**CT HMIS PSH/DMHAS/DDaP Discharge Form**

**Applicant (Head of Household) Information:**

**Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS Client ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Move – In Date:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exit Destination Type:**

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Foster care or foster care group Home

🞎 Long-term care facility or Nursing Home

🞎 Transitional housing for homeless persons

(including homeless youth)

🞎 Rental by client, no ongoing housing subsidy

🞎 Owned by client, no ongoing housing subsidy

🞎 Staying or living with family, temporary tenure

(e.g., room, apartment or house)

🞎 Staying or living with friends, temporary tenure

(e.g., room, apartment or house)

🞎 Hotel or Motel paid for without Emergency Shelter voucher

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

🞎 *GPD TIP housing subsidy*

🞎 *VASH housing subsidy*

🞎 *RRH or equivalent subsidy*

🞎 *HCV voucher (tenant or project based) (not dedicated)*

🞎 *Public housing unit*

🞎 *Rental by client, with other ongoing housing subsidy*

🞎 *Emergency Housing Voucher*

🞎 *Family Unification Program Voucher (FUP)*

🞎 *Foster Youth to Independence Initiative (FYI)*

🞎 *Permanent Supportive Housing*

🞎 *Other permanent housing dedicated for formerly homeless persons*

🞎 Owned by client, with ongoing housing subsidy

🞎 Staying or living with family, permanent tenure

🞎 Staying or living with friends, permanent tenure

🞎 Moved from one HOPWA funded project to

HOPWA PH

🞎 Moved from one HOPWA funded project to

HOPWA TH

🞎 Residential Project or hallway house with no homeless criteria

🞎 Host Home (non-crisis)

------------------------------------------------------------

🞎 Other

🞎 Deceased

🞎 No exit interview completed

🞎 Client doesn't know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Shared Housing Information:**

*(Shared housing means clients will be on separate leases or living as roommates. Not clients living together as a couple)***:**

**Is this a Shared Housing Destination (separate leases)?** 🞎 Yes 🞎 No

***If Yes,***

**Shared Housing Facilitated by:?** 🞎 CAN 🞎 Client

**Non-Cash Benefit from any source?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

*If yes, Non-cash benefit source is required*. **Check those that apply:**

🞎 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

🞎 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

🞎 TANF Child Care Services

🞎 TANF Transportation services

🞎 Other TANF-funded services

🞎 Other Source : Specify if Other: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covered by Health Insurance:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Disabling Conditions**

**Substance Abuse Disorder:** 🞎 No 🞎 Alcohol Abuse 🞎 Drug Abuse 🞎 Both Alcohol and Drug Abuse 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer

🞎 Data Not Collected *If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know

🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Physical Disability:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client refused🞎 Data Not Collected  
 *If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 Yes 🞎 No 🞎 Client Doesn’t Know

🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Developmental Disability:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected  
**Chronic Health Condition:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected  
*If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know

🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**HIV/AIDS:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected  
**Mental Health Disorder:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected  
*If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Translation Assistance:**

**Translation Assistance Needed?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

*If yes,* Preferred Language*: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Health Insurance** (*If yes,* select which applies)**:**

|  |  |
| --- | --- |
| 🞎 MEDICAID | 🞎 State Health Insurance for Adults |
| 🞎 MEDICARE | 🞎 Private Pay Health Insurance |
| 🞎 State Children’s Health Insurance Program (CHIP) | 🞎 Indian Health Services Program |
| 🞎 Veteran’s Health Administration (VHA) |  |
| 🞎 Employer-Provided Health Insurance | If Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Health Insurance obtained through COBRA |  |

