

Homeless Operations Management and Evaluation System (HOMES) Homeless Services Assessment Form

Shaded items show elements that are collected elsewhere in HOMES

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

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

Date of assessment (*mm/dd/yy*) ____ / ____ / ____

Lead Case Manager _____

Primary VAMC _____

Secondary VAMC _____

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. Sex 1. Male 2. Female

II. PRE-ENGAGEMENT SCREENING

May the Pre-engagement Screening be skipped? [drop-down list]
0. No 1. Yes

5. Does the Veteran want assistance with any of the following areas?

[answer the category as "yes" if the Veteran answers "yes" to any of the informal probe questions]

a. Housing –

Examples:

Are you currently homeless?

Are you currently living with a family member or friend until you can afford or find a place of your own?

Have you received an eviction notice or request to leave your current housing?

b. Financial Hardship –

Examples

Do you need basic assistance like food and clothing?

Are you unable to pay your bills?

Do you need assistance with claims for disability benefits?

Are you unemployed?

c. Legal -

Examples

Do you need help with a legal problem, such as civil, criminal child support and/or custody, suspended driver license, probation or parole issues?

[drop down list]

0. No

1. Yes

98. Veteran declined to answer

99. Interviewer omitted item

[drop down list]

0. No

1. Yes

98. Veteran declined to answer

99. Interviewer omitted item

[drop down list]

0. No

1. Yes

98. Veteran declined to answer

99. Interviewer omitted item

<p>d. <u>Access to Healthcare</u> –</p> <p>Examples</p> <p><i>Are you in need of immediate medical attention or need a referral for a medical appointment?</i></p> <p><i>Do you want VA healthcare but are currently not enrolled for it?</i></p>	<p>[drop down list]</p> <p>0. No</p> <p>1. Yes</p> <p>98. Veteran declined to answer</p> <p>99. Interviewer omitted item</p>
<p>e. <u>Mental Health Concerns and Substance Abuse</u> –</p> <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>	<p>[drop down list]</p> <p>0. No</p> <p>1. Yes</p> <p>98. Veteran declined to answer</p> <p>99. Interviewer omitted item</p>
<p>f. <u>Self Endangerment</u> –</p> <p>Examples</p> <p><i>Do you currently have thoughts of hurting yourself in some way?</i></p>	<p>[drop down list]</p> <p>0. No</p> <p>1. Yes</p> <p>98. Veteran declined to answer</p> <p>99. Interviewer omitted item</p>
<p>g. <u>Civilian Adjustment</u> -</p> <p>Examples</p> <p><i>Are you having difficulty adjusting to civilian life since being discharged from military service?</i></p>	<p>[drop down list]</p> <p>0. No</p> <p>1. Yes</p> <p>98. Veteran declined to answer</p> <p>99. Interviewer omitted item</p>

6. Will the assessment interview be completed? [drop down]
0. No
1. Yes
- a. If no, please indicate main reason [drop down list]
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
- b. If no, are immediate Non-VA homeless services required? [drop down]
0. No
1. Yes
- c. If yes, which Non-VA homeless service is required?
1. Non-VA Emergency Room (medical or psychiatric) [drop down]
0. No
1. Yes
 2. Non-VA detoxification services [drop down]
0. No
1. Yes
 3. Non-VA mental health or substance abuse services [drop down]
0. No
1. Yes
 4. Non-VA medical services [drop down]
0. No
1. Yes
 5. Non-VA social vocational assistance [drop down]
0. No
1. Yes
 6. Non-VA housing [drop down]
0. No
1. Yes
 7. Non-VA Income Resources [drop down]
0. No
1. Yes

8. Other (specify): _____ [drop down]
 0. No
 1. Yes

d. May we contact you at a later date? [drop down list]
 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

REMOVE CONTACT DISPLAY FROM ASSESSMENT – CONTACT INFORMATION IS A SEPARATE FORM

III. ASSESSMENT INTERVIEW

7. What race do you most strongly identify with:
 1. American Indian or Alaskan
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
 6. Don't know
 98. Veteran declined to answer
 99. Interviewer omitted item

8. What ethnicity do you most strongly identify with:
 0. Non-Hispanic/Non-Latino
 1. Hispanic/Latino
 2. Don't know
 98. Veteran declined to answer
 99. Interviewer omitted item

9. What is your current marital status? (*choose most recent marital status*)[drop down list]
 1. Married
 2. Remarried
 3. Widowed
 4. Separated
 5. Divorced
 6. Never married
 7. Committed relationship/partnered
 98. Veteran declined to answer
 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).

<u>Elementary-Middle-High School</u>	<u>Junior/Comm/4-year College</u>	<u>Grad/Professional</u>
1- 2- 3- 4- 5- 6- 7- 8- 9- 10- 11- 12	13- 14- 15 -16	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*).

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? [drop down list]
 1. Army
 2. Navy
 3. Marines
 4. Air Force
 5. Coast Guard
 98. Veteran declined to answer
 99. Interviewer Omitted Item

14. In which component of the military did you serve the longest? [drop down list]
- | | | |
|----------------------------|--------------------------------|------------------------------|
| 1. Active Duty (Regular) | 3. Reserves (Active) | 99. Interviewer Omitted Item |
| 2. National Guard (Active) | 98. Veteran declined to answer | |

15. What was the rank status of your longest military service? [drop down list]
- | |
|--------------------------------|
| 1. Enlisted |
| 2. Warrant Officer |
| 3. Commissioned Officer |
| 98. Veteran declined to answer |
| 99. Interviewer omitted item |

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] _____

See Veteran table of Equivalent Military ranks

17. Are you currently serving in the military on active duty or active in the Reserves or National Guard? [drop down list]
- | | | |
|----------------------------|-----------------------------|--------------------------------|
| 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 (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
b. Korean War	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
c. Vietnam War	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
d. Persian Gulf War (Operation Desert Storm)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
e. Afghanistan (Operation Enduring Freedom)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
f. Iraq (Operation Iraqi Freedom)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
g. Iraq (Operation New Dawn)	0. No (default) 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 (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item

19. Did you ever receive hostile or friendly fire in a combat zone? [drop down list]
- | |
|--------------------------------|
| 0. No |
| 1. Yes |
| 98. Veteran declined to answer |
| 99. Interviewer omitted item |

V. LIVING SITUATION

20. During the past 30 days (1 month), how many days did you sleep in the following kinds of places? *Please make sure that responses to 20 a-t add up to 30 days*

Select if Veteran declined to answer or interviewer omitted item

[drop down list]

(Default is blank)

98. Veteran declined to answer

99. Interviewer omitted item

(Default is 0)

a. Housing owned by Veteran, <u>no ongoing</u> housing subsidy	_____
b. Housing owned by Veteran, <u>with ongoing</u> housing subsidy	_____
c. Housing rented by Veteran, <u>no ongoing</u> housing subsidy	_____
d. Housing rented by Veteran <u>with</u> HUD-VASH voucher	_____
e. Housing rented by Veteran <u>with non</u> -HUD-VASH housing subsidy	_____
f. Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO MOD Rehab)	_____
g. Staying or living in family member's room, apartment or house	_____
h. Staying or living in a friend's room, apartment or house	_____
i. GPD transitional housing	_____
j. Non-VA transitional housing for homeless persons	_____
k. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)	_____
l. VA MH RRTP [all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP]	_____
m. VA contracted residential treatment programs (<i>ATU-HWH or HCHV contract</i>)	_____
n. Non-VA residential treatment program	_____
o. Non-psychiatric hospital (acute care)	_____
p. Psychiatric hospital (acute care)	_____
q. Hotel or motel paid for <u>without</u> emergency shelter voucher	_____
r. Emergency shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher	_____
s. Prison, jail	_____
t. Place not meant for habitation (outdoors, automobile, truck, boat)	_____
Total Days	[calculated sum of 20 a-t]

21. In which one of the above locations did you sleep last night? (Code a-t)**Code "98" if Veteran declined to answer. Code 99" if interviewer omitted item.**22. What is the zip code of that location? Code N in 1st space if unknown.

