Pathways to Home Case Conference Form

Date presented:		**Date entered in to PTH:**		
Presenter Name:		**Agency:**		
Household Demographics	**Clients Name:**	**Age of Client:**	**HMIS #:**	**Previous HMIS #:**
	Household size: #________	☐ Single ☐ Couple/Adults Only ☐ Household with children ☐ TAY (18-24) ☐ Pregnant Due date: Reunification ☐ Yes ☐ No		
	Spouse /Partner Name:	**Age of Spouse/Partner:**	**HMIS #:**	**Previous HMIS #:**
	Number of children:	**Ages of Children:**		
	City Identified:			

HMIS Eligibility	**Eligibility Module ran?** ☐ Yes ☐ No Please explain:	**VI-SPDAT score:** **Date** (last time VI-SPDAT was ran):
	Client is eligible for: ☐ PSH ☐ TH ☐ RRH ☐ HPRP ☐ ES ☐ Safe Haven ☐ CHSP ☐ SSVF ☐ Other:	
	Client referred to: ☐ PSH ☐ TH ☐ RRH ☐ HPRP ☐ ES ☐ Safe Haven ☐ CHSP ☐ SSVF ☐ Other:	
	VCBH Connected ☐ Yes Which Clinic: Case Manager: Notified: ☐ Yes ☐ No ☐ No Date:	
	Outside Psychiatrist / Clinician : ☐ Yes Which Clinic: Name: Notified: ☐ Yes ☐ No ☐ No Date:	
	Veteran: ☐ Yes ☐ No **Discharge Status:** ☐ Honorable ☐ Other: VASH referral sent: ☐ Yes ☐ No *Please explain why veteran is ineligible to VASH:*	
	Current Household Income:	**Source(s):**
	Any known current case involvement with Child and Family Services or Adult Protective Services? ☐ No ☐ Yes Name of Social Worker and department: **Any known current case involvement with the Department of Justice?** ☐ No ☐ Yes ☐ Probation ☐ Parole ☐ Restraining order ☐ Court Dates:	
	Potential Family Reunification: ☐ No ☐ Yes **Foster Care** ☐ No ☐ Yes **Family/Friend** ☐ No ☐ Yes	

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Homeless Status

Homeless Category: **Length of time Homeless:**

☐ Literally Homeless ☐ At Risk ☐ Attempting to Flee DV

Where is the person or household currently staying (shelter, streets, RV, car, transitional housing, etc.)?

Chronic Homeless documents submitted/approved? ☐ Yes ☐ No

If no, are you requesting Feedback / Consultation?

☐ Disability verification
☐ Chronic Homeless Status
- ☐ Supportive documentation
- ☐ Length of time

Additional Information

Severity of Service Needs: (must be applicable to one)

1. History of High utilization of crisis services (Jail, hospital)? ☐ Yes ☐ No Type:
2. Significant Health or behavioral health challenges / substance abuse of F (x) impairments? ☐ Yes ☐ No
3. For youth or DV, high risk of continued trauma or high risk of harm or exposure to dangerous living situations? ☐ Yes ☐ No
4. Referral to Whole Person Care? ☐ Yes ☐ No

Working with other Agencies? ☐ Yes ☐ No

List agencies involved:

Observations: (Including observations of risk and vulnerability not reflected in VI-SPDAT score)

____
____
____
____

Health Observations (Physical, Mental Health, Developmental)____________________________________
____
____

Safety Concerns:____
____
____

Housing Barriers

Evictions:

Criminal History:

Others:

Household Analysis

Briefly describe Household goals at present:

1.____

2.____

3.____

Strengths:

1.____

2.____

3.____

Are there any linkages that you feel are needed and not currently in place? Immediate Needs?

1.____

2.____

3.____

Services / Notes

Please list services that have already been provided to the family:

☐ None for this individual

Notes: ____

FOR HMIS/ CoC Staff
Date Presented:
Client ID:
Provider:
Social Worker:
VI-SPDAT Score:
Current Living Situation:
Recommended Next Steps:
Referrals Type:
Household Size: