Hospital or other residential non-psychiatric medical facility	_____
18. Long-term care facility or nursing home	_____
19. Psychiatric hospital or other psychiatric facility	_____
20. Prison or jail	_____
21. VA contracted residential treatment programs (HCHV Contract Residential Services)	_____
22. Safe Haven (SH)	_____
23. Hotel or motel paid for without emergency shelter voucher	_____
24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher	_____
25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)	_____
Total Days	[Total days are automatically calculated in HOMES]

6b. Where was the Veteran staying the last time you had contact with him/her? [CODE 1-25, 99] _____
(Code 99" if VJO Specialist omitted item)

6c. What is the zip code of that location? (If unknown, use current location) _____

6d. Is the Veteran living with others at that location? ☐ 0. No
☐ 1. Yes
☐ 99. VJO Specialist doesn't know/omitted item

If 6d = no or VJO Specialist omitted item, skip to item 6e

If yes, does the household include:

1. spouse / significant other? ☐ 0. No
☐ 1. Yes
☐ 99. VJ Specialist omitted item

2. children under 18 (list number)? _____

3. related adults (list number)? _____

4. unrelated adults (list number)? _____

6e. Housing stability: How would you describe the Veteran's housing situation?

☐ 1. Literally homeless ☐ 4. Stably housed

☐ 2. Imminent risk of losing housing ☐ 5. Don't know

☐ 3. Unstably housed/at risk of losing housing

7. Which best describes the Veteran's employment pattern during the reporting period?

☐ 0. Disabled or retired ☐ 6. Other vocational training

☐ 1. Unemployed ☐ 7. Unpaid volunteer

☐ 2. Actively seeking employment ☐ 8. Student

☐ 3. Part-time or temporary employment ☐ 9. Don't know

☐ 4. Full-time employment

☐ 5. VA's IT or VWT (VI)

8a. Did the Veteran receive any money during the reporting period?

☐ 0. No

☐ 1. Yes

☐ 99. VJO Specialist doesn't know/omitted item

If item 8a is no or VJO Specialist doesn't know/omitted item, skip to item 8b

If yes, list the average monthly amount in each category

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __, 4 5 3.0 0)

1. Employment (include CWT/SE)	\$ __, __. __ __.
2. Compensation for service connected psychiatric condition	\$ __, __. __ __.
3. Compensation for other service connected condition	\$ __, __. __ __.
4. Non-service connected pension	\$ __, __. __ __.
5. Retirement income from Social Security	\$ __, __. __ __.
6. Pension from a former job	\$ __, __. __ __.
7. Supplemental Security Income (SSI)	\$ __, __. __ __.
8. Social Security Disability Income (SSDI)	\$ __, __. __ __.
9. Private disability insurance	\$ __, __. __ __.
10. Worker's compensation	\$ __, __. __ __.
11. Unemployment insurance	\$ __, __. __ __.
12. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __, __. __ __.
13. General Assistance (GA) or similar local program	\$ __, __. __ __.
14. Child support	\$ __, __. __ __.
15. Alimony or other spousal support	\$ __, __. __ __.
16. All other sources (do not include food stamps)	\$ __, __. __ __.
Total Income	[Total income calculated in HOMES]

8b. Did the Veteran receive any of the following non-cash benefits during the reporting period?

☐ 0. No

☐ 1. Yes

☐ 99. VJO Specialist omitted item

If item 8b is no or VJO Specialist omitted item, skip to item 9

If yes, select each category:

1. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
2. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
3. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
4. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
5. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
6. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
7. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
8. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
9. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
10. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
11. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
12. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
13. Other (specify) _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

IV. Current Treatment

Please select the code that best describes Veteran's current treatment in each area.