23. Are you living with others at that location? 0= No 1=Yes 98=Veteran declined to answer 99=Interviewer omitted item

If yes, does the household include:23a. spouse / significant other? [drop down list]
0= No 1=Yes

23b. children under 18 (list number)? _____

23c. related adults (list number)? _____

23d. unrelated adults (list number)? _____

24. Housing stability:

How would you describe your current housing situation?

1. Literally homeless

2. Imminent risk of losing housing

3. Unstably housed/at risk of losing housing

4. Stably housed

5. Don't know

98. Veteran declined to answer

99. Interviewer omitted item

25. How long have you been homeless? *Time homeless is amount of time since client had an apartment, room or house to stay in for 30 days or more minus time spent in institutional settings like hospitals or jail/prison during this time.* [drop down list]

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

26. How many separate episodes of homelessness have you experienced in the last three years? *Include current episode of homelessness.* [drop down list]

- | | | |
|---|-----------|--------------------------------|
| 0 | 3 | 98. Veteran declined to answer |
| 1 | 4 | 99. Interviewer omitted item |
| 2 | 5 or more | |

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

- | | | |
|----------------------|-------------------------------|--------------------------------|
| 0. None | 2. Between 1 month and 1 year | 98. Veteran declined to answer |
| 1. Less than 1 month | 3. More than 1 year | 99. Interviewer omitted item |

VI. EMPLOYMENT AND INCOME

28. Which best describes your employment pattern in the last 3 years? [drop down list]

- | | |
|--|--|
| 0. Full time (40 hrs/wk) | 6. Military Service |
| 1. Full time (irregular) | 7. Retired / disability |
| 2. Part time (regular hours) | 8. Unemployed |
| 3. Part time (irregular day work) | 9. Controlled environment (e.g., hospital, prison) |
| 4. VA CWT or other vocational training program | 98. Veteran declined to answer |
| 5. Student | 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?

- [drop down list]
 0. No
 1. Yes
 98. Veteran declined to answer
 99. Interviewer omitted item

If yes, list amount in each category

Default to 0

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	[calculated sum of 30 a-p]
--------------	----------------------------

31. Did you receive any non-cash benefits in the past 30 days? [drop down list]
 0. No
 1. Yes
 98. Veteran declined to answer
 99. Interviewer omitted item

If yes, select each category

[drop down list]

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

32. Do you have any significant outstanding debts? [drop down list]
 [default is blank]
 0. No
 1. Yes
 98. Veteran declined to answer
 99. Interviewer omitted item

If yes, please specify debt sources...

a. housing loans	0 = No (default) 1=Yes
b. student loans	0 = No (default) 1=Yes
c. other loans (personal, auto, etc)	0 = No (default) 1=Yes
d. credit card debt	0 = No (default) 1=Yes
e. child support	0 = No (default) 1=Yes
f. alimony	0 = No (default) 1=Yes
g. medical expenses (self or dependents)	0 = No (default) 1=Yes
h. fines or other legal obligations	0 = No (default) 1=Yes
i. outstanding tax bills	0 = No (default) 1=Yes
j. other (specify) _____	0 = No (default) 1=Yes

33. Do you currently have a representative payee or fiduciary? [drop down list]
 0. No
 1. Yes
 98. Veteran declined to answer
 99. Interviewer omitted item

VII. CLINICAL STATUS

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

[drop down list]

0. Excellent

1. Very Good

2. Good

3. Fair

4. Poor

98. Veteran declined to answer

99. Interviewer omitted item

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

[drop down list]

0. Excellent

1. Very Good

2. Good

3. Fair

4. Poor

98. Veteran declined to answer

99. Interviewer omitted item

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

a. HIV/AIDS	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
b. Hepatitis C	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
c. Tuberculosis (TB) or positive PPD	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
d. Chronic Obstructive Pulmonary Disease (COPD)	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
e. Heart disease	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
f. Stroke	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
g. Diabetes	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
h. Seizures	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
i. Chronic Pain	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
j. Other (specify) _____	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item

37. Do you use tobacco products?

[drop down list]

[default to "select"]

0. No

1. Yes

98. Veteran declined 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?

[drop down list]

0. Not at all

- 1. Slightly
- 2. Moderately
- 3. Considerably
- 4. Extremely
- 98. Veteran declined to answer
- 99. Interviewer omitted item

42. Have you ever received professional treatment for alcohol or other substance use disorder?
[drop down list]

- 0. No
- 1. Yes
- 98. Veteran declined 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)* [drop down list]
0=No
1=Yes
98=Veteran declined to answer
99=Interviewer omitted item

[END OF INTERVIEW QUESTIONS]

VIII. CLINICAL IMPRESSIONS

44. Which of the following treatment concerns apply to this Veteran?

a. Alcohol use disorder	0. No (default) 1. Yes
b. Drug use disorder	0. No (default) 1. Yes
c. Gambling problem or pathological gambling	0. No (default) 1. Yes
d. Schizophrenia	0. No (default) 1. Yes
e. Other psychotic disorder	0. No (default) 1. Yes
f. Bipolar disorder	0. No (default) 1. Yes
g. Military related PTSD	0. No (default) 1. Yes
h. Non-Military related PTSD	0. No (default) 1. Yes
i. Anxiety disorder	0. No (default) 1. Yes
j. Affective disorder <i>(including depression)</i>	0. No (default) 1. Yes
k. Adjustment disorder	0. No (default) 1. Yes
l. Nicotine dependence	0. No (default) 1. Yes
m. Organic brain syndrome	0. No (default) 1. Yes
n. Personality disorder	0. No (default) 1. Yes
o. Other psychiatric disorder	0. No (default) 1. Yes

45a. Does this Veteran need psychiatric treatment at this time? [drop down list]
0= No
1=Yes

45b. Is the Veteran interested and willing to participate in psychiatric treatment? [drop down list]
0= No
1=Yes
2=Don't know

46a. Does this Veteran need substance abuse treatment at this time? [drop down list]
0= No
1=Yes

46b. Is the Veteran interested and willing to participate in substance abuse treatment? [drop down list]
0= No
1=Yes
2=Don't know

- 47a. Does this Veteran need medical treatment at this time? [drop down list]
0= No
1=Yes
- 47b. Is the Veteran interested and willing to participate in medical treatment? [drop down list]
0= No
1=Yes
2=Don't know
- 48a. Does this Veteran need case management? [drop down list]
0= No
1=Yes
- 48b. Is the Veteran interested and willing to participate in case management treatment? [drop down list]
0= No
1=Yes
2=Don't know
- 49a. Does the Veteran need assistance with family problems? [drop down list]
0= No
1=Yes
- 49b. Is the Veteran interested and willing to participate in treatment for family problems? [drop down list]
0= No
1=Yes
2=Don't know
50. Is this Veteran a danger to self or others? [drop down list]
0= No
1=Yes
51. Is this Veteran in danger from others (e.g., gang violence, fleeing domestic violence)? [drop down list]
0= No
1=Yes

IX: REFFERAL PLANS

What are your immediate plans for referral or treatment of the Veteran at this time?

