

WCCP Periodic Reporting Form

Care Coordinator: complete this form at the first ISP development, then Quarterly (every 3 months) and at discharge.

Name of Person Enrolled: _____ DOB: _____ SS (last 4 #s): _____
Last First MI

A. Current Living Situation (circle one, and fill in days of homelessness, if applicable):

1	Integrated Setting	Private residence alone, with spouse, roommates, domestic partner, parent, child, or other family and rooming house if considered permanent, or other similar independent housing
2	Segregated/ Transitional Setting	OMH Crisis Residence, OMH Housing Treatment Program (Congregate Treatment, Treatment Apartment, or Transitional Living Center), OMH Supported Housing, Supported SRO, OMH Housing Support Program (Congregate support or Service Enriched SRO), assisted/supported living, DOH Adult Home; drug/alcohol abuse residence or inpatient setting or inpatient general or private psychiatric hospital (without permanent address), rooming house if not considered permanent, etc.
3	Institutional Setting	Inpatient state psychiatric center, correctional facility, nursing home or other long term medical facility, etc.
4	Homeless	Streets, parks, drop in center, shelter or emergency housing

B1. How many <i>incidents</i> of homelessness occurred in the past three months?	
B2. How many <i>total days</i> of homelessness occurred in the past three months?	

C. How long has the person been in his or her current living situation (circle one)?	1	< 1 month	2	1-3 months	3	4-6 months
	4	7-12 months	5	> 12 months	6	Unknown

D. Current employment situation (Circle all that currently apply):

1 Competitive employment (employer-paid position) with or without formal supports	2 Non-paid work experience (includes volunteer position)	3 Sporadic/casual employment for pay (includes odd jobs)
4 Works in a sheltered (non-integrated) workshop or other subsidized job – i.e. agency pays the wage	5 No employment of any kind	6 Unknown

Average Scheduled Hours Per Week										
E. Average scheduled hours of employment or non paid work experience per week (circle one):	1	None	2	1-10	3	11-19	4	20-30	5	Over 30

F. Number of <u>weeks</u> at current employment or non-paid work experience:	
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G. Current educational situation (Circle all that currently apply):

1 Regularly enrolled in formal education (that leads to a diploma or certification) with or without formal supports	2 Sporadic enrollment in formal education (leads to a diploma or certification)	3 Pursuing informal education (i.e. that does <u>not</u> lead to a diploma or certification).
4 Considering further education, but not enrolled in an educational program at this time.	5 Not contemplating or pursuing further education	6 Unknown

H. The person has at least one close non-paid support. (Close friend, family member, etc.)	1	Yes	2	No
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I. Does the person participate in any community groups? (Religious, fraternal, civic, interest, etc.)	1	Yes	2	No
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J. How many incidents as a <u>victim</u> of a crime including property damaged or stolen, physical assault, or sexual assault in the last three months?	
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K. Indicate the number of arrests in the last three months.	
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L. Number of psychiatric emergency room (ER) visits in the last three months?	
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M. Number of psychiatric hospitalizations in the last three months?	
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N. Total number of days (overnights) in the hospital in the last three months due to psychiatric illness?	
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During the last three months, how frequently has this individual engaged in the following risk behaviors?

(Circle only one response per item)	Never	Once	Occasionally	Frequently
O. Do physical harm to self, make suicide attempts, or express suicidal threats	1	2	3	4
P. Do physical harm to others or make threats of physical violence to others	1	2	3	4
Q. Abuse alcohol or other drugs	1	2	3	4

Care Coordinator Name: _____ Signature: _____ Date: _____

Agency: _____ County: _____

Guide to the WNYCCP Periodic Reporting Form

This following guide is intended to clarify and define the data requested on the quarterly Period Reporting Form for all WNYCCP enrollees. It is hoped that this guide will further enhance the reliability and validity of this data. Definitions, examples and additional information for each item are highlighted in gray.

