

CLIENT DATA FORM
HCH RESPITE PILOT INITIATIVE

Client ID _____
Site-specific client ID
Respite Admission # _____
(1st,2,3,4,5,6,7,8,9,10)
Respite Admission Date ____/____/____
Date of this admission
Respite Discharge Date ____/____/____
Date of exit from program

Pilot Site ID _____
1- Bakersfield, 2- Dayton, 3- Denver, 4- Ft.
Lauderdale, 5- NYC, 6-Portland ME, 7-Portland OR,
8-Salt Lake City, 9-Seattle, 10-St. Louis

CLIENT INFORMATION (INDICATES INTAKE PERSON ASKS CLIENTS THESE QUESTIONS)**

Date of birth ____/____/____

What is your date of birth?

Gender _____

Are you male, female, or transgender? (Read if necessary: A transgendered person is someone who was born one sex but who lives as the other.)

(Male, Female, Transgender, Unknown)

****Education** _____

What is the highest level of school you have completed or the highest degree you have received?

(<12, HS grad/GED, Voc/Tech, Some College, College Grad, Some Graduate School, Other, Unknown)

****Ethnicity** _____

Are you Hispanic, Spanish, or Latino?

(No, Mexican/Mexican American/Chicano, Puerto Rican, Cuban, Other)

****Race** _____

What do you consider to be your race? Select one or more.

(Black or African American; White; American Indian or Alaska Native; Asian; Native Hawaiian or other Pacific Islander)

****Country of origin** _____

In what country were you born?

(US, Africa, Cambodia, Canada, Central America, Cuba, Dominican Republic, Eastern Europe, Haiti, Jamaica, Middle East, Mexico, Puerto Rico, Russia, South America, Vietnam, Other Asia, Western Europe, Other, Unknown)

****Refugee?** _____

Do you have official status as a refugee or have an application pending?

(Yes, No, Unknown)

****Migrant/seasonal worker?** _____

Are you a migrant or seasonal farmworker or agribusiness worker?

(Yes, No, Unknown)

****Interpreter Language** _____

What is your native language?

****Interpreter Needed?** _____

Would you like a language interpreter during your stay here?

(Yes, No, Unknown)

****Veteran status** _____

Are you now or have you ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States Military Reserves or the National Guard? (Active duty in military service does not include training in the reserves or National Guard)

(Yes, No, Don't Know/Refused)

****Military Service Status**

If discharged from military service, did you receive an honorable discharge?

(Yes, No, Don't Know/Refused)

****If veteran, era served** _____

(If yes to veteran status: During what time period were you a vet?)

(Peacetime, Gulf War, Vietnam era, Korean War, WWII)

****If veteran, served "in-country"?** _____

(If yes to veteran status: Did you ever serve in the country where the conflict occurred?)

(Yes, No, Unknown)

****Age when 1st homeless** _____

How old were you when you first became homeless?

****Location when 1st homeless**

Where did you live when you first became homeless?

(This city, This state-other city, Other State, Other Country, Unknown)

****# times homeless** _____

How many times have you been homeless?

****Time homeless this episode** _____

How long (in months) were you homeless before coming here?

(<1 month, 1-6 months, 7-11 months, 1-3 years, >3 years)

ADMISSION (INDICATES INTAKE PERSON ASKS CLIENT)**

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| <p>Referral source _____ <i>Where client was referred from</i> (ER/ED, Hospital Inpt, Hospital Outpt, HCH clinic, HCH outreach, HCH MH/SA/SW/CM, Other clinic, Other outreach, Other SA/MA/SW/CM, Transitional program, Tx program, Self-referred, Shelter, Drop-in center, Soup kitchen, Jail/prison, Police, Other, Unknown)</p> <p>Meds supplied with referral <input type="checkbox"/> <i>Client arrived with medication supply</i> (check box)</p> <p>Expected LOS in respite _____ <i># of days client is expected to be in respite program</i></p> <p>**Housing status _____ <i>Where did you sleep last night?</i> (Abandoned building, Doubled up, Hospital, Hotel/Motel, Own house/apt, Prison/jail, Shelter, Street/camp, Transitional housing, Tx program, Vehicle, Other, Unknown)</p> <p>**Family status _____ <i>Are you now: Married, Widowed, Divorced, Separated, Never Married, or Living with a partner?</i> (Married, Widowed, Divorced, Separated, Never Married, Living with a Partner, No response)</p> <p>Accompanied? _____ <i>Was client accompanied in the respite program with any family members?</i> (Alone, With Partner, With Child(ren), With Partner and Child(ren))</p> | <p>ER/ED visits last 30 days _____ <i>How many times has client used ER/ED in the last 30 days?</i></p> <p>Days hospitalized last 30 days _____ <i>How many days has client spent hospitalized in the last 30 days?</i></p> <p>Psych _____ <i>Does client have any psychiatric problems?</i> (Documented dx – see list, Suspected – no dx yet, No problem, Unknown)</p> <p>Ever hospitalized for MH <input type="checkbox"/> <i>Was the client ever hospitalized for a psychiatric problem?</i></p> <p>Alcohol _____ <i>Does client have a current alcohol problem?</i> (Documented dx – see list, Suspected – no dx yet, No problem, Unknown)</p> <p>Ever in tx for alcohol <input type="checkbox"/> <i>Was the client ever in a treatment program for an alcohol problem?</i></p> <p>Drugs _____ <i>Does client have a current drug problem?</i> (Documented dx – see list, Suspected – no dx yet, No problem, Unknown)</p> <p>Ever in tx for drugs <input type="checkbox"/> <i>Was the client ever in a treatment program for a drug addiction?</i></p> |
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DISCHARGE