VA Specialized Homeless Services:

52. Case Management Services
- a. HUD-VASH Case Management Services (intensive case management with permanent housing)
[drop down list with following choices, default is "0"]
 - 0. None
 - 1. Yes
 - b. HCHV Case Management services (direct case management beyond referral to other services)
[drop down list with following choices, default is "0"]
 - 0. None
 - 1. Yes
53. Residential treatment / transitional housing
[drop down list with following choices, default is "0"]
- 0. None
 - 1. HCHV Emergency Housing program
 - 2. HCHV Contract Residential Treatment
 - 3. HCHV Safe Haven program
 - 4. GPD transitional housing
 - 5. DCHV residential treatment
 - 6. CWT/TR residential treatment
 - 7. Other MH RRTP residential treatment (e.g., SA RRTP, PTSD RRTP, General RRTP)

If item 53 is 7 ("Yes"):

53a. 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

54. Services for Justice-Involved Veterans:
[drop down list with following choices, default is "0"]

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

55. VA prevention services [drop down list for 55]
 a. HUD-VA Pilot 0. No (default)
 b. Supported Service for Veterans Families (SSVF) 1. Referral made and service initiated – no further follow-up needed
 c. Rapid Rehousing 2. Referral made; will continue monitoring of care

[drop down list for 56-74]
[default to "None"]

0. None
1. Referral made and service initiated – no further follow-up needed.
2. Referral made; will continue monitoring of care

VA treatment services

56. VA Emergency Room (medical or psychiatric)
57. VA detoxification services
58. VA mental health or substance abuse services
59. VA medical services
60. VA vocational rehabilitation programs (including VA CWT/SE)

VBA Services

61. Disability compensation
62. Pension benefits
63. Education
64. Loan guaranty
65. Vocational rehabilitation and employment
66. Insurance

Non-VA services

67. Basic services (e.g., food, clothing, transportation)
68. Non-VA housing
69. Non-VA social vocational assistance
70. Non-VA income resources and non-cash benefits:
 - a. SSI or SSDI
 - b. TANF
 - c. Food Stamps or SNAP
 - d. GA (General Assistance)
 - e. WIC
71. Non-VA Emergency Room (medical or psychiatric)
72. Non-VA detoxification services
73. Non-VA mental health or substance abuse services

X. INTERVIEWER INFORMATION

74. Main program affiliation of interviewer [drop down list]
 1. HUD-VA Supported 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 _____

75. How was contact for this interview initiated? [drop down list]:

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) Additional Referral Form

Shaded items show elements that are collected elsewhere in HOMES

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

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

Lead Case Manager _____

Primary VAMC being referred to..... _____

Secondary VAMC being referred to..... _____

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. Sex 1. Male 2. Female

II. REFFERAL PLANS

What are your immediate plans for referral or treatment of the Veteran at this time?

VA Specialized Homeless Services:

5. Case Management Services

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

[drop down list with following choices, default is "0"]

- 0. None
- 1. Yes

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

[drop down list with following choices, default is "0"]

- 0. None
- 1. Yes

6. Residential treatment / transitional housing

[drop down list with following choices, default is "0"]

- 0. None
- 1. HCHV Emergency Housing program
- 2. HCHV Contract Residential Treatment
- 3. HCHV Safe Haven program
- 4. GPD transitional housing
- 5. DCHV residential treatment
- 6. CWT/TR residential treatment
- 7. Other MH RRTP residential treatment (e.g., SA RRTP, PTSD RRTP, General RRTP)

<MH RRTP lies
outside of HOMES >

If item 6 is 7 ("Yes"):

6a. 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

7. Services for Justice-Involved Veterans:
[drop down list with following choices, default is "0"]
0. None
 1. Veterans Justice Outreach (VJO)
 2. Healthcare for Re-entry Veterans (HCRV)
8. VA prevention services [drop down list for 8]
- a. HUD-VA Pilot 0. No (default)
 - b. Supported Service for Veterans Families (SSVF) 1. Referral made and service initiated – no further follow-up needed
 - c. Rapid Rehousing 2. Referral made; will continue monitoring of care
- [drop down list for 9-26]
[default to "None"]
0. None
 1. Referral made and service initiated – no further follow-up needed.
 2. Referral made; will continue monitoring of care

VA treatment services

9. VA Emergency Room (medical or psychiatric)
10. VA detoxification services
11. VA mental health or substance abuse services
12. VA medical services
13. VA vocational rehabilitation programs (including VA CWT/SE)

VBA Services

14. Disability compensation
15. Pension benefits
16. Education
17. Loan guaranty
18. Vocational rehabilitation and employment
19. Insurance

Non-VA services

20. Basic services (e.g., food, clothing, transportation)
21. Non-VA housing
22. Non-VA social vocational assistance
23. Non-VA income resources and non-cash benefits:
 - a. SSI or SSDI
 - b. TANF
 - c. Food Stamps or SNAP
 - d. GA (General Assistance)
 - e. WIC
24. Non-VA Emergency Room (medical or psychiatric)
25. Non-VA detoxification services
26. Non-VA mental health or substance abuse services

HCHV Case Management Entry Form

Shaded items are collected in other parts of HOMES

Staff Login: _____

VA Site: _____

Last Name: _____

First Name: _____

SSN: _____

DOB: _____

HOMES Episode Start Date: _____

Primary VAMC: _____

Lead Case Manager: _____

Secondary VAMC: _____

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

1. Will the Veteran receive HCHV case management services? 0= No 1=Yes

2. Date of program entry decision ____ / ____ / ____

If the Veteran did not enter program

3. Select the main reason why Veteran did not enter HCHV case management:
[drop down list]

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:_____)

Comment reason why optional

HCHV Case Management Exit Form

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date

Program Entry Date:

Lead Case Manager:

Primary VAMC:

Secondary VAMC:

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*).....

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 at this time
7. Veteran is incarcerated
8. Veteran is deceased
9. Other (specify):

III. Status at Program Exit

6. What is the Veteran's housing arrangement at program exit? [drop down list]

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 SHP, S+C, or SRO MOD Rehab)
7. Staying or living in family member's room, apartment or house
8. Staying or living in friend's room, apartment or house
9. GPD transitional housing
10. Non-VA transitional housing for homeless persons
11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)

12. VA Mental Health Residential Rehabilitation Program (MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP)
13. VA contracted residential treatment programs (ATU-HWH or HCHV contract)
14. Non-VA residential treatment program
15. Non-psychiatric hospital (acute care)
16. Psychiatric hospital (acute care)
17. Hotel or motel paid for <u>without</u> emergency shelter voucher
18. Emergency shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher
19. Prison, jail
20. Place not meant for habitation (outdoors, automobile, truck, boat)
21. Don't know

7. What is the zip code of that location? Code N in 1st space if unknown. _____
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?

