

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

B. How many days 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
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F. Number of weeks at current employment or non-paid work experience: _____

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

I. Does the person participate in any community groups? (Religious, fraternal, civic, interest, etc.) 1 Yes 2 No

J. How many incidents as a victim of a crime including property damaged or stolen, physical assault, or sexual assault in the last three months? _____

K. Indicate the number of arrests in the last three months. _____

L. Number of psychiatric emergency room (ER) visits in the last three months? _____

M. Number of psychiatric hospitalizations in the last three months? _____

N. Total number of days (overnights) in the hospital in the last three months due to psychiatric illness? _____

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: _____