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| Logo  Description automatically generated | **FY2024 CARES COLLABORATIVE HMIS BCP – ES DISCHARGE** |

*Instructions: Fill out one form per client/household member at project exit. Starred (\*) questions require a response.*

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| \*Project Exit Date | | | | | | \*First Name | | | | | | | | | \*Last Name | | | |
| Click or tap to enter a date. | | | | | | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | |
| \*Do you have any type of income? – **If Yes**, indicate and provide the monthly amount for all sources that apply below ***This is only required if your project receives ESG or STEHP funding in addition to RHY*** | | | | | | | | | | | | | | | | | | |
| No Yes  Earned Income (i.e., employment pay)…………………………………………………………………………… $ Click or tap here to enter text.  Supplemental Security Income (SSI)…………………………………………………………………………...…. $ Click or tap here to enter text.  VA Service-Connected Disability Compensation………………………………………………………………. $ Click or tap here to enter text.  Private Disability Insurance……………………………………………………………………………………………. $ Click or tap here to enter text.  Temporary Assistance for Needy Families (TANF)…………………………………………………………… $ Click or tap here to enter text.  Retirement Income from Social Security…………………………………………………………………………. $ Click or tap here to enter text.  Child Support………………………………………………………………………………………………………………… $ Click or tap here to enter text.  Unemployment Insurance………………………………………………………………………………………………. $ Click or tap here to enter text.  Social Security Disability Insurance (SSDI)………………………………………………………………………. $ Click or tap here to enter text.  VA Non-Service-Connected Disability Pension…………………………………………………………………. $ Click or tap here to enter text.  Worker’s Compensation…………………………………………………………………………………..…………….. $ Click or tap here to enter text.  General Assistance…………………………………………………………………………………………………………. $ Click or tap here to enter text.  Pension or Retirement Income from a Former Job…………………………………………………………… $ Click or tap here to enter text.  Alimony or Other Spousal Support………………………………………………………………………………….. $ Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| *Doesn’t Know* *Prefers Not to Answer* *Not Collected* | | | | | | | | | | | | | | | | | | |
| \*Are you receiving any type of non-cash benefits? – **If Yes**, indicate all sources that apply below | | | | | | | | | | | | | | | | | | |
| No Yes  SNAP (Food Benefits)  TANF Child Care Services | | | | | Special supplemental Nutrition Program for Women, Infants and Children (WIC)  TANF Transportation Services  Other TANF-Funded Services | | | | | | | | | | | | | |
| *Doesn’t Know* *Prefers Not to Answer* *Not Collected* | | | | | | | | | | | | | | | | | | |
| \*Are you covered by health insurance? – **If Yes**, indicate all sources below | | | | | | | | | | | | | | | | | | |
| No Yes  MEDICAID  VA Medical Services  Private Pay Health Insurance | | | | MEDICARE  Employer-Provided Health Insurance  State Health Insurance for Adults | | | | | | | | | State Children’s Health Insurance Program  Health Insurance Through COBRA  Indian Health Services Program | | | | | |
| *Doesn’t Know* *Prefers Not to Answer* *Not Collected* | | | | | | | | | | | | | | | | | | |
| \*Have you ever received anything in exchange for sex? (e.g., money food, drugs, shelter) | | | | | | | | **If Yes**, How many times has this happened? | | | | | | | | **If Yes**, Has this happened in the last 3 months? | | |
| Choose an item. | | | | | | | | Choose an item. | | | | | | | | Choose an item.qNo qYes | | |
| \*Have you ever been made/persuaded to have sex in exchange for something | | | | | | | | | | | **If Yes**, Has this happened in the last 3 months? | | | | | | | |
| Choose an item. | | | | | | | | | | | Choose an item. | | | | | | | |
| \*Have you ever felt afraid to quit/leave work due to threats of violence to yourself, family, or friends? | | | | | | | | | \*Have you ever been promised work where work or payment different than expected? | | | | | | | | | |
| Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | |
| **If yes to either**, Have you ever felt forced, pressured, or tricked into continuing the job? | | | | | | | | | **If Yes to either**, Has this happened in the last 3 years? | | | | | | | | | |
| Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | |
| \*Has the client received counseling? | | | | | | | | | \*If Yes, Identify the type(s) of counseling received | | | | | | | | | |
| Choose an item. | | | | | | | | | Individual Family Group | | | | | | | | | |
| \*If Yes, Identify the number of sessions received by the client | | | | | | | | | \*Total number of sessions planned in the client’s treatment plan | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| \*Is a plan in place to start or continue counseling after exit? | | | | | | | | | \*Does the client feel their exit destination is safe? | | | | | | | | | |
| Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | |
| \*Does the case manager feel the client’s exit destination is safe? | | | | | | | | | \*Does the client have permanent positive adult connections outside of project? | | | | | | | | | |
| Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | |
| \*Does the client have permanent positive peer connections outside of project? | | | | | | | | | \*Does the client have permanent positive community connections outside of project? | | | | | | | | | |
| Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | |
| \*What is the last grade you completed? | | | | | | | | | | | | | | | | | | |
| Choose an item. | |  | | | | | | | | |  | | | | | |  | |
| \*What is your school status? | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | |  | | | | | | | |  | | | | | |  |
| \*Are you employed? | **If No**, Why not? | | | | | | | | | | | | | **If Yes**, What is your type of employment? | | | | |
| Choose an item. | Choose an item. | | | | | | | | | | | | | Choose an item. | | | | |
| \*How is your general health? | | | | | | | \*How is your dental health? | | | | | | | \*How is your mental health? | | | | |
| Choose an item. | | | | | | | Choose an item. | | | | | | | Choose an item. | | | | |
| \*Project Completion Status | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | | | | |
| \***If client was expelled or otherwise involuntarily discharged from project,** what is the major reason? | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | | | | |
| \*Where will you be staying when you leave the shelter?**(Select the best match to the person’s response – does not need to be exact!)** | | | | | | | | | | | | | | | | | | |
| **HOMELESS SITUATIONS**  Choose an item. | | | | | | | | | | **INSTITUTIONAL SITUATIONS**  Choose an item. | | | | | | | | |
| **TEMPORARY HOUSING SITUATIONS**  Choose an item. | | | | | | | | | | **PERMANENT HOUSING SITUATIONS**  Choose an item. | | | | | | | | |
| **\*IF RENTAL OR OWNED WITH ONGOING SUBSIDY, What type of subsidy are you receiving?** | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | | | | |
| **OTHER SITUATIONS**  Deceased  Other Click or tap here to enter text. | | | | | | | | | | *Poor Data/Unknown Options –* ***USE ONLY IF NECESSARY:*** Choose an item. | | | | | | | | |
| \*New Residence County | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |

**(End)**