[drop down list]
 0= No
 1=Yes
 99=Case manager omitted item

If yes, list 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)

Default to 0

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	[calculated sum of a-p]

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

[drop down list]
 0= No
 1=Yes
 99=Case manager omitted item

a. Medicaid health insurance program or similar local program	0. No (default) 1. Yes
b. Medicare health insurance program or similar local program	0. No (default) 1. Yes
c. Temporary Rental Assistance	0. No (default) 1. Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	0. No (default) 1. Yes
e. Veteran Service Organizations	0. No (default) 1. Yes
f. State Children's Health Insurance Program or similar local program	0. No (default) 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	0. No (default) 1. Yes

h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	0. No (default) 1. Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	0. No (default) 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	0. No (default) 1. Yes
k. Other TANF-funded services	0. No (default) 1. Yes
l. Bus, subway, train or cab voucher	0. No (default) 1. Yes
m. Other	0. No (default) 1. Yes

IV. Follow-up Arrangements

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

15. Alcohol problems [drop down list]
 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 providers
16. Drug problems [drop down list]
 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 providers
17. Mental health problems (other than drug or alcohol) [drop down list]
 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 providers
18. Medical problems [drop down list]
 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 providers
19. Social and recreational deficits [drop down list]
 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 providers
20. Vocational skill deficits [drop down list]
 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 providers

HCRV Entry Form

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date:
Lead Case Manager:

Primary VAMC:
Secondary VAMC:

Staff Login (first and last name)

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

I. VETERAN INFORMATION

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

2. Social Security Number.....

3. Date of Birth (mm/dd/yy).....

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

4. Did the Veteran enter the HCRV program?

[drop down list]

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?
[drop down list]

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 _____)

Comment - Reason Why (optional):

II. INITIAL CONTACT WITH HCRV PROGRAM

7. Where did HCRV staff make initial contact with this Veteran? [drop down list]

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? [drop down list]
 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 and submit form]

9. Veteran's State or Federal Corrections Identification Number [9- digit text field]

For what type of offense(s) is the Veteran currently being held?

10-15

10. Violent offense <u>Examples:</u> Murder, manslaughter, assault, sexual assault including rape or child molestation, robbery, domestic violence or other violent offense}	[drop down list] 0. No (default) 1. Yes
11. Property offense <u>Examples:</u> (click on 'Example' to display examples) Burglary, breaking & entering, larceny, motor vehicle theft, fraud, stolen property, arson, shoplifting, vandalism, other property offense}	[drop down list] 0. No (default) 1. Yes
12. Drug offense <u>Examples:</u> (click on 'Example' to display examples) Possession, trafficking, other drug offense}	[drop down list] 0. No (default) 1. Yes
13. Public order offense <u>Examples:</u> (click on 'Example' to display examples) Weapons offense, prostitution, public intoxication, disorderly conduct, DWI, other public order offense}	[drop down list] 0. No (default) 1. Yes
14. Probation / parole violation	[drop down list] 0. No (default) 1. Yes
15. Other / unspecified	[drop down list] 0. No (default) 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? [drop down list]
 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? [drop down list]
 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) _____ [drop down box]

19. What will be the Veteran's status upon release (including after release from corrections halfway house or work release facility) : [drop down list]
- ☐ 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? [drop down list]
0= No 1=Yes 99=Don't know/omitted
- a. If yes, what is the total amount? \$ _____ , _____ . 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 — ?
[drop down list]
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? [drop down list]
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 Form

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date:

Primary VAMC:

Lead Case Manager

Secondary VAMC:

Program Entry Date:

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*)..... / /

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?

[Drop-down list]

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 did not comply with HCRV program rules
4. Veteran is no longer interested in participating in this program
5. Veteran released from prison to a geographic area not served by this HCRV program
6. Veteran cannot be located
7. Veteran too ill to participate in HCRV at this time
8. Veteran is incarcerated
9. Veteran is deceased
10. Other (please specify)

III. Status at Program Exit

6. What is the Veteran's housing arrangement at program exit? [drop down list]

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 SHP, S+C, or SRO MOD Rehab)
7. Staying or living in family member's room, apartment or house
8. Staying or living in friend's room, apartment or house
9. GPD transitional housing
10. Non-VA transitional housing for homeless persons
11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)

- 12. VA Mental Health Residential Rehabilitation Program (MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP)
- 13. VA contracted residential treatment programs (ATU-HWH or HCHV contract)
- 14. Non-VA residential treatment program
- 15. Non-psychiatric hospital (acute care)
- 16. Psychiatric hospital (acute care)
- 17. Hotel or motel paid for without emergency shelter voucher
- 18. Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- 19. Prison, jail
- 20. Place not meant for habitation (outdoors, automobile, truck, boat)
- 21. Don't know

7. What is the zip code of that location? Code N in 1st space if unknown. _____

8. Housing stability: How would you describe the Veteran's housing situation at program exit? [drop down list]

- 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? [drop down list]

- 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? [drop down list]

- 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 Veterans 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

12. What is the Veterans 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

13. Did the Veteran receive any money in the 30 days prior to program exit ?
[drop down list]
- 0.No
 - 1.Yes
 99. Case Manager omitted item

If yes, list 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)

	Default to 0
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	[calculated sum of a-p]

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

[drop down list]

0.No

1.Yes

99. Case Manager omitted item

If yes, select each category

	[drop down list]
a. Medicaid health insurance program or similar local program	0= No (default) 1=Yes
b. Medicare health insurance program or similar local program	0= No (default) 1=Yes
c. Temporary Rental Assistance	0= No (default) 1=Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	0= No (default) 1=Yes
e. Veteran Service Organizations	0= No (default) 1=Yes
f. State Children's Health Insurance Program or similar local program	0= No (default) 1=Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	0= No (default) 1=Yes

h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	0= No (default) 1=Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	0= No (default) 1=Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	0= No (default) 1=Yes
k. Other TANF-funded services	0= No (default) 1=Yes
l. Bus, subway, train or cab voucher	0= No (default) 1=Yes
m. Other	0= No (default) 1=Yes

IV. Follow-up Arrangements

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

15. Alcohol problems [drop down list]

- 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 providers

16. Drug problems [drop down list]

- 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 providers

17. Mental health problems (other than drug or alcohol) [drop down list]

- 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 providers

18. Medical problems [drop down list]

- 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 providers

19. Social and recreational deficits [drop down list]

- 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 providers

20. Vocational skill deficits [drop down list]

- 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 providers

REMINDER: Please update Veteran contact information as necessary.

Homeless Operations Management and Evaluation System (HOMES) Residential Treatment Entry Form

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: _____

VA Site: _____

Last Name: _____

First Name: _____

SSN: _____

DOB: _____

HOMES Episode Start Date: _____

Primary VAMC: _____

Lead Case Manager: _____

Secondary VAMC: _____

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 item 3a & 3b; if **NO** skip to item 4

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

3b. Residential program type

1. Grant and Per Diem (GPD)
2. HCHV contract residential treatment program (including HCHV Emergency Housing)
3. Domiciliary Care for Homeless Veterans (DCHV) Program
4. Compensated Work Therapy / Transitional Residence (CWT/TR) Program
5. Safe Haven(special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)

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

Program Code: _____ - _____ - _____

Program Name: _____

If the Veteran **did not** enter program

4. Select the main reason why Veteran did not enter a residential program:
[drop down list]
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:_____)

Comment reason why optional

Homeless Operations Management and Evaluation System (HOMES) Residential Treatment Exit Form

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.