| | |
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| <p>Reason for exit _____ <i>Reason for exit from program</i> (Completed tx, Admin discharge, Left AMA, AWOL, Admitted to hospital, Death, Other, Unknown)</p> <p>Housing status <i>Housing status at time of exit</i> (Acquired housing, Transitional program, Friends or family, Hotel/motel, Hospital, Nursing home, Shelter, Entered tx program, Street, Other, Unknown)</p> | <p>Clinician assessment of program's general benefits to client: <i>Please check one:</i> <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Social worker/Counselor</p> <p><input type="checkbox"/> Learned to manage health condition(s) <i>Learned to manage health condition(s) – "self-care"</i></p> <p><input type="checkbox"/> Benefited from social interaction <i>Client benefited from social interaction with staff and/or other clients</i></p> <p><input type="checkbox"/> Benefited from respite environment <i>Client benefited from the respite environment (nutrition, safety, security, etc.)</i></p> <p><input type="checkbox"/> Decided to enter tx program <i>Client made decision to enter residential tx program for substance abuse</i></p> <p>Comments _____ _____ _____ <i>Additional comments regarding how client has benefited</i></p> |
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| # OF MEDICAL ENCOUNTERS DURING RESPITE STAY | ON-SITE* | OFF-SITE | REFERRAL | SOURCE OF INCOME | At Admission | At Discharge |
|--|--------------------------|--------------------------|--------------------------|--|--|--------------------------|
| MD <i>Medical services provided by Medical Doctor</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | None <i>Has no income at this time</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| NP/PA <i>Medical services provided by Nurse Practitioner/Physicians' Assistant</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SSI <i>Receiving Supplemental Security Income</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| RN <i>Medical services provided by Registered Nurse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SSDI <i>Receiving disability payments</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| LPN <i>Medical services provided by Licensed Practical Nurse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SSA/Retired <i>Receiving Social Security (retirement)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Med asst <i>Medical services provided by medical assistant</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GA/public assistance <i>Receiving General Assistance or other public assistance</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| # OF OTHER ENCOUNTERS DURING RESPITE STAY | ON-SITE | OFF-SITE | REFERRAL | TANF <i>Receiving Temporary Aid to Needy Families (formerly AFDC, aka welfare)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dentist <i>Dental care provided by dentist</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| Hygienist <i>Dental care provided by hygienist</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family/friends | <input type="checkbox"/> | <input type="checkbox"/> |
| Med detox <i>Medical detox provided</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VA benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-med detox <i>Non-medical or social detox provided</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pension/trust | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-individual <i>Substance abuse services provided to individual</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child support | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-group <i>Substance abuse services provided in group</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment | <input type="checkbox"/> | <input type="checkbox"/> |
| MH-MD <i>Mental health services provided by psychiatrist</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers Comp | <input type="checkbox"/> | <input type="checkbox"/> |
| MH-psych NP <i>Mental health services provided by psychiatric nurse practitioner</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employed | <input type="checkbox"/> | <input type="checkbox"/> |
| MH-counseling <i>Mental health services provided individually</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student | <input type="checkbox"/> | <input type="checkbox"/> |
| MH-group <i>Mental health services provided in group</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Job training <i>In a job training program</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case mgmt <i>Case management or social services encounters provided</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical therapy <i>Physical therapy encounters provided</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unknown <i>Income status unknown</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job/educ <i>Employment or education services provided</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ # of medications used during stay <i>Number of medications prescribed and provided for client during stay</i> | | |
| | | | | Treatments Provided During Stay <i>(Check all that apply)</i> | | |
| | | | | <input type="checkbox"/> Narcotics | <input type="checkbox"/> HIV test | |
| | | | | <input type="checkbox"/> IV therapy | <input type="checkbox"/> Hep B vaccine | |
| | | | | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Hep A vaccine | |
| | | | | <input type="checkbox"/> PPD test placed | <input type="checkbox"/> Flu vaccine | |
| | | | | <input type="checkbox"/> PD read | <input type="checkbox"/> Pneumovax | |
| | | | | <input type="checkbox"/> Other immunizations updated | | |

* **On-Site:** service provided on-site or at HCH clinic or at parent clinic; **Off-Site:** service provided off-site (at HCH clinic or affiliated clinic); **Referral:** service provided through referral to unrelated organization