**Income received from any source?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type** | **Monthly Amount** | **Income Type** | **Monthly Amount** |
| Unemployment Insurance | 🞎 N 🞎 Y $ | VA Non-Service-Connected Disability Pension | 🞎 N 🞎 Y $ |
| Earned/Employed Income | 🞎 N 🞎 Y $ | Pension or Retirement income from a former job | 🞎 N 🞎 Y $ |
| Supplemental Security Income (SSI) | 🞎 N 🞎 Y $ | Child Support | 🞎 N 🞎 Y $ |
| Social Security Disability Insurance (SSDI) | 🞎 N 🞎 Y $ | Alimony or other spousal support | 🞎 N 🞎 Y $ |
| VA Service-Connected Disability Compensation | 🞎 N 🞎 Y $ | Worker’s Compensation | 🞎 N 🞎 Y $ |
| Private Disability Insurance | 🞎 N 🞎 Y $ | Other Source  Specify: | 🞎 N 🞎 Y $ |
| Retirement Income from Social Security | 🞎 N 🞎 Y $ |  |  |
| General Assistance (GA) | 🞎 N 🞎 Y $ |  |  |
| Temporary Assistance for Needy Families (TANF) | 🞎 N 🞎 Y $ | **Client Income Total** | $ |

**DMHAS Specific Questions** (\*= Required Information)**:**

**\*Discharge Reason**

🞎 AWOL for Inpatient only

🞎 Death

🞎 Evaluation Only

🞎 Incarcerated

🞎 Inpatient Discharge for Inpatient Medical Tx

🞎 Client Discontinued Tx

🞎 AMA

🞎 Left Against Advice

🞎 Moved out of area

🞎 Non-compliance with rules

🞎 Recovery Plan Completed

🞎 Released by Court

🞎 Discharged to New Service (Facility Concurs)

🞎 Other

🞎 Unknown

**\* Employment Status:**

🞎 Employed full time (in competitive employment)

🞎 Employed part time (in competitive employment)

🞎 Unemployed (looking for work in the past 30 days, or on a layoff)

🞎 Paid but non-competitive work (transitional employment programs)

🞎 Paid but non-competitive work (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses)

🞎 Not in Labor Force: student enrolled in a school or job-training program

🞎 Not in Labor Force: homemaker

🞎 Not in Labor Force: retired

🞎 Not in Labor Force: SSI SSDI

🞎 Not in Labor Force: Inmate of institution.

🞎 Not in Labor Force: other reason

🞎 Other

🞎 Unknown

**\*Highest Grade Completed:**

🞎 (1- 32) #\_\_\_\_\_\_\_\_

🞎 Unknown

**Number of Persons Dependent on Income:**

(1 – 15) #\_\_\_\_\_\_\_\_

**Number of Minors Dependent on Income:**

(1 – 14) #\_\_\_\_\_\_\_\_

**\*Principle Income Source:**

🞎 Disability

🞎 None

🞎 Other

🞎 Public Assistance

🞎 Retirement

🞎 Salary

🞎 Unknown

**\*Living situation at time of episodic assessment:**

🞎 Private residence, client owns or holds lease

🞎 Private residence, friend or relative owns the residence or holds lease

🞎 Single Room Occupancy (Hotel, YMCA, Rooming House)

🞎 Private residence, Community agency owns or holds lease

🞎 Residential Care Home/ Board and Care

🞎 Congregate residential care (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)

🞎 Crisis / Respite Bed

🞎 Skilled Nursing Facility/Intermediate Care Facility /Nursing Home

🞎 Psychiatric/SA/Medical Inpatient

🞎 Correctional Facility

🞎 Homeless Shelter

🞎 Homeless (including on street)

🞎 Other

🞎 Unknown

**Was Client Homeless in Last Six Months:** 🞎 Yes 🞎 No 🞎 Unknown

**Number of Days in the Last 30 that the client lived in a Controlled Environment?** (0 – 30) \_\_\_\_\_\_\_\_\_\_

*Enter a value between 0 and 30 to represent the number of days in a controlled environment*

**\*Number of arrests in last 30 days: (0 – 30) \_\_\_\_\_\_\_\_\_\_\_\_** 🞎 Unknown

*Enter a value between 0 and 30 to represent the number of arrests; if unknown then write in Unknown*

**Number of Self-Help programs/meetings in last 30 days** (0 – 90) \_\_\_\_\_\_\_\_\_\_ 🞎 Unknown

*Enter a value between 0 and 90 to represent the number of programs/meetings attended; if unknown then write in Unknown*