I. Veteran Information

Veteran's Name _____

Social Security Number _____

Veteran's Date of Birth (code mm/dd/yy) _____

II. Residential Treatment Stay

Program Type: _____

HOMES Episode Start Date: _____

Project Code: _____

Lead Case Manager: _____

Primary VAMC: _____

Program Name: _____

Secondary VAMC: _____

1. Period covered by this report
(Code dates: mm/dd/yy)

Entry date: ____ / ____ / ____

Exit date: ____ / ____ / ____

1a. Billable Days (LOS) and Cost of Care

Unpaid days: ____

Billable days (LOS): ____

Cost of treatment (round to nearest dollar): \$ ____ , ____

1b. CWT/TR: Work/Earnings/Rent Summary

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. The Veteran ended residential treatment because:

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

- 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? [drop down list]

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 SHP, S+C, or SRO MOD Rehab)
7. Staying or living in family member's room, apartment or house
8. Staying or living in friend's room, apartment or house
9. GPD transitional housing
10. Non-VA transitional housing for homeless persons
11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)
12. VA Mental Health Residential Rehabilitation Program (<i>MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP</i>)
13. VA contracted residential treatment programs (<i>ATU-HWH or HCHV contract</i>)
14. Non-VA residential treatment program
15. Non-psychiatric hospital (acute care)
16. Psychiatric hospital (acute care)
17. Hotel or motel paid for <u>without</u> emergency shelter voucher
18. Emergency shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher
19. Prison, jail
20. Place not meant for habitation (outdoors, automobile, truck, boat)
21. Don't know

4. What is the zip code of that location? *Code N in 1st space if unknown.* _____

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

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

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?

[drop down list]
 0= No
 1=Yes
 99=Case manager omitted item

Default to 0

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	[calculated sum of a-p]

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

[drop down list]

0= No

1=Yes

99=Case manager omitted item

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

IV. Follow-up Arrangements

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

12. Alcohol problems [drop down list]

- 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 providers

13. Drug problems [drop down list]

- 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 providers

14. Mental health problems (other than drug or alcohol) [drop down list]

- 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 providers

15. Medical problems [drop down list]
- 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 providers
16. Social and recreational deficits [drop down list]
- 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 providers
17. Vocational skill deficits [drop down list]
- 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 providers

HUD-VASH Entry Form

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date:

Primary VAMC:

Lead Case Manager:

Secondary VAMC:

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*)..... / /

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 HUD-VASH program? [drop down list]
0= No 1=Yes

5. Date of entry decision (*mm/dd/yy*): / /

⇒ If the Veteran did not enter the HUD-VASH program, answer item 6 only (do not complete remainder of form):

6. Select the main reason why Veteran did not enter the HUD-VASH program:
[drop down list]

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. Veteran no longer eligible for the program (e.g. over income)
6. Veteran is incarcerated
7. Veteran did not meet program eligibility requirements
8. Other (specify: _____)

Comment – reason why: _____

7a. Was a Housing Recovery Plan completed and signed by both Veteran and HUD-VASH clinician? (**If no, skip to item 8**) [drop down list]
0= No 1=Yes 99=Omitted

7b. If yes, date the Housing Recovery Plan completed and signed (*mm/dd/yy*)..... / /

8. Where the Veteran currently lives, does he or she have a say in choosing...?

[Code 0=No, 1=Yes, 9=Not applicable or don't know]

[drop down list for 8a-8q with choices listed at left]

a. The place he/she lives	_____
b. The people he/she lives with	_____
c. Decorating and furnishing	_____
d. When visitors can come over	_____
e. Whether to have overnight guests	_____
f. Who has a key to the place other than the landlord and housemate(s)	_____
g. How he/she spends the day	_____
h. Who can come over	_____
i. When the landlord and super can come over	_____

j. When case managers can come to see him/her	_____
k. Whether to participate in services to stay in the place where he or she lives (e.g. groups, NA, AA)	_____
l. Whether or not to attend religious services to stay in the place where he/she lives	_____
m. The food that he/she purchases	_____
n. Whether to lock the room door	_____
o. To come and go at any time without having to notify people	_____
p. When to cook meals and what he/she can eat	_____
q. Whether he/she lives in a building where other clients live	_____

HUD-VASH Exit Form

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date

Lead Case Manager:

Program Entry Date:

Primary VAMC:

Most Recent Monthly Status Report Date:

Secondary VAMC:

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*)..... / /

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?
[Drop-down list with the following choices]

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): _____

6. What is the status of the Veteran's HUD-VASH voucher?
[drop down list]

- | | |
|--|---|
| 1. Veteran will continue to use the voucher | 5. Veteran voluntarily returned the voucher |
| 2. Veteran exited the program prior to voucher receipt | 6. Voucher was revoked |
| 3. Voucher was denied | 7. Other (please specify): _____ |
| 4. Voucher expired | _____ |

III. Status at Program Exit

7. What is the Veteran's housing arrangement at program exit? [drop down list]

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 SHP, S+C, or SRO MOD Rehab)
7. Staying or living in family member's room, apartment or house
8. Staying or living in friend's room, apartment or house
9. GPD transitional housing
10. Non-VA transitional housing for homeless persons
11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)
12. VA Mental Health Residential Rehabilitation Program (*MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP*)
13. VA contracted residential treatment programs (*ATU-HWH or HCHV contract*)
14. Non-VA residential treatment program
15. Non-psychiatric hospital (acute care)
16. Psychiatric hospital (acute care)
17. Hotel or motel paid for without emergency shelter voucher
18. Emergency shelter, including hotel or motel paid for with emergency shelter voucher
19. Prison, jail
20. Place not meant for habitation (outdoors, automobile, truck, boat)
21. Don't know

8. What is the zip code of that location? *Code N in 1st space if unknown.* _____

9. Housing stability:
How would you describe the Veteran's housing situation at program exit? [drop down list]

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

10. With whom will the Veteran be living at program exit? [drop down list]

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? [drop down list]

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? [drop down list]
 0= No
 1=Yes
 99=Case manager omitted item

If yes, list amount in each category

Default to 0

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	[calculated sum of 14(a-p)]

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

[drop down list]

0= No

1=Yes

99=Case manager omitted item

Default to 0

a. Medicaid health insurance program or similar local program	<input type="checkbox"/>
b. Medicare health insurance program or similar local program	<input type="checkbox"/>
c. Temporary Rental Assistance	<input type="checkbox"/>
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/>
e. Veteran Service Organizations	<input type="checkbox"/>
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/>

g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/>
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/>
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/>
k. Other TANF-funded services	<input type="checkbox"/>
l. Bus, subway, train or cab voucher	<input type="checkbox"/>
m. Other	<input type="checkbox"/>

IV. Follow-up Arrangements

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

16. Alcohol problems [drop down list]

- 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 [drop down list]

- 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) [drop down list]

- 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 [drop down list]

- 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 [drop down list]

- 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 [drop down list]

- 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 Monthly Status Report

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date:

Program Entry Date:

Lead Case Manager:

Primary VAMC:

Secondary VAMC:

Staff Login (first and last name)

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

Report Sequence Number

Date Range Covered in this Report

Start of Reporting Period (mm/dd/yy)

End of Reporting Period (mm/dd/yy)

Date of this report (mm/dd/yy).....

