Oahu's Continuum of Care

For data entry purposes only: Client ID: _____

PARTNERS IN CARE

RHY Project Status

	<u> </u>	····· / ··· · · · · · · · · · · · · · ·			
*Last Name:		*DOB:		*Status Date:	
*First Name:		*SSN (last 4 diç	gits):	*Project:	
		Disabling Con	ditions		
Long Term defined: ex	pected to be of lor	ng-continued and	indefinite durc	ation and impairs the	ir ability to
live independently Physical Disability:	□Yes**	☐ Client doesn't know		**!	
	□No	☐ Client prefers	not to answer **If yes, long term?		□ No
<u>Developmental</u>	□Yes	☐ Client doesn't	know		
<u>Disability</u>	□No	☐ Client prefers	not to answer		
Chronic Health	□Yes**	☐ Client doesn't	know		
<u>Condition</u>	□No	☐ Client prefers		**If yes, long term?	□Yes
					□ No
HIV - AIDS	□Yes	☐ Client doesn't	know		
	□No	□ Client prefers	not to answer		
Mental Health Disorde	r □Yes**	☐ Client doesn't	know	<u>rii yes, long lermę</u> 🖵 res	
	□No	☐ Client prefers	not to answer		
Substance Use Disorder		☐ Client doesn't	know	**!f voo long torm?	
□Alcohol use**	□Both **	☐ Client prefers not to answer		**If yes, long term?	□Yes □ No
□Drug use**	□Neither				1 10
	HU	D Financial As	sessment		
Income From Any Sou					
**If yes, select all that a \$Unemployment			ply, and enter t TAN		per MONIH.
				eral Assistance	
□ \$Earned Income (employment)			•		0 10 1
□ \$SSI				rement Income from	,
□ \$VA Service C	onnected Disability	□ \$Pens	sion/Retirement from	n a former job	
SVA non-service	ce Connected Disak	□ \$Chile	d Support		
□ \$Private Disability Insurance			□ \$Alimony/Spousal support		
□ \$Worker's Compensation			□ \$Oth	er income source	

Receiving N	Non-Cash Benefits?		If yes,	select all that apply	y:		
☐ Yes** ☐ Client doesn't know			I	□ SNAP	☐ TANF Transportation		
□ No □ Client prefers		not to answer		□ WIC	☐ Other TANF Services		
			I	□ TANF Childcare	☐ Other non-cash benefit source		
Covered by	Health Insurance?	☐ Yes**		oesn't know refers not to answe	r		
**If yes, se	lect all that apply:			☐ Health Insuran	ce Obtained Through COBRA		
☐ MEDICARE				☐ Private Pay Health Insurance			
☐ State Children's Health Insurance Program			rogram	☐ State Health Insurance for Adults			
☐ Veteran's Administration (VA) Medical Services				☐ Indian Health Services Program			
☐ Employer-Provided Health Insurance			ce	□ Other Health I	□ Other Health Insurance		
	ancy Status d for street outreach)	□ No □ Client do	e Date besn't know efers not to c				
There shou		/-BCP Status	only once, v Determination	CP Status when the Status Det on per Project Stay. gible for RHY service			
			□ No, se	elect reason not enr	olled:		
Dunguyo	w.vo.ith		□ Ou	t of age range			
			□ Wa	d of the State - Immediate reunificaiton			
□ No.			ustice system - Immediate reunificaitor				
	ent doesn't know		□ Oth	ner			
□ Clie	ent prefers not to a	nswer					
	Curre	nt Living S	situation (re	equired for street outr	reach programs)		
*Location							
	6 66.			area, SKIP to the er	10		
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Hotel Home Shelter Place not meant for habitation Safe Haven 				lost	doesn't know		
					prefers not to answer		
				■ Worker	r unable to determine		

Institutional Situation:		Transitional Housing Situation			
☐ Foster care home/foster care g	group home	☐ Transitional housing for homeless persons (including			
☐ Hospital or other residential nor	n psychiatric	homeless youth)			
medical facility		☐ Residential project or halfway house with no homeless			
☐ Jail, prison, juvenile detention fo	,	criteria Hotel or Motel paid for without emergency shelter			
☐ Long-term care facility or nursing	_	voucher			
 Psychiatric hospital or other psy facility 	vchiatric	☐ Host Home (non-crisis)			
☐ Substance use treatment facilit	y or detox	Staying or living in a friend's member's room, apartment, or house			
center		Staying or living in a family member's room, apartment, or house			
Permanent Housing Situation	**Rental Su	bsidy Type:			
lacktriangle Rental by client, no ongoing	GPD TIP h	nousing subsidy			
housing subsidy	□ ASH Housing subsidy				
 Rental by client, with ongoing housing subsidy, 	□ RRH or equivalent subsidy				
please specify type>**	☐ HCV voucher (tenant or project based) (not dedicated)				
☐ Owned by client, no	□ Public Housing Unit				
ongoing housing subsidy	Rental by client, with other ongoing housing subsidy				
☐ Owned by client, with	☐ Housing Stability Voucher				
ongoing housing subsidy	☐ Family Unification Program Voucher (FUP)				
	☐ Foster Youth to Independence Initiative (FYI)				
	☐ Permanent Supportive Housing				
	☐ Other permanent housing dedicated for formerly homeless persons				
Is client going to have to leave their	_				
☐ Yes ☐ No ☐ Client doesn't kn If yes, answer remaining questions.		•			
,	•				
Has a subsequent residence	been identifie	ed?			
☐ Yes ☐No ☐Client do	esn't know	□Client prefers not to answer			
Does individual or family hav	e resources c	or support networks to obtain other permanent housing?			
☐ Yes ☐ No ☐ Client do	esn't know	□Client prefers not to answer			
Has the client had a lease or	ownership in	terest in a permanent housing unit in the last 60 days?			
□Yes □No □Client do Has the client moved 2 or mo		□Client prefers not to answer e last 60 days?			
☐ Yes ☐ No ☐ Client do	esn't know	□Client prefers not to answer			