

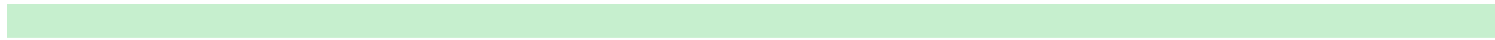
Service Outcome Assessment and Program Disenrollment Worksheet

Form P

Track service outcomes as they occur. Must be completed if the household will be disenrolled from the program or continue to the next annual eligibility period.

Client Name and/or ID Number: _____

Housing Case Manager Name: _____



Check all that apply	Did the household receive any type of housing assistance services? _____
	<input type="checkbox"/> Had contact with a case manager <i>Access to Support</i>
	<input type="checkbox"/> Developed a housing plan for maintaining or establishing stable housing <i>Support for Stable Housing</i>
	<input type="checkbox"/> Accessed and/or maintained medical insurance and/or assistance <i>Access to Health Care</i>
	<input type="checkbox"/> Had contact with a primary health care provider
	<input type="checkbox"/> Accessed and/or maintained sources of income <i>Sources of Income</i>
	<input type="checkbox"/> Obtained and/or maintained an income-producing job

Income Assessment

Check all that apply	Did the household access and/or maintain any of the following types of income? _____
	<input type="checkbox"/> Earned income from employment
	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Supplemental Security Income (SSI)
	<input type="checkbox"/> Social Security Disability Income (SSDI)
	<input type="checkbox"/> Other welfare assistance (SNAP, WIC, TANF, etc.)
	<input type="checkbox"/> Private disability insurance
	<input type="checkbox"/> Veterans disability payment (service or non-service connected payment)
	<input type="checkbox"/> Regular contributions or gifts from organizations or persons not residing in the dwelling
	<input type="checkbox"/> Workers compensation
	<input type="checkbox"/> General assistance (GA) or local program equivalent
	<input type="checkbox"/> Unemployment insurance
	<input type="checkbox"/> Other

Medical Insurance Assessment

Check all that apply	Did the household access and/or maintain any of the following types of medical insurance and/or assistance? _____
	<input type="checkbox"/> Medicaid health program or local program equivalent
	<input type="checkbox"/> Medicare health insurance or local program equivalent
	<input type="checkbox"/> Veterans Affairs medical services
	<input type="checkbox"/> Texas HIV Medication Program (THMP)
	<input type="checkbox"/> Children's Health Insurance Program (CHIP) or local program equivalent
	<input type="checkbox"/> Ryan White-funded medical and/or dental assistance

TBRA Assessment

Did the household receive TBRA? _____
If "yes," service start date: _____

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Household Status	If "yes," service end date:	_____
	Has the eligible individual ever been prescribed antiretroviral therapy (ART)?	_____
	Has the eligible individual shown an improved viral load or achieved viral suppression?	_____
	How long has this household received TBRA services?	_____
	<input type="checkbox"/> Continued to the next year	
	<input type="checkbox"/> Other HOPWA housing assistance	
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>
	<input type="checkbox"/> Private housing	
	<input type="checkbox"/> Institutional arrangement expected to last more than six months	_____
	<input type="checkbox"/> Institutional arrangement expected to last less than six months	<i>Temporarily Stable/Reduced Risk</i>
	<input type="checkbox"/> Transitional housing	_____
	<input type="checkbox"/> Temporary housing	
	<input type="checkbox"/> Emergency shelter	
	<input type="checkbox"/> Place not meant for human habitation	<i>Unstable Arrangements</i>
	<input type="checkbox"/> Jail/Prison term expected to last more than six months	
<input type="checkbox"/> Jail/Prison term expected to last less than six months		
<input type="checkbox"/> Disconnected from care	_____	
<input type="checkbox"/> Death	<i>Life Event</i>	

FBHA Assessment

Household Status	Did the household receive FBHA?	_____
	If "yes," service start date:	_____
	If "yes," service end date:	_____
	How long has this household received FBHA services?	_____
	<input type="checkbox"/> Continued to the next year	
	<input type="checkbox"/> Other HOPWA housing assistance	
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>
	<input type="checkbox"/> Private housing without housing assistance	
	<input type="checkbox"/> Institutional arrangement expected to last more than six months	_____
	<input type="checkbox"/> Institutional arrangement expected to last less than six months	<i>Temporarily Stable/Reduced Risk</i>
	<input type="checkbox"/> Transitional housing	_____
	<input type="checkbox"/> Temporary housing	
	<input type="checkbox"/> Emergency shelter	
	<input type="checkbox"/> Place not meant for human habitation	<i>Unstable Arrangements</i>
	<input type="checkbox"/> Jail/Prison term expected to last more than six months	
<input type="checkbox"/> Jail/Prison term expected to last less than six months		
<input type="checkbox"/> Disconnected from care	_____	
<input type="checkbox"/> Death	<i>Life Event</i>	

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STRMU Assessment

Household Status	Did the household receive STRMU?	_____
	If "yes," service start date:	_____
	If "yes," service end date:	_____
	Is this the first time the household has received STRMU?	_____
	Did the household receive STRMU during the previous STRMU eligibility period?	_____
	Did the household receive STRMU three or more times during the previous five STRMU eligibility periods?	_____
	Did the household receive STRMU during the last five consecutive STRMU eligibility periods?	_____
	<input type="checkbox"/> Continued to the next year	
	<input type="checkbox"/> Other HOPWA housing assistance	
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>
	<input type="checkbox"/> Private housing without housing assistance	
	<input type="checkbox"/> Institutional arrangement expected to last more than six months	_____
	<input type="checkbox"/> Institutional arrangement expected to last less than six months	
	<input type="checkbox"/> Likely to need additional STRMU to maintain current housing arrangements	<i>Temporarily Stable/Reduced Risk</i>
	<input type="checkbox"/> Transitional housing	
	<input type="checkbox"/> Temporary housing	_____
	<input type="checkbox"/> Emergency shelter	
	<input type="checkbox"/> Place not meant for human habitation	<i>Unstable Arrangements</i>
<input type="checkbox"/> Jail/Prison term expected to last more than six months		
<input type="checkbox"/> Jail/Prison term expected to last less than six months		
<input type="checkbox"/> Disconnected from care	_____	
<input type="checkbox"/> Death	<i>Life Event</i>	

PHP Assessment

Household Status	Did the household receive PHP?	_____
	If "yes," service start date:	_____
	If "yes," service end date:	_____
	<input type="checkbox"/> Other HOPWA housing assistance	
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>
<input type="checkbox"/> Private housing without housing assistance		

Did the household disenroll from the program or continue to the next program year? _____

Disenrollment date: _____

Disenrollment reason: _____

Housing Case Manager Signature: _____ Date: _____