I. VETERAN IDENTIFICATION

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

2. Social Security number.....

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

II. HOUSING PROGRESS

4. What is the Veteran's voucher status as of this report? [drop down list]

1. Referral package not yet forwarded to PHA
2. Referral package forwarded to PHA; decision pending (including re-application following voucher denial, revocation, expiration, etc.)
3. Voucher has been denied
4. Voucher has been awarded; Veteran has not yet moved into HUD-VASH housing
5. Voucher has been awarded; Veteran has moved into HUD-VASH housing
6. Voucher has expired or been revoked
7. Voucher has been ported locally (same medical center, different PHA)

5. PHA Number (e.g."AA123").....

6. Date referral package was forwarded to the PHA (mm/dd/yy).....

7. Date voucher was issued by the PHA (mm/dd/yy).....

8. Date voucher was denied by the PHA (mm/dd/yy).....

9. Date voucher was revoked or expired (mm/dd/yy).....

10. Date housing selected by the Veteran (mm/dd/yy).....

11. Date of Safety Inspection (mm/dd/yy).....

12. Date Housing Assistance Payment (HAP) Contract signed (mm/dd/yy).....

13. Date Veteran moved into HUD-VASH housing (mm/dd/yy).....

14. Date voucher was ported (mm/dd/yy).....

III. CASE MANAGEMENT CONTACTS

15. Did the Veteran have contact with a HUD-VASH clinician (either the current HUD-VASH case manager or another HUD-VASH clinician) for case management during the past 30 days? [drop down list]
0= No 1=Yes
16. How many contacts did you have with this Veteran, his or her family and others on his or her behalf in the past 30 days? *[Include contacts by current case manager and former/acting HUD-VASH clinicians]* **Default to 0**

a. Veteran [face-to-face visits]	_____	_____
b. Veteran [telephone / mail]	_____	_____
c. Family	_____	_____
d. Non-family caregivers (e.g., home health care provider, visiting nurse)	_____	_____
e. Community agencies (not including PHA)	_____	_____
f. PHA	_____	_____
g. VA health care providers	_____	_____
h. Non-VA health care providers	_____	_____
i. Landlords (face-to-face visits and telephone)	_____	_____

17. How many face-to-face visits with the Veteran occurred in the Veteran's apartment during the past 30 days? _____

IV. RESIDENTIAL STATUS

18. What was the Veteran's housing arrangement the last time you had contact with him/her during this reporting period? [drop down list]
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 SHP, S+C, or SRO MOD Rehab)
 7. Staying or living in family member's room, apartment or house
 8. Staying or living in friend's room, apartment or house
 9. GPD transitional housing
 10. Non-VA transitional housing for homeless persons
 11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)
 12. VA Mental Health Residential Rehabilitation Program (MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP)
 13. VA contracted residential treatment programs (ATU-HWH or HCHV contract)
 14. Non-VA residential treatment program
 15. Non-psychiatric hospital (acute care)
 16. Psychiatric hospital (acute care)
 17. Hotel or motel paid for without emergency shelter voucher
 18. Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 19. Prison, jail
 20. Place not meant for habitation (outdoors, automobile, truck, boat)
 21. Don't know

19. What is the zip code of that location? Code N in 1st space if unknown. _____

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

[drop down list]

0= No

1=Yes (answer 20a-d)

99=Case manager omitted item

If yes, does the household include:

a. spouse / significant other?

[drop down list]

0= No 1=Yes 99=Case manager omitted item

b. children under 18 (list number)?

c. related adults (list number)?

d. unrelated adults (list number)?

V. EMPLOYMENT AND INCOME STATUS

21. Which best describes the Veteran's employment pattern in the last 30 days? [drop down list]

0. Full time (40 hrs/wk)

6. Military Service

1. Full time (irregular)

7. Retired / disability

2. Part time (regular hours)

8. Unemployed

3. Part time (irregular day work)

9. Controlled environment (e.g., hospital, prison)

4. VA CWT or other vocational training program

99. Case manager omitted item

5. Student

22. Did the Veteran receive any money during the past 30 days?

[drop down list]

0= No

1=Yes

99=Case manager omitted item

If yes, list average monthly amount in each category

Default to 0

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	[calculated sum of 22(a-p)]

23. Did the Veteran receive any non-cash benefits during the past 30 days?

[drop down list]

0= No

1=Yes

99=Case manager omitted item

If yes, select each category

[drop down list]

a. Medicaid health insurance program or similar local program	0= No (default) 1=Yes
b. Medicare health insurance program or similar local program	0= No (default) 1=Yes
c. Temporary Rental Assistance	0= No (default) 1=Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	0= No (default) 1=Yes

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

24. Does the Veteran currently have a representative payee or fiduciary?

[Drop down list]

0= No 1=Yes

99= Case manager omitted item

If yes:

a. Is this person a: [drop down list]

1. Family member
2. Friend
3. Landlord
4. Lawyer, banker or accountant
5. Mental health provider or other clinician
6. Other
99. Case manager omitted item

VI. HEALTH CARE STATUS

25. How has this Veteran's **community adjustment** changed in the past 30 days? [drop down list]

1. Greatly worsened
2. Somewhat worsened
3. Stayed the same
4. Somewhat improved
5. Greatly improved
99. Case manager omitted item

26. Has the Veteran had increased social and/or family contacts in the past 30 days?

[drop down list]

0= No 1=Yes

99=Case manager omitted item

27. Was the Veteran hospitalized for an unscheduled medical condition in the past 30 days?

[drop down list]

0= No 1=Yes

99=Case manager omitted item

28. Did the Veteran present to an emergency room for a medical condition in the past 30 days?

[drop down list]

0= No 1=Yes

99=Case manager omitted item

29. Was the Veteran hospitalized for any mental health condition in the past 30 days?

[drop down list]

0= No 1=Yes

99=Case manager omitted item

30. Did the Veteran have any emergency room visits related to mental health in the past 30 days?

[drop down list]

0= No 1=Yes

99=Case manager omitted item

VII. SUBSTANCE ABUSE

31. Review the clinical rating scale for Veteran's use of alcohol in the past 30 days (shown above) and indicate your assessment [drop down list]

1. Abstinence
2. Use without impairment
3. Abuse
4. Dependence
5. Severe dependence

32. Review the clinical rating scale for Veteran's use of illegal drugs in the past 30 days (shown above) and indicate your assessment [drop down list]

- | | |
|---------------------------|----------------------|
| 1. Abstinence | 4. Dependence |
| 2. Use without impairment | 5. Severe dependence |
| 3. Abuse | |

VIII. SATISFACTION

33. Using the scale below, please tell us how satisfied the Veteran is with the following:

0	1	2	3	4
VERY DISSATISFIED	SOMEWHAT DISSATISFIED	MOSTLY SATISFIED	VERY SATISFIED	COMPLETELY SATISFIED

a. Current accommodations	[drop down list of choices listed above]
b. Safety of living situation	[drop down list of choices listed above]
c. Leisure activities	[drop down list of choices listed above]

Scoring Guide for Alcohol Use Assessment

Please rate your client's use of alcohol during the last 30 days according to the following scale. If the person is in an institution, the reporting interval is the time period prior to institutionalization. You should weight evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community etc.) in making this rating.	
Client has not used alcohol during this time interval.	Abstinent=1
Client has used alcohol during this time interval, but there is not evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.	Use Without Impairment=2
Client has used alcohol during this time interval and there is evidence of persistent or recurring social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use. For example, recurrent alcohol use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.	Abuse=3
Meets criteria for use without impairment, plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of alcohol use, continued use despite knowledge of substance related problems, marked tolerance, characteristic withdrawal symptoms, alcohol (drugs) taken to relieve or avoid withdrawal symptoms. For example, drinking binges and preoccupation with alcohol have caused client to drop out of job training and non-alcohol social activities.	Dependence=4
Meets criteria for dependence plus related problems are so severe that they make non-institutional living difficult. For example, constant drinking leads to disruptive behavior and inability to pay rent so that client is frequently reported to police and seeking hospitalization.	Dependence With Institutionalization=5

Scoring Guide for Drug Use Assessment

Please rate your client's use of drugs **during the last 30 days** according to the following scale. If the person is in an institution, the reporting interval is the time period prior to institutionalization. You should weight evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community etc.) in making this rating.

