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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 |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  |  |
| \*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*** |
| qNo qYes qEarned Income (i.e., employment pay) qSupplemental Security Income (SSI) qVA Service-Connected Disability Compensation qPrivate Disability Insurance qTemporary Assistance for Needy Families (TANF) qRetirement Income from Social SecurityqChild Support  | $\_\_\_\_\_\_ $\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_ | qUnemployment InsuranceqSocial Security Disability Insurance (SSDI) qVA Non-Service-Connected Disability PensionqWorker’s Compensation qGeneral Assistance qPension or Retirement Income from a Former Job qAlimony or Other Spousal Support  |  $\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_ |
| q*Client Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* |
| \*Are you receiving any type of non-cash benefits? – **If Yes**, indicate all sources that apply below |
| qNo qYesqSNAP (Food Benefits) qTANF Child Care Services  | qSpecial supplemental Nutrition Program for Women, Infants and Children (WIC) qTANF Transportation Services qOther TANF-Funded Services |
| q*Client Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* |
| \*Are you covered by health insurance? – **If Yes**, indicate all sources below |
| qNo qYesqMEDICAID qVA Medical Services qPrivate Pay Health Insurance | qMEDICAREqEmployer-Provided Health Insurance qState Health Insurance for Adults | qState Children’s Health Insurance Program qHealth Insurance Through COBRA qIndian Health Services Program |
| q*Client Doesn’t Know* q*Prefers Not to Answer* q*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? |
| qNo qYes | q1-3 q4-7 q8-11 q12 or more | 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? |
| qNo qYes | qNo qYes |
| \*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? |
| qNo qYes | qNo qYes |
| **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? |
| qNo qYes | qNo qYes |
| \*Has the client received counseling? | \*If Yes, Identify the type(s) of counseling received |
| qNo qYes | qIndividual qFamily qGroup  |
| \*If Yes, Identify the number of sessions received by the client | \*Total number of sessions planned in the client’s treatment plan |
|  |  |
| \*Is a plan in place to start or continue counseling after exit? | \*Does the client feel their exit destination is safe? |
| qNo qYes | qNo qYes qClient does not know  |
| \*Does the case manager feel the client’s exit destination is safe? | \*Does the client have permanent positive adult connections outside of project? |
| qNo qYes qWorker does not know  | qNo qYes qWorker does not know  |
| \*Does the client have permanent positive peer connections outside of project? | \*Does the client have permanent positive community connections outside of project? |
| qNo qYes qWorker does not know  | qNo qYes qWorker does not know  |
| \*What is the last grade you completed? |
| q<grade 5 qGrades 5-6 qGrades 7-8 | qGrades 9-11 qGrade 12 qSchool program does not have grade levels  | qGED qSome college qAssociate’s Degree | qBachelor’s Degree qGraduate DegreeqVocational Certification |
| \*What is your school status? |
| qAttending School Regularly  | qAttending School Irregularly | qDropped Out  | qSuspended  |
| qGraduated from High School  | qObtained GED  | qExpelled  | qNot Applicable |
| \*Are you employed? | **If No**, Why not? | **If Yes**, What is your type of employment? |
| qNo qYes  | qLooking for Work qUnable to Work qNot Looking for Work | qFull-Time qPart-Time qSeasonal  |
| \*How is your general health? | \*How is your dental health? | \*How is your mental health? |
| qExcellent qVery Good qGood qFair qPoor  | qExcellent qVery Good qGood qFair qPoor  | qExcellent qVery Good qGood qFair qPoor  |
| \*Project Completion Status |
| qCompleted project qClient voluntarily left early qClient was expelled or otherwise involuntarily discharged from project |
| \***If client was expelled or otherwise involuntarily discharged from project,** what is the major reason? |
| qCriminal activity/destruction of property/violence qNon-compliance with project rules qNon-payment of rent/occupancy charge qReached maximum time allowed in project qProject terminated qUnknown/disappeared |
| \*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**qPlace not meant for habitation/’the streets’ qSafe HavenqEmergency Shelter, including hotel or motel paid for with an emergency shelter voucher | **INSTITUTIONAL SITUATIONS**qFoster care home or foster care group homeqLong-term care facility or nursing homeqHospital or other residential non-psychiatric medical facilityqPsychiatric hospital or other psychiatric facilityqJail, prison, or juvenile detention facilityqSubstance use treatment facility or detox center |
| **TEMPORARY HOUSING SITUATIONS**qResidential project or halfway house with no homeless criteriaqHotel or motel paid for without emergency shelter voucherqTransitional housing for homeless persons (including homeless youth)qHost Home (non-crisis)qStaying or living in a friend’s room, apartment, or house **temporarily**qStaying or living in a family member’s room, apartment, or house **temporarily**qMoved from one HOPWA funded project to TH | **PERMANENT HOUSING SITUATIONS**qRental by client no ongoing housing subsidyqRental by client with ongoing housing subsidyqOwned by client with ongoing housing subsidyqOwned by client no ongoing housing subsidyqMoved from one HOPWA funded project to HOPWA PHqStaying or living in a friend’s room, apartment, or house **permanently**qStaying or living in a family member’s room, apartment, or house **permanently** |
| **\*IF RENTAL OR OWNED WITH ONGOING SUBSIDY, What type of subsidy are you receiving?**  |
| qGPD TIP housing subsidy qHCV voucher qFamily Unification Program Voucher qOther permanent housing dedicated to formerly homeless persons | qVASH housing subsidyqPublic housing unitqFoster Youth to Independence Initiative | qRRH or equivalent subsidyqEmergency Housing VoucherqPermanent Supportive Housing |
| **OTHER SITUATIONS** qDeceased qOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Poor Data/Unknown Options –* ***USE ONLY IF NECESSARY:*** q*Client Doesn’t Know* q*Prefers not to answer* q*Not Collected* |
| \*New Residence County |  |