A. Current Living Situation (circle one, and fill in days of homelessness, if applicable):

1	Integrated Setting	Private residence alone, with spouse, roommates, domestic partner, parent, child, or other family and rooming house if considered permanent, or other similar independent housing <i>Enrollee's current residence is permanent, independent, and community-based; not sponsored by residential service provider. Examples: Private residence alone, with spouse, roommates, domestic partner, parent, child, or other family and rooming house if considered permanent, or other similar independent housing</i>
2	Segregated/ Transitional Setting	OMH Crisis Residence, OMH Housing Treatment Program (Congregate Treatment, Treatment Apartment, or Transitional Living Center), OMH Supported Housing, Supported SRO, OMH Housing Support Program (Congregate support or Service Enriched SRO), assisted/supported living, DOH Adult Home; drug/alcohol abuse residence or inpatient setting or inpatient general or private psychiatric hospital (without permanent address), rooming house if not considered permanent, etc. <i>Enrollee's current residence is sponsored by a service provider or is short-term in nature. Examples include OMH Crisis Residence, OMH Housing Treatment Program (Congregate Treatment, Treatment Apartment, or Transitional Living Center), OMH Supported Housing, Supported SRO, OMH Housing Support Program (Congregate support or Service Enriched SRO), assisted/supported living, DOH Adult Home; drug/alcohol abuse residence or inpatient setting or inpatient general or private psychiatric hospital (without permanent address), rooming house if not considered permanent, etc.</i>
3	Institutional Setting	Inpatient state psychiatric center, correctional facility, nursing home or other long term medical facility, etc. <i>Enrollee is currently residing in a long-term institutional setting. Examples include Inpatient state psychiatric center, correctional facility, nursing home or other long term medical facility.</i>
4	Homeless	Streets, parks, drop in center, shelter or emergency housing <i>Per US Code Title 42, 11302, the term "homeless" includes-- (1) an individual who lacks a fixed, regular, and adequate nighttime residence (2) an individual who has a primary nighttime residence that is-- (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</i>

B1. How many *incidents* of homelessness occurred in the past three months?

Incidents of homelessness during the past three months: the number of separate episodes of homelessness (Category A4, above) that occurred during the reporting period.

B2. How many *total days* of homelessness occurred in the past three months?

Total days of homelessness that have occurred during the last three months: the number of days the enrollee was considered homeless (Category A4, above) during the reporting period; includes all episodes of homelessness indicated in item B1.

<p>C. How long has the person been in his or her current living situation (circle one)?</p> <p><i>Length of time in current living situation: indicates length of time enrollee has been in situation specified in item A or length of current episode of homelessness.</i></p>	1	< 1 month	2	1-3 months	3	4-6 months
	4	7-12 months	5	> 12 months	6	Unknown

D. Current employment situation (Circle all that currently apply):

<p>1 Competitive employment (paid position) with or without formal supports.</p> <p><i>Employment that is available to the public, regardless of disability status, or diagnosis.</i></p>	<p>2 Non-paid work experience (includes volunteer position).</p> <p><i>Non-paid work experience can include both formal settings (e.g. Tuesday afternoons at the Red Cross) and informal settings (e.g. helping my sister when she cleans the church)</i></p>	<p>3 Sporadic/casual employment for pay</p> <p><i>Includes odd jobs and 'under the table' employment.</i></p>
<p>4 Works in a sheltered (non-integrated) workshop or other subsidized job – i.e. agency pays the wage.</p> <p><i>"Sheltered" settings include those in which only people with a disability/ diagnosis are eligible to work.</i></p>	<p>5 No employment of any kind</p>	<p>6 Unknown</p>