Client has not used drugs during this time interval.	Abstinent=1
Client has used drugs during this time interval, but there is not evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.	Use Without Impairment=2
Client has used drugs during this time interval and there is evidence of persistent or recurring social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use. For example, recurrent drug use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.	Abuse=3
Meets criteria for use without impairment, plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of substance related problems, marked tolerance, characteristic withdrawal symptoms, drugs taken to relieve or avoid withdrawal symptoms. For example, binges and preoccupation with drugs have caused client to drop out of job training and non-drug social activities.	Dependence=4
Meets criteria for dependence plus related problems are so severe that they make non-institutional living difficult. For example, constant drug use leads to disruptive behavior and inability to pay rent so that client is frequently reported to police and seeking hospitalization.	Dependence With Institutionalization=5

VJO Entry Form**Shaded items are collected in other parts of HOMES****HOMES Episode Start Date:****Primary VAMC:****Lead Case Manager:****Secondary VAMC:**Staff Login (*first and last name*)VA Site (*3-digit VAMC code plus 2-digit suffix, if any*)**I. VETERAN INFORMATION**1. Veteran's name (*last name, first initial*)

2. Social Security Number.....

3. Date of Birth (*mm/dd/yy*).....Date this form completed (*mm/dd/yyyy*).....

4. Will the Veteran receive VJO services?

[drop down list]

0= No 1=Yes

5. Date of program entry decision (*mm/dd/yy*):⇒ If the Veteran will not receive VJO services, answer items 6 and 7a and 7b only (*do not complete remainder of form*):

6. Select the main reason why Veteran did not enter the VJO program?

[drop down list]

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).....

Comment - Reason Why (optional):

II. INITIAL CONTACT WITH VJO PROGRAM

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

[drop down list]

1. Local, county or state jail

2. Criminal Court

3. Treatment Court (specify type in following item (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) _____

7b. Treatment court type? [drop down list] [only available if item 7a. above =3]

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 INVOLVEMENT

8. Is the Veteran currently involved with jail or courts? [drop down list]
0= No 1=Yes

[If item 8=no, skip to item 22]

9a. Veteran's Corrections Booking Number [9- digit text field]

9b. Veteran's State Corrections Identification Number [9- digit text field]

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	[drop down list] 0= No 1=Yes
11. Property offense <u>Examples:</u> Burglary, breaking & entering, larceny, motor vehicle theft, fraud, stolen property, arson, shoplifting, vandalism, other property offense	[drop down list] 0= No 1=Yes
12. Drug offense <u>Examples:</u> Possession, trafficking, other drug offense	[drop down list] 0= No 1=Yes
13. Public order offense <u>Examples:</u> Weapons offense, prostitution, public intoxication, disorderly conduct, DWI, other public order offense	[drop down list] 0= No 1=Yes
14. Probation / parole violation	[drop down list] 0= No 1=Yes
15. Other/ unspecified	[drop down list] 0= No 1=Yes

16. a. Is Driving Under the Influence (DUI) involved in the current case? [drop down list]
0= No 1=Yes
- b. Is domestic dispute involved in the current case? [drop down list]
0= No 1=Yes
- c. Are there arrearage or delinquency problems with any current child support orders? [drop down list]
0= No 1=Yes
- d. If 16c is "yes", what is the amount owed? \$ ____ , ____ . 0 0
17. Is the Veteran currently in jail? [If no, skip to item 22] [drop down list]
0= No 1=Yes

18. Does the Veteran have a definite release date? [drop down list]
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:
- County _____
- State (abbreviate) ____
20. What will the Veteran's status be upon release (including after release from corrections halfway house or work release facility)? [drop down list]
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 — ? [drop down list]
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 he or she was homeless, living on the street or in a shelter? [drop down list]
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) dropdown list
0= No(default) 1 = Yes
- a. upcoming court hearings
 - b. reporting requirements for parole, probation, or the court
 - c. employment restrictions

- d. outstanding warrants
- e. registry or housing requirements
- f. impact of long term institutionalization
- g. current or recent behavioral safety risk
- h. concurrent treatment requirements related to legal status (e.g. DUI, sex offender or domestic violence treatment)
- i. frequent jail incarceration
- j. non-criminal legal issues
- k. other (specify) _____

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: [drop down list]

- 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 __ __ / __ __ / __ __
(Code dates: mm/dd/yy)

29. Please indicate the status of clients not entering a Treatment Court: [drop down list]

- 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 Program Exit Form

Shaded items are collected in other parts of HOMES

HOMES Episode Start Date:

Primary VAMC:

Lead Case Manager

Secondary VAMC:

Program Entry Date:

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)..... / /

I. Veteran Information

Veteran's name (last name, first initial)

Social Security Number..... - -

Date of Birth / /

II. Reasons for Program Exit

Name of Treatment Court (if applicable)

1. Period covered by this report
(Code dates: mm/dd/yy)

Entry date: ____ / ____ / ____

Exit date: ____ / ____ / ____

Days: [calculated by HOMES]

III. Status at Program Exit

2. The Veteran ended VJO program involvement because [drop down list]

1. Successful completion of the VJO program
2. Veteran was asked to leave because of violation of VJO program rules
3. Veteran left the program by his/her own decision, without concurrence of the VJO program
4. Veteran became too ill (mentally or physically) to complete the program
5. Discharge status/information not available (outreach contact only or Veteran is deceased)
6. Veteran was transferred to another VJO program for administrative reasons

- 2a. If the Veteran ended VJO program involvement because of a rule violation, what was the most important reason? [drop down list]

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

3. What is the Veteran's housing arrangement at program exit? [drop down list]
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 SHP, S+C, or SRO MOD Rehab)
 7. Staying or living in family member's room, apartment or house
 8. Staying or living in friend's room, apartment or house
 9. GPD transitional housing
 10. Non-VA transitional housing for homeless persons
 11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)
 12. VA Mental Health Residential Rehabilitation Program (*MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP*)
 13. VA contracted residential treatment programs (*ATU-HWH or HCHV contract*)
 14. Non-VA residential treatment program
 15. Non-psychiatric hospital (acute care)
 16. Psychiatric hospital (acute care)
 17. Hotel or motel paid for without emergency shelter voucher
 18. Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 19. Prison, jail
 20. Place not meant for habitation (outdoors, automobile, truck, boat)
 21. Don't know
4. What is the zip code of that location? *Code N in 1st space if unknown.* _____
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? [drop down list]
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? [drop down list]
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? [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
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? [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
10. Did the Veteran receive any money in the 30 days prior to program exit? [drop down list]
0. No
 1. Yes
 99. VJO Specialist omitted item

Please round to whole dollar amounts and note comma placement (eg., \$452.76 should be entered as \$ __, 4 5 3 0 0)

If yes, list amount in each category

Default to 0

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	[calculated sum of a-p]

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

[drop down list]

0=No

1=Yes

99= VJO Specialist omitted item

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

IV. Follow-up Arrangements

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

12. Alcohol problems [drop down list]

- 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 providers

13. Drug problems [drop down list]

- 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 providers

14. Mental health problems (other than drug or alcohol) [drop down list]

- 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 providers

15. Medical problems [drop down list]

- 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 providers

16. Social and recreational deficits [drop down list]
- 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 providers
17. Vocational skill deficits [drop down list]
- 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 providers

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

— — —

REMINDER: Please update Veteran contact information as necessary.

