Discharge Form for Domestic Violence Providers

Exit Date:*_____

Destination*

- ☐ Emergency Shelter, including hotel or motel paid for with shelter voucher
- ☐ Transitional Housing for homeless persons (including homeless youth)
- ☐ Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance Abuse Treatment Center or Detox Center
- ☐ Hospital (non-psychiatric)
- ☐ Jail, Prison, Juvenile Detention Facility
- ☐ 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
- ☐ Foster Care Home or Foster Care Group Home
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Other
- ☐ Safe Haven
- ☐ Rental by client, VASH Subsidy
- ☐ Rental by client, other (non-VASH) ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Deceased
- ☐ Don't Know
- ☐ Refused

Exit Reason*

- ☐ Left for a housing opportunity before completing program
- ☐ Completed Program
- ☐ Non-payment of rent/occupancy charge
- ☐ Non-compliance with program
- ☐ Criminal activity/destruction of property/violence
- ☐ Reached maximum time allowed by program
- ☐ Needs could not be met by program
- ☐ Disagreement with rules/persons
- ☐ Death
- ☐ Other (Exit reason)
- ☐ Unknown/Disappeared

Case manager assignment:_____

End Case assignment ☐

Housing status*

- ☐ Literally homeless
- ☐ Unstably housed and at-risk of losing their housing
- ☐ Imminently losing their housing
- ☐ Stably housed-rent
- ☐ Stably housed-own
- ☐ Don't Know
- ☐ Refused
- ☐ Other

Barriers*	Date Identified	Receiving Services	Condition Id'd
☐ Alcohol Abuse	_____	☐ Yes ☐ No	☐ Yes ☐ No
☐ Chronic Health Condition	_____	☐ Yes ☐ No	
☐ Developmental Disability	_____	☐ Yes ☐ No	
☐ Drug Abuse	_____	☐ Yes ☐ No	☐ Yes ☐ No
☐ HIV/AIDS	_____	☐ Yes ☐ No	
☐ Mental Health	_____	☐ Yes ☐ No	☐ Yes ☐ No
☐ Physical Disability	_____	☐ Yes ☐ No	
		No Barriers:	☐ Yes ☐ No

Financial Assessment*

Cash Income:*

- ☐ Earned Income $_____
- ☐ Unemployment Insurance $_____
- ☐ Supplemental Security Income $_____
- ☐ Social Security Disability Income $_____
- ☐ Veteran's Disability Payment $_____
- ☐ Private Disability Insurance $_____
- ☐ Worker's Compensation $_____
- ☐ TANF $_____
- ☐ General Assistance $_____
- ☐ Retirement (Social Security) $_____
- ☐ Veteran's Pension $_____
- ☐ Other Pension $_____
- ☐ Child Support $_____
- ☐ Alimony or other Spousal Support $_____
- ☐ Other Income $_____

Non Cash Benefits:*

- ☐ Food Stamps/Money for Food on Card $_____
- ☐ MEDICAID
- ☐ MEDICARE
- ☐ State Children's Health Insurance Program
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ Veteran's Administration Medical Services
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst.
- ☐ Other Source
- ☐ Temporary Rental Assistance

Employment Assessment

Employed:*

- ☐ Yes ☐ No
- ☐ Don't Know ☐ Refused

Hours Worked In Last Week: _____

Employment Tenure:

- ☐ Permanent ☐ Don't Know
- ☐ Temporary ☐ Refused
- ☐ Seasonal

Looking for Additional Employment/Increased Hours:

- ☐ Yes ☐ No
- ☐ Don't Know ☐ Refused

Adult Education Assessment

Currently in School/Working on Degree:*

- ☐ Yes ☐ No
- ☐ Don't Know ☐ Refused

Received Vocational Training/Apprenticeship:*

- ☐ Yes ☐ No
- ☐ Don't Know ☐ Refused

Highest Grade Completed:*

- ☐ No School Completed
- ☐ Nursery School to 4th Grade
- ☐ 5th Grade or 6th Grade
- ☐ 7th Grade or 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Don't Know
- ☐ Refused

Secondary Education:*

- ☐ None ☐ Refused
- ☐ Associates Degree ☐ Don't Know
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan

Legal Assessment

Assessment Description:_____

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
  - Description:_____
- ☐ Order of Protection
- ☐ Probation/Parole

Legal Assessment Cont:

- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other:_____

Do you currently have legal representation?

- ☐ Yes ☐ No

How many days, past 30 days, experiencing legal representation?_____

Legal Description Notes:_____

_____

Transportation Assessment

Primary Transit Means:*

- ☐ Own vehicle ☐ Bus
- ☐ Ride from friends/family ☐ VanTran
- ☐ Bicycle ☐ Walk
- ☐ Other:_____

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make:_____

Vehicle Model:_____

Vehicle Year:_____

Vehicle Description:_____

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description:_____

Registered State:_____

License Plate Number:_____

Insurance Company: _____

Insurance Renewal Date:_____

License Number: _____

License Expiration Date: _____