9. Alcohol problems

- | | |
|--|--|
| <input type="checkbox"/> 0. Not a problem area for this Veteran | <input type="checkbox"/> 3. Veteran currently receives treatment from non-VA provider |
| <input type="checkbox"/> 1. Veteran's current treatment is unknown | <input type="checkbox"/> 4. Veteran currently receives treatment from VA |
| <input type="checkbox"/> 2. Veteran currently receives no treatment for these problems | <input type="checkbox"/> 5. Veteran currently receives treatment from both non-VA provider and VA |
| | <input type="checkbox"/> 6. Veteran currently receives peer support only (e.g. 12 step, other recovery groups) |

10. Drug problems

- | | |
|--|--|
| <input type="checkbox"/> 0. Not a problem area for this Veteran | <input type="checkbox"/> 3. Veteran currently receives treatment from non-VA provider |
| <input type="checkbox"/> 1. Veteran's current treatment is unknown | <input type="checkbox"/> 4. Veteran currently receives treatment from VA |
| <input type="checkbox"/> 2. Veteran currently receives no treatment for these problems | <input type="checkbox"/> 5. Veteran currently receives treatment from both non-VA provider and VA |
| | <input type="checkbox"/> 6. Veteran currently receives peer support only (e.g. 12 step, other recovery groups) |

11. Mental health problems(other than drug or alcohol)

- | | |
|--|--|
| <input type="checkbox"/> 0. Not a problem area for this Veteran | <input type="checkbox"/> 3. Veteran currently receives treatment from non-VA provider |
| <input type="checkbox"/> 1. Veteran's current treatment is unknown | <input type="checkbox"/> 4. Veteran currently receives treatment from VA |
| <input type="checkbox"/> 2. Veteran currently receives no treatment for these problems | <input type="checkbox"/> 5. Veteran currently receives treatment from both non-VA provider and VA |
| | <input type="checkbox"/> 6. Veteran currently receives peer support only (e.g. 12 step, other recovery groups) |

12. Medical problems

- | | |
|--|--|
| <input type="checkbox"/> 0. Not a problem area for this Veteran | <input type="checkbox"/> 3. Veteran currently receives treatment from non-VA provider |
| <input type="checkbox"/> 1. Veteran's current treatment is unknown | <input type="checkbox"/> 4. Veteran currently receives treatment from VA |
| <input type="checkbox"/> 2. Veteran currently receives no treatment for these problems | <input type="checkbox"/> 5. Veteran currently receives treatment from both non-VA provider and VA |
| | <input type="checkbox"/> 6. Veteran currently receives peer support only (e.g. 12 step, other recovery groups) |

13. Social or vocational skill deficits

- | | |
|--|--|
| <input type="checkbox"/> 0. Not a problem area for this Veteran | <input type="checkbox"/> 3. Veteran currently receives treatment from non-VA provider |
| <input type="checkbox"/> 1. Veteran's current treatment is unknown | <input type="checkbox"/> 4. Veteran currently receives treatment from VA |
| <input type="checkbox"/> 2. Veteran currently receives no treatment for these problems | <input type="checkbox"/> 5. Veteran currently receives treatment from both non-VA provider and VA |
| | <input type="checkbox"/> 6. Veteran currently receives peer support only (e.g. 12 step, other recovery groups) |

14. Family problems

- | | |
|--|---|
| <input type="checkbox"/> 0. Not a problem area for this Veteran | <input type="checkbox"/> 3. Veteran currently receives treatment from non-VA provider |
| <input type="checkbox"/> 1. Veteran's current treatment is unknown | <input type="checkbox"/> 4. Veteran currently receives treatment from VA |
| <input type="checkbox"/> 2. Veteran currently receives no treatment for these problems | <input type="checkbox"/> 5. Veteran currently receives treatment from both non-VA provider and VA |

- ☐ 6. Veteran currently receives peer support only (e.g. 12-step, other recovery groups)

V. Legal Status

15. Legal status: Since entry into the Treatment Court, please indicate
- a. Number of Jail time sanctions (incarcerations imposed by Treatment/Specialty Court monitoring): _____
[Do not include new arrests or incarcerations for new offenses.
Code new arrests and incarcerations below under 15b & 15c]
- b. Number of new arrests during treatment court follow-up period _____
- c. Number of new incarcerations during treatment court follow-up period _____

Staff member completing this form (*first and last name*)

VA Site (3-digit VAMC code plus 2-digit suffix, if any)

Date this form completed (mm/dd/yy)..... ____ ____/____ ____/____ ____

Veteran's name (last name, first initial).....