VJO Treatment Court Progress Report Form**Shaded items are collected in other parts of HOMES****HOMES Episode Start Date:**
Program Entry Date:**Lead Case Manager:**
Primary VAMC:
Secondary VAMC: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*).....**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**

5. Time period covered in this report:

[date range calculated and displayed by HOMES]

Report sequence

[displayed by HOMES]

Did you have contact with this
Veteran during reporting period?[drop down list]
0. No
1. Yes

[If answered "0. No", remainder of form grays out and user is prompted to submit 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?

[drop down list]

99. VJO Specialist doesn't know/omitted item **(select from the drop down list and skip to item 7)**

Please make sure that responses to 6a (1-20) add up to 90 days

Default to 0

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 SHP, S+C, or SRO MOD Rehab)	___	___
7. Staying or living in family member's room, apartment or house	___	___
8. Staying or living in friend's room, apartment or house	___	___
9. GPD transitional housing	___	___
10. Non-VA transitional housing for homeless persons	___	___
11. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)	___	___
12. VA Mental Health Residential Rehabilitation Program (MH RRTP; all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP)	___	___
13. VA contracted residential treatment programs (ATU-HWH or HCHV contract)	___	___
14. Non-VA residential treatment program	___	___
15. Non-psychiatric hospital (acute care)	___	___
16. Psychiatric hospital (acute care)	___	___
17. Hotel or motel paid for <u>without</u> emergency shelter voucher	___	___
18. Emergency shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher	___	___
19. Prison, jail	___	___
20. Place not meant for habitation (outdoors, automobile, truck, boat)	___	___
Total Days	[calculated sum of 1-20]	

6b. Where was the Veteran staying the last time you had contact with him/her? [CODE 1-20, 99] ___ ___
Code 99" if VJO Specialist omitted item.

6c. What is the zip code of that location? Code N in 1st space if unknown. ___ ___ ___ ___

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

If yes, does the household include:

[drop down list]

1. spouse / significant other? 0= No 1=Yes 99=Omitted

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
2. Imminent risk of losing housing
3. Unstably housed/at risk of losing housing
4. Stably housed
5. Don't know

7. Which best describes the Veteran's employment pattern during the reporting period? *[drop down list]*

- | | |
|--|--|
| 0. Full time (40 hrs/wk) | 6. Military Service |
| 1. Full time (irregular) | 7. Retired / disability |
| 2. Part time (regular hours) | 8. Unemployed |
| 3. Part time (irregular day work) | 9. Controlled environment (e.g., hospital, prison) |
| 4. VA CWT or other vocational training program | 99. VJO Specialist doesn't know/omitted item |
| 5. Student | |

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

[drop down list]

0. No
1. Yes

99. VJO Specialist doesn't know/omitted item

(If 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)

Default to 0

1. Employment (include CWT/SE)	\$ __ __, __ __ __ . 0 0 .
2. Compensation for service connected psychiatric condition	\$ __ __, __ __ __ . 0 0 .
3. Compensation for other service connected condition	\$ __ __, __ __ __ . 0 0 .
4. Non-service connected pension	\$ __ __, __ __ __ . 0 0 .
5. Retirement income from Social Security	\$ __ __, __ __ __ . 0 0 .
6. Pension from a former job	\$ __ __, __ __ __ . 0 0 .
7. Supplemental Security Income (SSI)	\$ __ __, __ __ __ . 0 0 .
8. Social Security Disability Income (SSDI)	\$ __ __, __ __ __ . 0 0 .
9. Private disability insurance	\$ __ __, __ __ __ . 0 0 .
10. Worker's compensation	\$ __ __, __ __ __ . 0 0 .
11. Unemployment insurance	\$ __ __, __ __ __ . 0 0 .
12. Temporary Assistance for Needy Families (TANF) or similar local program	\$ __ __, __ __ __ . 0 0 .

13. General Assistance (GA) or similar local program	\$ ____ , ____ ____ . <u>0</u> <u>0</u> .
14. Child support	\$ ____ , ____ ____ . <u>0</u> <u>0</u> .
15. Alimony or other spousal support	\$ ____ , ____ ____ . <u>0</u> <u>0</u> .
16. All other sources (do not include food stamps)	\$ ____ , ____ ____ . <u>0</u> <u>0</u> .
Total Income	[calculated sum of 1-16]

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

[drop down list]

0= No

1=Yes

99=VJO Specialist omitted item

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

IV. Current Treatment

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

9. Alcohol problems [drop down list]

0. Not a problem area for this Veteran

1. Veteran's current treatment is unknown

2. Veteran currently receives no treatment for these problems

3. Veteran currently receives treatment from non-VA provider

4. Veteran currently receives treatment from VA

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)

10. Drug problems [drop down list]

0. Not a problem area for this Veteran

1. Veteran's current treatment is unknown

2. Veteran currently receives no treatment for these problems

3. Veteran currently receives treatment from non-VA provider

4. Veteran currently receives treatment from VA

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)

11. Mental health problems(other than drug or alcohol) [drop down list]
- | | |
|---|---|
| 0. Not a problem area for this Veteran | 3. Veteran currently receives treatment from non-VA provider |
| 1. Veteran's current treatment is unknown | 4. Veteran currently receives treatment from VA |
| 2. Veteran currently receives no treatment for these problems | 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) |
12. Medical problems [drop down list]
- | | |
|---|---|
| 0. Not a problem area for this Veteran | 3. Veteran currently receives treatment from non-VA provider |
| 1. Veteran's current treatment is unknown | 4. Veteran currently receives treatment from VA |
| 2. Veteran currently receives no treatment for these problems | 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) |
13. Social or vocational skill deficits [drop down list]
- | | |
|---|---|
| 0. Not a problem area for this Veteran | 3. Veteran currently receives treatment from non-VA provider |
| 1. Veteran's current treatment is unknown | 4. Veteran currently receives treatment from VA |
| 2. Veteran currently receives no treatment for these problems | 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) |
14. Family problems [drop down list]
- | | |
|---|---|
| 0. Not a problem area for this Veteran | 3. Veteran currently receives treatment from non-VA provider |
| 1. Veteran's current treatment is unknown | 4. Veteran currently receives treatment from VA |
| 2. Veteran currently receives no treatment for these problems | 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

Number of Jail time sanctions (incarcerations imposed by Treatment/Specialty Court monitoring):

- a [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

REMINDER: Please update Veteran contact information as necessary.