

Residential Treatment Exit Form Worksheet

Use this form to document exit of Veterans from a Grant and Per Diem program (GPD), HCHV Contract Residential Treatment Program, and HCHV Low Demand Safe Haven.

Staff Login (first and last name) _____

VA Site (3-digit VAMC code plus 2-digit suffix, if any) _____

Date this form completed (mm/dd/yy)..... ____ / ____ / ____

I. Veteran Information

Veteran's name (last name, first initial)..... _____

Social Security number..... ____ - ____ - ____

Date of birth (mm/dd/yy)..... ____ / ____ / ____

II. Residential Treatment Stay

Service Model _____

Project Code _____

Program Name _____

1. Period covered by this report (Code dates: mm/dd/yy) Entry date: ____ / ____ / ____
Exit date: ____ / ____ / ____

1a. Billable Days (LOS) and Cost of Care (to be completed for GPD, HCHV, and LDSH)

Unpaid days: _____

Billable days (LOS): _____

Cost of treatment (round to nearest dollar): \$ _____

III. Status at Program Exit

2. Which is the most important reason why the Veteran ended residential treatment?
- 1. Successful completion of the program
 - 2. Successfully completed some components of the program
 - 3. Veteran was asked to leave because of violation of program rules or failure to comply with program requirements
 - 4. Veteran required a more intensive level of care than offered at this program
 - 5. Veteran was transferred to another residential program for administrative reasons
 - 6. Veteran left the program by his/her own decision, without consulting staff
 - 7. Veteran was incarcerated
 - 8. Veteran is deceased

If item 2 = 8 (Veteran is deceased), do not complete the remainder of the form

- 2a. If the Veteran ended residential treatment because of a **rule violation**, what was the most important reason?
- 1. Threatened/actual violence to self or others
 - 2. Use of alcohol or drugs

3. Curfew violation
4. Other (please specify) _____

3. What is the Veteran's housing arrangement at program exit (location where the Veteran was sleeping on the night of program exit)?

- Housing owned by Veteran, no ongoing housing subsidy
- Housing owned by Veteran, with ongoing housing subsidy
- Housing rented by Veteran, no ongoing housing subsidy
- Housing rented by Veteran with HUD-VASH voucher
- Housing rented by Veteran with non-HUD-VASH housing subsidy
- Permanent housing for formerly homeless persons (such as: CoC Project or S+C)
- Staying or living with family, permanent tenure
- Staying or living with family, temporary tenure
- Staying or living with friends, permanent tenure
- Staying or living with friends, temporary tenure
- GPD transitional housing
- Non-VA transitional housing for homeless persons
- VA MH RRTP
- Non-VA residential treatment program
- Non-VA residential substance abuse treatment facility or detox center
- Hospital or other residential non-psychiatric medical facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Prison or jail
- VA contracted residential treatment programs (HCHV Contract Residential Services)
- Safe Haven (SH)
- Hotel or motel paid for without emergency shelter voucher
- Emergency Shelter (ES), including hotel or motel paid for with emergency shelter voucher
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
- Don't know

Specify subsidy type:

1. Mainstream (non-HUD-VASH) Housing Choice Voucher
2. Public Housing Unit, such as housing fully funded or subsidized by HUD
3. SSVF Rapid Rehousing (RRH) or equivalent RRH subsidy
4. Other subsidized housing, including locally-funded subsidized housing

4. What is the zip code of the location where the Veteran is residing at program exit (if unknown, use current location)? _____

5. Housing stability: How would you describe the Veteran's housing situation at program exit?

1. Literally homeless
2. Imminent risk of losing housing
3. Unstably housed/at risk of losing housing
4. Stably housed
5. Don't know

6. With whom will the Veteran be living at program exit?

0. No residence
1. Alone

- 2. With spouse/partner or children
- 3. With parents, with siblings, or with other family
- 4. With friends
- 5. With strangers
- 6. Don't know

7. What is the Veteran's arrangement for employment at program exit?

- 0. Disabled or retired
- 1. Unemployed
- 2. Actively seeking employment
- 3. Part-time or temporary employment
- 4. Full-time employment
- 5. VA's CWT (NOTE: CWT/TW only. CWT-SE and CBES are considered employment.)
- 6. Other vocational training
- 7. Unpaid volunteer
- 8. Student
- 9. Don't know

8. What is the Veteran's arrangement for receipt of VA financial benefits (disability payments or pension) at the time of program exit?

- 0. Currently receiving VA benefits and will continue
- 1. Has pending application for VA financial benefits
- 2. Is planning to apply for VA financial benefits
- 3. Is neither receiving nor planning to apply for any VA financial benefits
- 4. Do not know Veteran's status with respect to VA financial benefits

9. What is the Veteran's arrangement for receipt of non-VA financial benefits (disability payments or other support) at the time of program exit?