**\*Social support from family and/or friends in last 30:** 🞎 Yes 🞎 No 🞎 Unknown

**Mental Health Diagnosis Assessment**

**Please provide ALL the ICD 10 Codes if Available and the Diagnosis:**

|  |  |  |  |
| --- | --- | --- | --- |
| AXIS I |  |  |  |
| AXIS I |  |  |  |
| AXIS I |  |  |  |
| AXIS II |  |  |  |
| AXIS II |  |  |  |
| AXIS III |  |  |  |
| AXIS III |  |  |  |
| AXIS III |  |  |  |
| AXIS IV |  |  |  |
| AXIS IV |  |  |  |
| AXIS IV |  |  |  |
| AXIS V |  |  | (GAF) |

**DSM Summary**

**Target symptoms being addressed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When under stress this client may:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If substance user, has client used in past 6 months?** 🞎 Yes 🞎 No

**The best way to respond:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date last used substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current risk behaviors in last 6 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Substance Abuse:**

**Currently Using:** 🞎 Yes 🞎 No **Last Used Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency of use:**

🞎 Daily 🞎 Once or Twice a Week

🞎 Weekly 🞎 Monthly 🞎 Less than Monthly

**Last Treatment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently in Treatment:** 🞎 Yes 🞎 No

**Sponsor Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Longest Time abstinent**: Enter the numeric value and then select the term i.e. days, weeks, months, years

**Longest Time Free**: \_\_\_\_\_\_\_\_\_ (number)

**Measure of Longest Time Free**: 🞎 Day(s) 🞎 Week(s) 🞎 Month(s) 🞎 Year(s)

**Drug Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice** | **Secondary Drug of Choice** | **Tertiary Drug of Choice** | **Forth Drug of Choice** | **Fifth Drug of Choice** |
| None |  |  |  |  |  |
| Amphetamines |  |  |  |  |  |
| Alcohol |  |  |  |  |  |
| Barbiturates |  |  |  |  |  |
| Cocaine |  |  |  |  |  |
| Hallucinogens |  |  |  |  |  |
| Heroin |  |  |  |  |  |
| LSD |  |  |  |  |  |
| MDMA |  |  |  |  |  |
| Marijuana |  |  |  |  |  |
| Methadone |  |  |  |  |  |
| Methamphetamine |  |  |  |  |  |
| Methaqualone |  |  |  |  |  |
| Opium |  |  |  |  |  |
| Phenobarbital |  |  |  |  |  |
| Valium |  |  |  |  |  |
| Xanax |  |  |  |  |  |

**Method of Use:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice Method of Use** | **Secondary Drug of Choice Method of use** | **Tertiary Drug of Choice Method of Use** | **Forth Drug of Choice Method of Use** | **Fifth Drug of Choice Method of Use** |
| Oral |  |  |  |  |  |
| Smoking |  |  |  |  |  |
| Inhalation |  |  |  |  |  |
| Injection |  |  |  |  |  |
| Other |  |  |  |  |  |
| Unknown |  |  |  |  |  |

**Number of days (last 30) in which client used the drug:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice Last Use** | **Secondary Drug of Choice Last Use** | **Tertiary Drug of Choice Last Use** | **Forth Drug of Choice Last Use** | **Fifth Drug of Choice Last Use** |
| 0 to 30 Days |  |  |  |  |  |

**Age at which the client first used the Drug:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice Age at First Use** | **Secondary Drug of Choice Age at First Use** | **Tertiary Drug of Choice Age at First Use** | **Forth Drug of Choice Age at First Use** | **Fifth Drug of Choice Age at First Use** |
| Age |  |  |  |  |  |

**Discharge Address (*Head of Household and All Adults*): *Required for DDaP***

**Address Data Quality:** 🞎 Full Address Reported 🞎 Incomplete or Estimated Address Reported 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Type:**

🞎 T1016 – Case Management with Client Face to Face

🞎 T116C – Case Management with Client B Y TELEPHONE

🞎 T116B – Case Management with Collateral

**Additional notes:**