Average Scheduled Hours Per Week

<p>E. Average scheduled hours of employment or non paid work experience per week (circle one):</p> <p><i>Please indicate the total hours of employment. (add up all categories of employment (1 through 4 in item D). Item E should reflect the "average" amount, that is, a typical work week.)</i></p>	<p>1 None</p>	<p>2 1-10</p>	<p>3 11-19</p>	<p>4 20-30</p>	<p>5 Over 30</p>
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<p>F. Number of <u>weeks</u> at current employment or non-paid work experience:</p> <p><i>If the enrollee is currently active in more than one work activity (paid or non-paid), please indicate the number of weeks of the longest-running activity. (e.g. if the enrollee has been volunteering for 16 weeks, and simultaneously working in competitive employment for 4 weeks, "16" should be recorded).</i></p>	
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G. Current educational situation (Circle all that currently apply):

<p>1 Regularly enrolled in formal education (that leads to a diploma or certification) with or without formal supports</p> <p><i>Consistently attending on a part time or full time basis. This would include involvement in GED classes, or college level classes. This could also include trade schools that lead to assist a person in moving toward an employment goal (e.g. cosmetology, nursing programs, etc.).</i></p>	<p>2 Sporadic enrollment in formal education (leads to a diploma or certification)</p> <p><i>Periodically or inconsistently attending school or other training programs that lead to a diploma or certification. Enrollment is not on an ongoing basis person. Person is unable to complete and attend as scheduled; withdraws from training or drops out.</i></p>	<p>3 Pursuing informal education (i.e. that does <u>not</u> lead to a diploma or certification).</p> <p><i>Person is involved in on the job training or other training program that does not have any formal certification or credit attached (e.g. art classes, photography, personal growth classes, etc.).</i></p>
<p>4 Considering further education, but not enrolled in an educational program at this time.</p> <p><i>Person is talking about and or researching going back to school, looking into or completing application such as VESID, student aid, loans, going to explore career goals at library, contact with agencies about GED, college or other training or trade schools.</i></p>	<p>5 Not contemplating or pursuing further education</p>	<p>6 Unknown</p>

H. The person has at least one close non-paid support. (Close friend, family member, etc.)	1	Yes	2	No
I. Does the person participate in any community groups? (Religious, fraternal, civic, interest, etc.)	1	Yes	2	No
J. How many incidents as a <u>victim of a crime</u> including property damaged or stolen, physical assault, or sexual assault in the last three months? <i>Count each occurrence i.e. if multiple crimes are committed during the same incident, count as one incident.</i>				
K. Indicate the number of arrests in the last three months. <i>Count only arrests, not each charge.</i>				
L. Number of psychiatric emergency room (ER) visits in the last three months? <i>Do not count general medical occurrences.</i>				
M. Number of psychiatric hospitalizations in the last three months? <i>Do not count general medical occurrences.</i>				
N. Total number of days (overnights) in the hospital in the last three months due to psychiatric illness? <i>Do not count general medical occurrences.</i>				

During the last three months, how frequently has this individual engaged in the following risk behaviors?

(Circle only one response per item)	Never	Once	Occasionally	Frequently
O. Do physical harm to self, make suicide attempts, or express suicidal threats <i>Do physical harm to self: Deliberate injury inflicted by a person upon his or her own body. Make suicide attempts: Attempts to deliberately take one's own life. Any deliberate action with potentially life-threatening consequences, such as taking a drug overdose or deliberately crashing a car. Express suicidal threats: Expressing an unambiguous wish to die and having a clear plan and means to carry it out.</i>	1	2	3	4
P. Do physical harm to others or make threats of physical violence to others <i>Physical harm to others: A physical assault that results in injuries. Threats of physical violence to others: Verbal threats to inflict bodily harm to someone. Attempting to cause physical harm by striking, pushing, and other aggressive physical acts against another person.</i>	1	2	3	4
Q. Abuse alcohol or other drugs <i>Abuse alcohol: Use of alcoholic beverages (beer, wine, and hard liquor) to excess, either on individual occasions ("binge drinking" – 5 or more drinks at one setting) or as a regular practice. Abuse Drugs: The illegal use of controlled substances (cannabis, depressants, hallucinogens, stimulants/marijuana, barbiturates, LSD, heroin, cocaine).</i>	1	2	3	4