

## CONSUMER DISCHARGE FORM (Case Management and/or Sheltered Consumers)

Organization Name: \_\_\_\_\_, Agency Consumer ID #: \_\_\_\_\_

Last Name 1<sup>st</sup> & 2<sup>nd</sup> Initial: \_\_\_\_\_, First Name Initial: \_\_\_\_\_, Middle Name Initial: \_\_\_\_\_,

BIRTHDATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, SEX: M \_\_\_\_\_, F \_\_\_\_\_, T \_\_\_\_\_, Other \_\_\_\_\_

ETHNICITY: Circle One: Of Hispanic Origin Not of Hispanic Origin

RACE: (Circle One) White, Native American, African American, Asian/Pacific Islander, Biracial: \_\_\_\_\_ & \_\_\_\_\_,  
Other: \_\_\_\_\_

Intake Date (Current Program Only): \_\_\_\_\_, Discharged Date: \_\_\_\_\_, # of Case Management Meetings: \_\_\_\_\_,  
Date Sheltered: \_\_\_\_\_, Date Left Shelter: \_\_\_\_\_, # of Phone Contacts: \_\_\_\_\_

**Outcomes:**

**Income (Circle All Types That Apply):**

No Income, TANF, GAU, GAX, SSI, SSD, Child Support, ADATSA, Food Stamps, Part-Time Work, Full-Time Work, Veterans Benefits, Private Retirement, SSA, Unemp State Industrial, Medicare, Medicaid, Student Loans, Other \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_ Total Food Stamp Income \$ \_\_\_\_\_

**Highest grade completed (Circle one):**

College Graduate, AA, Technical Degree, Some College, High School Graduate, GED, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> Grade, Less than 7<sup>th</sup> Grade

**Training (Circle All That Apply):**

	Identified a Need	Received Help	Current Status
Primary Education (Children)	Yes No	Yes No	Pos. Neg. No Change
Secondary/other Education	Yes No	Yes No	Pos. Neg. No Change
Employment Skills Enhancement	Yes No	Yes No	Pos. Neg. No Change
Employment	Yes No	Yes No	Pos. Neg. No Change

Life Skills Programs/Training Describe Below:	Received Training	Completed Training
1. Budgeting	Yes No	Yes No NA
2.	Yes No	Yes No NA
3.	Yes No	Yes No NA
4.	Yes No	Yes No NA

Treatment services: (Below):	Identified a Need	Participating In Tx	Current Status
Medical Care:	Yes No	Yes No Wait List	Pos. Neg. No Change
Dental Care:	Yes No	Yes No Wait List	Pos. Neg. No Change
Mental Health Services:	Yes No	Yes No Wait List	Pos. Neg. No Change
Alcohol /Drug Treatment:	Yes No	Yes No Wait List	Pos. Neg. No Change
Domestic Violence Advocacy:	Yes No	Yes No Wait List	Pos. Neg. No Change

Other: (Describe) \_\_\_\_\_

- Have linked with at least one community resource: Yes No NA
- If you weren't receiving Medicaid when you began this program, are you receiving it now? Yes No NA
- At Discharge at least one member of the Household is in job skill training, Employed or enrolled in an educational program: Yes No NA
- Independent Youth Only – At Discharge are you participating in job skills training classes, Employed, or Maintaining education? Yes No NA Did you graduate from High School?: Yes No NA
- Did you have any legal issues you needed to resolve? Yes No NA
- If you had legal issues, were you able to resolve them by discharge? Yes No NA
- If rent or other payments were paid to this program, was it paid in a timely manner? Yes No NA
- If late, how often: \_\_\_\_\_ month(s)
- Graduated from the Program or left in a planned manner: Yes No NA

- **At Discharge, will your children be living with you?** Yes No NA
- **If not, what kind of a place will your child(ren) be staying? (Please specify for all children)**

_____ Residence of other parent	_____ Psychiatric facility
_____ Residence of friends or family (excluding other parent)	_____ Juvenile detention center
_____ Foster care home	_____ Hospital
_____ Childcare residential institution	_____ Anywhere outside (Streets, camping, cars, etc)
_____ Runaway facility Substance abuse treatment facility	_____ Other
- **Did you have an open CPS case at Intake** Yes No NA
- **If you had an open CPS case at Intake, is the case closed or in good standing/compliance?** Yes No NA
- **If your child participated in a Positive Action Program/Second Step, is there a difference in their behavior at home & school?**  
Improved Got Worse Same NA

**Reason for Leaving (Circle All Types That Apply):**

**- Participant's Needs Changed:**

- a. Found permanent housing.
- b. Graduated from the Program.
- c. Death
- d. Reintegrated with family and needs family housing.
- e. Moving in with their friends or family: Perm \_\_\_ Temp \_\_\_
- f. Leaving the area.
- g. Referred for more intensive program/services.
- h. Unknown/disappeared
- i. Left on Own

Other (describe): \_\_\_\_\_

**- Involuntary Departure:**

- j. Destruction of property or violence.
- k. Non-payment of rent.
- l. Other non-compliance with housing guidelines, e.g., lease issues.
- m. Active alcohol or other drug use.
- n. Shelter ended during the course of participation.

Other (describe): \_\_\_\_\_

**Describe destination of the Consumer: (Circle Appropriate Response):**

- a. Unsubsidized rental housing.
- b. Homeownership
- c. Public Housing.
- d. Section 8.
- e. Subsidized housing other than Public Housing or Section 8.
- f. Other supportive housing (e.g. group home).
- g. Moved in with family or friends (Permanent).
- h. Transitional Housing

- i. Moved in with family or friends (Temporary).
- j. Psychiatric Hospital
- k. AI/Drug Treatment Facility
- l. Jail/Prison
- m. Emergency Shelter
- n. Places not meant to live (e.g. streets)
- o. Unknown
- p. SRO
- q. Other (describe): \_\_\_\_\_

**For Staff:** Did your agency provide assistance for this move? YES NO NA

**Employment/ Education:**

- 1. All school-age children are attending school. YES NO NA
- 2. At least one adult in the family is employed or enrolled in an educational program: Not Employed, Seasonal, Part-Time Full-Time
- 3. Are you exempt from Work Source? YES NO Don't Know

**IF NOT EMPLOYED SKIP TO THE NEXT SECTION: "Physical and Mental Health"**

- 1. Employment is steady and reliable. YES NO
- 2. Employment income meets basic financial needs. YES NO
- 3. Employment benefits include health insurance. YES NO

**Physical And Mental Health:**

- 1. Can provide enough food to feed all family members for breakfast, lunch and dinner. YES NO NA
- 2. All adults have health care coverage. YES NO NA
- 3. All minor children have health care coverage. YES NO NA
- 4. All adults have a regular doctor or clinic. YES NO NA
- 5. All minor children have a regular doctor or clinic. YES NO NA
- 6. All adults have a regular dentist. YES NO NA
- 7. All minor children have a regular dentist. YES NO NA
- 8. The family relies on emergency room services for **regular** health care:  
All the time Most of the time Some of the time None of the time

**Family Relations:**

- 1. The same adults are in the household as were there one year ago. YES NO
- 2. Community support systems have improved since you began case management/sheltering? YES NO
- 4. Can you access childcare when you need it? YES NO NA