

Permanent Supportive Housing Program
Initial Progress Note

Client intake progress notes should provide a thorough picture of the client needs at the time of intake. Information gathered should be presented in a thorough, objective, and professional manner. At minimum, intake progress notes should provide:

Initial Impression/Presenting Problem (referral info):

Ms. Jones arrived at the office for her scheduled intake. CL was referred by Coordinated Entry on 4/19. CL is currently homeless and in need of housing. CL was referred to the Pathways PSH program.

Demographics/Living Situation/HH Members:

CL is a 45-year-old African American female. CL reports her current marital status as separated. CL is currently staying at XYZ shelter off and on. CL reports she has been homeless on and off the past 5 years. CL previously rented an apartment without a subsidy. CL moved out prior to the landlord filing eviction. CL is single with no other family members.

Education/Employment/Income:

CL reports her highest level of education as receiving her high school diploma. CL states she recently lost her employment with Marble Slab Creamery. CL reports she had a disagreement with the manager and was fired. CL states she currently works for her son babysitting her grandchildren every day for approximately \$150 per week.

Financial Situation:

CL reports approximately \$600 employment income and \$180 in food stamps. After reviewing CL's budget, she spends approximately \$610 over her budget every month. CL states she has a friend who assists her with some of her expenses.

Support System:

CL reports her support system as "fair;" however, CL states she isolates herself and does not have anyone she can talk to. CL states her son supports her financially with employment and will help her out when she's in a bind. CL states he will not let her live there after an incident with her ex-boyfriend. CL reports the friend that helps her out with expenses is also homeless.

Physical Health:

CL currently receives primary care from Hilltop Primary Health Care. CL reports she receives treatment for diabetes, asthma, and arthritis. CL reports she receives free

medication through the clinic. CL reports her physical health as “good.” CL does not have health insurance.

Mental Health:

CL denies any mental health diagnosis past or present. CL denies any suicidal or homicidal ideations past or present. CL reports no need for mental health treatment. (Note: CL stated on the VI-SPDAT of being hospitalized in Low Country Psychiatric Hospital 2 times in the past 6 months.)

Substance Use/Abuse:

CL denies any illicit drug use. CL reports she smokes approximately two packs of cigarettes weekly. CL denies ever receiving inpatient treatment for substance abuse.

Criminal History:

CL denies any past or current felonies, but thinks she has some old misdemeanors. CL could not recall what they were.

Strengths:

CL reports a steady employment record. CL has a friend and son that can help her out financially. CL has no evictions on her record. CL has started her housing search. CL is receiving primary health care.

Identified Needs:

CM and CL identified the following needs:

Case Management; Housing Assistance; Employment Services; New State ID

Initial CM Services:

CM scheduled CL’s move in on 1/13/18. CM will provide transportation and accompany CL for lease signing and move in. CM provided an agency letter for CL to obtain a state ID. CM reviewed the Notice of Privacy Practices, HMIS consent, and Program Agreement with client. CM notified Coordinated Entry CL is now enrolled in PSH. CM transported CL to Emerson Inn and paid for one week. CM provided CL with groceries and a 30-day bus pass. No additional services were provided.

*For a RRH or shelter program, you do not need to include physical health, mental health, or substance use/abuse in your initial assessment. The assessment you use should be focused on identifying housing barriers.

*For PSH programs, you do not have to complete the assessment prior to move in. If you have all the chronic homelessness verification, you can move the CL in and then complete the assessment. You can just complete HMIS and program consent.



Staffing Form

<u>Client Name</u> <input type="checkbox"/> Intake <input type="checkbox"/> Annual Update <input type="checkbox"/> Staffing	<u>Date</u>	<u>Staff in Attendance</u> Use this section to identify staff present.
<input type="checkbox"/> Pro. 1 <input type="checkbox"/> Pro. 2 <input type="checkbox"/> Pro. 3 Change in Provider? <input type="checkbox"/> Yes (attach audit form*) <input type="checkbox"/> No		
<u>Presenting Problems</u> Use this section for staffing new participants or for discussing clients that you are needing help with.	<u>Client Strengths</u> Examples: support systems, income, benefits, employment history, social strengths, health condition, etc.	
<u>Client-Identified Goals</u> (in order of importance) Use this section to document what the client identified as their goals when asked in the intake/assessment process.	<u>Staff-Identified Goals</u> (in order of importance) Use this section to discuss what staff identified in discussion with client that seems to be importance to housing stability	
<u>Recommendations</u> Do not pre-fill this area. Leave it open and write in recommendations based on what is agreed up on in the staffing. This is really important!		
<u>Signature</u> All staff present signs the document after it is staffed.	<u>Title</u>	<u>Date</u>

*Anytime there is a change in provider (case manager or whoever is handling their file) an audit of the file should be completed by the supervisor to ensure any missing documents can be remedied ASAP.

Staffing Form

<u>Client Name</u> Jane Doe <input checked="" type="checkbox"/> Intake <input type="checkbox"/> Annual Update <input type="checkbox"/> Staffing	<u>Date</u> 7/20/17	<u>Staff in Attendance</u> Jerry Lewis Mickey Mouse Cindy Crawford
<input checked="" type="checkbox"/> RRH <input type="checkbox"/> PSH <input type="checkbox"/> PSH-2 Change in Provider? <input type="checkbox"/> Yes (attach audit form) <input checked="" type="checkbox"/> No		
<u>Presenting Problems</u> -Currently homeless, staying at XYZ Shelter -Only has 15 days left to stay -No income -3 prior evictions -Out of medication for anxiety -No primary care or mental health care	<u>Client Strengths</u> -Good employment history in food service -GED -Owns a car in working condition -Keeps all documentation from case management, housing providers, identification, etc. -Has \$190 SNAP (food stamp) benefits	
<u>Client-Identified Goals</u> (in order of importance) -"I need my anxiety meds, I think I'm going to lose it at the shelter" -"Please help me with a 2 bedroom so I can have a place for my son to stay" -"I'd like to get my CNA"	<u>Staff-Identified Goals</u> (in order of importance) -Obtain housing within 15 days -Assist with referral for doctor to get medication once in housing -Obtain income	
<u>Recommendations</u> -Housing Specialist to check with XYZ Property Management and Scott Jones for 2BRs -Housing Specialist to pull evictions off court website to see what pops up and how much money is owed -CM to reach out to XYZ Shelter and let them know we are working on a housing plan for RRH within 30 days in case a shelter extension is necessary -Provide her with information regarding Wellness Free Medical Clinic and let her know she can reach out now or CM can assist once in housing -Follow up Appointment next week on 7/27/17 to review housing options		
<u>Signature</u> Jerry Lewis Mickey Mouse Cindy Crawford	<u>Title</u> Housing Spec. RRH CM Housing Dir.	<u>Date</u> 7/20/17 7/20/17 7/20/17