Social Security number..... _ _ _ _ - _ _ - _ _ _ _ _

Date of birth (mm/dd/yy)..... / /

Name of Treatment Court (if applicable) _____

1. Period covered by this report (mm/dd/yy) Entry date: ____ / ____ / ____
Exit date: ____ / ____ / ____
Days: [Number of days is automatically calculated in HOMES]

2. Which is the most important reason why the Veteran ended involvement in VJO?

- ☐ 1. Veteran is no longer justice-involved or no longer has need of VJO (for example: charges have been dropped; completed a treatment court program; still justice-involved but has successfully transitioned to other services)
- ☐ 2. Veteran was incarcerated
- ☐ 3. Veteran's case was transferred by legal system to a setting not covered by VJO
- ☐ 4. Veteran left the program by his/her own decision
- ☐ 5. Veteran became too ill (mentally or physically) to complete the program
- ☐ 6. Veteran was transferred to another VJO program for administrative reasons
- ☐ 7. Discharge information not applicable (outreach contact only)
- ☐ 8. Veteran is deceased

If item 2 = 7 (Discharge information not applicable (outreach contact only) or 8 (Veteran is deceased) do not complete remainder of the form

2a. If the Veteran's VJO program involvement ended due to a legal violation (court or other), what was the most important reason?

- ☐ 1. Threatened/actual violence to self or others
- ☐ 2. Alcohol or drug related violation
- ☐ 3. Non-compliance with expected treatment
- ☐ 4. Lack of follow through with probation/parole
- ☐ 5. Other (please specify) _____

3. What is the Veteran's housing arrangement at program exit (Where is the Veteran sleeping on the night of program exit)?

- ☐ 1. Housing owned by Veteran, no ongoing housing subsidy
- ☐ 2. Housing owned by Veteran, with ongoing housing subsidy
- ☐ 3. Housing rented by Veteran, no ongoing housing subsidy
- ☐ 4. Housing rented by Veteran with HUD-VASH voucher
- ☐ 5. Housing rented by Veteran with non-HUD-VASH housing subsidy

- ☐ 6. Permanent housing for formerly homeless persons (such as CoC Project or S+C)
- ☐ 7. Staying or living with family, permanent tenure
- ☐ 8. Staying or living with family, temporary tenure
- ☐ 9. Staying or living with friends, permanent tenure
- ☐ 10. Staying or living with friends, temporary tenure
- ☐ 11. GPD transitional housing
- ☐ 12. Non-VA transitional housing for homeless persons
- ☐ 13. VA MH RRTP
- ☐ 14. CWT/TR
- ☐ 15. Non-VA residential treatment program
- ☐ 16. Non-VA substance abuse treatment facility or detox center
- ☐ 17. Hospital or other residential non-psychiatric medical facility
- ☐ 18. Long-term care facility or nursing home
- ☐ 19. Psychiatric hospital (acute care)
- ☐ 20. Prison or jail
- ☐ 21. VA contracted residential treatment programs (HCHV Contract Residential Services)
- ☐ 22. Safe Haven (SH)
- ☐ 23. Hotel or motel paid for without emergency shelter voucher
- ☐ 24. Emergency shelter (ES), including hotel or motel paid for with emergency shelter voucher
- ☐ 25. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
- ☐ 26. Don't know

4. What is the zip code of that location? *If unknown, use current location* _____

5. Housing stability: How would you describe the Veteran's housing situation at program exit?

- ☐ 1. Literally homeless
- ☐ 2. Imminent risk of losing housing
- ☐ 3. Unstably housed/at risk of losing housing
- ☐ 4. Stably housed
- ☐ 5. Don't know

6. With whom will the Veteran be living at program exit?

- ☐ 0. No residence
- ☐ 1. Alone
- ☐ 2. With spouse/partner or children
- ☐ 3. With parents, with siblings, or with other family
- ☐ 4. With friends
- ☐ 5. With strangers
- ☐ 6. Don't know

7. What is the Veteran's arrangement for employment at program exit?

- ☐ 0. Disabled or retired
- ☐ 1. Unemployed
- ☐ 2. Actively seeking employment
- ☐ 3. Part-time or temporary employment
- ☐ 4. Full-time employment
- ☐ 5. VA's IT or CWT (VI)
- ☐ 6. Other vocational training
- ☐ 7. Unpaid volunteer
- ☐ 8. Student
- ☐ 9. Don't know

8. What is the Veteran's arrangement for receipt of VA financial benefits (disability payments or pension) at the time of program exit?