- 0. Currently receiving non-VA benefits and will continue
- 1. Has pending application for non-VA financial benefits
- 2. Is planning to apply for non-VA financial benefits
- 3. Is neither receiving nor planning to apply for any non-VA financial benefits
- 4. Do not know Veteran's status with respect to non-VA financial benefits

10. Did the Veteran receive any money in the past 30 days prior to program exit?

- 0. No
- 1. Yes
- 98. Veteran declined to answer
- 99. Interviewer omitted item

If 10 = no, Veteran declined to answer, or interviewer omitted item, skip to item 14.

If yes, list amount below in each category

Please round to whole dollar amounts and note comma placement (e.g., \$452.76 should be entered as \$ __,453.00)

a. Employment (include CWT-SE and CBES)	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
b. Compensation for service connected psychiatric condition	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
c. Compensation for other service connected condition	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
d. Non-service connected pension	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
e. Retirement income from Social Security	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
f. Pension from a former job	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>
g. Supplemental Security Income (SSI)	\$ __ __ , __ __ __ . <u>0</u> <u>0</u>

h. Social Security Disability Income (SSDI)	\$ ___ __, ___ __. <u>0</u> <u>0</u>
i. Private disability insurance	\$ ___ __, ___ __. <u>0</u> <u>0</u>
j. Worker's compensation	\$ ___ __, ___ __. <u>0</u> <u>0</u>
k. Unemployment insurance	\$ ___ __, ___ __. <u>0</u> <u>0</u>
l. Temporary Assistance for Needy Families (TANF) or similar local program	\$ ___ __, ___ __. <u>0</u> <u>0</u>
m. General Assistance (GA) or similar local program	\$ ___ __, ___ __. <u>0</u> <u>0</u>
n. Child support	\$ ___ __, ___ __. <u>0</u> <u>0</u>
o. Alimony or other spousal support	\$ ___ __, ___ __. <u>0</u> <u>0</u>
p. All other sources (do not include food stamps)	\$ ___ __, ___ __. <u>0</u> <u>0</u>
Total Income	Total Income Calculated in HOMES

11. Did the Veteran receive any non-cash benefits in the 30 days prior to program exit? 0. No
 1. Yes
 99. Case manager omitted item

If 11 = no or Case Manager omitted item, skip to item 12
If yes, select each category

a. Medicaid health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
b. Medicare health insurance program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
c. Temporary Rental Assistance	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
e. Veteran Service Organizations	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
f. State Children's Health Insurance Program or similar local program	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program <u>Child Care Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program <u>Transportation Services</u>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
k. Other TANF-funded services	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
l. Bus, subway, train or cab voucher	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
m. SSI/SSDI Outreach, Access and Recovery (SOAR)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
n. Other (Specify) _____	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

IV. Follow-up Arrangements

Select the code that best describes clinical treatment arrangements made at program exit.

12. Alcohol problems
 0. Not a problem area for this veteran
 1. Problem area for this Veteran, but no treatment arranged
 2. Treatment has been arranged with non-VA provider
 3. Treatment has been arranged with VA provider
 4. Treatment has been arranged with both non-VA and VA provider
13. Drug problems
 0. Not a problem area for this veteran
 1. Problem area for this Veteran, but no treatment arranged
 2. Treatment has been arranged with non-VA provider
 3. Treatment has been arranged with VA provider

4. Treatment has been arranged with both non-VA and VA provider

14. Mental health problems (other than drug or alcohol)

- 0. Not a problem area for this veteran
- 1. Problem area for this Veteran, but no treatment arranged
- 2. Treatment has been arranged with non-VA provider
- 3. Treatment has been arranged with VA provider
- 4. Treatment has been arranged with both non-VA and VA provider

15. Medical problems

- 0. Not a problem area for this veteran
- 1. Problem area for this Veteran, but no treatment arranged
- 2. Treatment has been arranged with non-VA provider
- 3. Treatment has been arranged with VA provider
- 4. Treatment has been arranged with both non-VA and VA provider

16. Social and recreational deficits

- 0. Not a problem area for this veteran
- 1. Problem area for this Veteran, but no treatment arranged
- 2. Treatment has been arranged with non-VA provider
- 3. Treatment has been arranged with VA provider
- 4. Treatment has been arranged with both non-VA and VA provider

17. Vocational skill deficits

- 0. Not a problem area for this veteran
- 1. Problem area for this Veteran, but no treatment arranged
- 2. Treatment has been arranged with non-VA provider
- 3. Treatment has been arranged with VA provider
- 4. Treatment has been arranged with both non-VA and VA provider

Veteran Initials and last 4:

Number of extensions granted:

Address to where Veteran will be going:

Veteran Phone number:

Reason for program exit:

Goals achieved:

Goals not achieved:

Description of aftercare plan:

(Plan to maintain stable housing, maintain sobriety, etc)

What services are in place:

Treatment recommendations:

****Independent housing with a positive exit are the main goals that are tracked for the VA Contract Programs. However other goals the veteran has determined to work on, such as find a job; get driver's license; complete training program; etc., should be included here as well. Not all, but the most important goals established.*