- ☐ 0. Currently receiving VA benefits and will continue
☐ 1. Has pending application for VA financial benefits
☐ 2. Is planning to apply for VA financial benefits
☐ 3. Is neither receiving nor planning to apply for any VA financial benefits
☐ 4. Do not know Veteran's status with respect to VA financial benefits

9. What is the Veteran's arrangement for receipt of non-VA financial benefits (disability payments or other support) at the time of program exit?

- ☐ 0. Currently receiving non-VA benefits and will continue
☐ 1. Has pending application for non-VA financial benefits
☐ 2. Is planning to apply for non-VA financial benefits
☐ 3. Is neither receiving nor planning to apply for any non-VA financial benefits
☐ 4. Do not know Veteran's status with respect to non-VA financial benefits

10. Did the Veteran receive any money in the 30 days prior to program exit?

☐ 0. No

☐ 1. Yes

☐ 99. VJO Specialist omitted item

If 10 = no or VJO Specialist omitted item, skip to item 11

If yes, list amount in each category

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __,453.00)

a. Employment (include CWT/SE)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
b. Compensation for service connected psychiatric condition	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
c. Compensation for other service connected condition	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
d. Non-service connected pension	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
e. Retirement income from Social Security	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
f. Pension from a former job	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
g. Supplemental Security Income (SSI)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
h. Social Security Disability Income (SSDI)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
i. Private disability insurance	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
j. Worker's compensation	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
k. Unemployment insurance	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
m. General Assistance (GA) or similar local program	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
n. Child support	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
o. Alimony or other spousal support	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
p. All other sources (do not include food stamps)	\$ __ __, __ __ __ . <u>0</u> <u>0</u>
Total Amount	[Total income calculated in HOMES]

11. Did the Veteran receive any non-cash benefits in the 30 days prior to program exit?

☐ 0. No

☐ 1. Yes

☐ 99. VJO Specialist omitted item

If 11 = no or VJO Specialist omitted item, skip to item 12

If yes, select each category

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. Other _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

IV. Follow-up Arrangements

Select the code that best describes clinical treatment arrangements made at program exit.

12. Alcohol problems
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arranged
 - ☐ 2. Treatment has been arranged with non-VA provider
 - ☐ 3. Treatment has been arranged with VA provider
 - ☐ 4. Treatment has been arranged with both non-VA and VA provider
13. Drug problems
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arranged
 - ☐ 2. Treatment has been arranged with non-VA provider
 - ☐ 3. Treatment has been arranged with VA provider
 - ☐ 4. Treatment has been arranged with both non-VA and VA provider
14. Mental health problems (other than drug or alcohol)
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arranged
 - ☐ 2. Treatment has been arranged with non-VA provider
 - ☐ 3. Treatment has been arranged with VA provider
 - ☐ 4. Treatment has been arranged with both non-VA and VA provider
15. Medical problems
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arranged
 - ☐ 2. Treatment has been arranged with non-VA provider
 - ☐ 3. Treatment has been arranged with VA provider
 - ☐ 4. Treatment has been arranged with both non-VA and VA provider
16. Social and recreational deficits
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arranged
 - ☐ 2. Treatment has been arranged with non-VA provider
 - ☐ 3. Treatment has been arranged with VA provider
 - ☐ 4. Treatment has been arranged with both non-VA and VA provider
17. Vocational skill deficits
- ☐ 0. Not a problem area for this veteran
 - ☐ 1. Problem area for this Veteran, but no treatment arranged
 - ☐ 2. Treatment has been arranged with non-VA provider
 - ☐ 3. Treatment has been arranged with VA provider
 - ☐ 4. Treatment has been arranged with both non-VA and VA provider

V. Legal Status

18. Legal status

- a. Number of Jail time sanctions (incarcerations imposed by VJO program monitoring) during entire VJO program episode: *[Do not include arrests/incarcerations for new offenses. Code new arrests/incarcerations during entire VJO program episode below under 18b and 18c.]* — — —
- b. Number of new arrests during entire VJO program episode — — —
- c. Number of new incarcerations during entire VJO program episode — — —