

**Juneau Homeless Respite Care Program  
2010-2013**

# Juneau Homeless Respite Care Program

Background.....	3
Recognizing the Need for Respite Care for the Homeless.....	3
Costs .....	5
Agencies .....	5
In Progress.....	<b>Error! Bookmark not defined.</b>
Process .....	7
Appendix A: Physician’s Guidelines.....	8

## **Background**

Respite care is acute and post-acute care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to be hospitalized. Respite for the homeless is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Respite care meets the post-hospital recuperative care needs for people who are homeless while reducing public costs associated with frequent hospital utilization.

The purpose of this plan is to provide a pilot respite care approach that can be implemented within Juneau during 2010 through 2011 to provide Juneau's homeless with short-term respite care after suffering a serious illness or injury. This plan also seeks to prevent the spread of communicable diseases, such as influenza and tuberculosis, amongst all segments of the Juneau community. This program is not intended to serve as a temporary shelter option for the homeless and only provides for stays in respite for two and up to seven days unless otherwise specified by participating medical providers. The Juneau Homeless Coalition (JEDC, the Glory Hole, and the Front Street Clinic) and the United Way participated in developing this plan.

A similar approach to the one proposed here was implemented by the Homeless Coalition during the 2009 to 2010 winter because of the H1N1 situation. A large part of the respite effort was funded by the CBJ. It was successful. Our recent experience with other communicable illnesses, injuries, and recuperative requirements among our homeless population indicates that Juneau has an urgent and on-going need for homeless respite care. The need is so serious that we are planning a permanent approach to address it but, while that approach is being defined, Juneau has an immediate need to provide broader homeless respite care this year and until the on-going approach is implemented. Because we are not certain of the specific needs of the community, this proposal is for a pilot homeless respite care program to address the immediate need and to provide us with data to develop an on-going respite care capability.

## **Recognizing the Need for Respite Care for the Homeless**

Many of us have suffered from illnesses and injuries that require bed rest for recuperation. Many of us have suffered from communicable diseases such as influenza. We are able to remain at home until our medical providers tell us we are well enough to go about our daily activities. The homeless who are suffering from an illness or injury have a difficult if not impossible task obtaining bed rest. When a homeless person has been diagnosed with a communicable disease or when that person requires continuing rest after having received acute care, that individual is discharged back to the street. This threatens not only adequate recuperation by the individual but often results in relapses or ongoing acute illnesses. Discharge to the street can also threaten the general population in the instance of communicable illness.

Substandard living conditions, inadequate nutrition, extreme weather, and limited healthcare inevitably lead to serious health conditions. Shelters and homeless treatment programs are simply unable to accommodate clients recovering from surgery or those with acute health conditions. Also, Bartlett Regional Hospital cannot provide extended post-treatment care to homeless patients because of the expense of hospitalization. Therefore, people who are homeless here experience a high rate of unresolved health conditions or complications which lead to repeat emergency room visits and hospital stays due to improper healing at a tremendous cost to the Bartlett Regional Hospital, the Juneau community, and the health of the individuals who are experiencing homelessness.

- People experiencing homelessness have high rates of physical and mental illness, increased mortality, and frequent hospitalizations.
- Homeless persons are three to four times more likely to die prematurely than are their housed counterparts. These deaths are most highly associated with acute and chronic medical conditions exacerbated by life on the streets or in shelters.
- Homeless adults are hospitalized more frequently than those in the general population and often require longer inpatient stays; however, their lack of a stable home environment diminishes the long-term effectiveness of their hospital care.
- Frequently, people who are homeless are discharged from hospitals with self-care instructions that are difficult to follow. The stress of living on the streets, exposure to the elements, poor nutrition, and limited access to water and bathing facilities pose barriers to self-care that can lead to medical complications and hospital re-admission.
- Homelessness exacerbates health problems, complicates treatment, and disrupts continuity of care. Medical respite care offers an alternative to discharging patients to the streets while continuing the care provided by medical care providers.
- As an example, the CDC recommends isolation of an influenza-infected person for at least 24 hours after resolution of fever, without a fever-reducing medication. This poses a difficult task in the homeless population due to lack of separate rooms in shelters and other communal living spaces.

In 2010, Juneau had approximately 537 documented homeless individuals. Juneau's social service providers believe that the homeless population here is even higher. No one can deny that homelessness is a huge problem in Juneau and that we have the highest rate of homelessness in Alaska according to the Project Homeless Connect numbers of January, 2010. Based on our experience in prior years, we estimate that up to five individuals experiencing homelessness will require respite care for post-acute care or bed rest to recuperate per month. Each case is different but we anticipate that a homeless individual will require an average of approximately two and up to seven days in respite care. A stay may only be extended if deemed necessary by a participating medical provider.

Juneau needs a continuing program for homeless respite care. JEDC is organizing the data for that proposal. This pilot program will help to clarify the specific requirements of such a program and potential funding sources.

## Costs

Our partners in funding the respite care pilot program are the City and Borough of Juneau, Bartlett Regional Hospital, The Glory Hole, JEDC, The Front Street Clinic, and Hospice and Home Care nurses.

Based on last year's experience, the anticipated costs for this interim 2010-2011 respite care program are listed below. Because this is a pilot program, this request is for actual expenditures only. The costs incurred may vary from these estimated expenses.

- Approximately 120 nights or 10 nights per month of hotel occupancy at \$80 per night for a total of \$9,600;
- Three meals per day per person and snacks to be donated by the Glory Hole as needed;
- Hospice and Home Care nurses providing care as needed;
- Front Street Clinic medically evaluating and monitoring clients;
- Approximately 60 trips from the hospital to a hotel for \$20 per trip for a total of \$1200 for transportation; and
- Administration, program tracking, and billing provided by JEDC.

The out-of-pocket costs for the program for the 2010-2011 year are estimated to be \$10,800. We expect that additional necessary professional services will account for well over one-third of the total actual cost of the program.

Professional services and food are being donated to the program by the Glory Hole, JEDC, Hospice and Home Care nurses, and the Front Street Clinic and we expect that these services comprise more than one-third of the total cost of the program.

Bartlett Regional Hospital has agreed to provide the program with \$5,000 for out-of-pocket expenses.

The City and Borough of Juneau approved \$8,700 in funding for the homeless respite program to cover the period through December 15, 2010 to June 30, 2012.

We are requesting that the CBJ support one-third of this pilot program, or approximately one-half of the out-of-pocket costs, by funding an estimated \$5,800 during this year. Note that the highest direct monthly cost to CBJ during last winter's program was \$792, which was charged in October, 2009.

## Agencies

Agencies involved in the 2011 plan are:

- **Bartlett Regional Hospital**  
3260 Hospital Drive  
Juneau, AK 99801

- (907) 796-8900
- **Catholic Community Services, Hospice and Home Care Nurses**  
419 East 6th Street  
Juneau, AK 99801-1020  
(907) 463-6111
  - **The Glory Hole**  
247 South Franklin Street  
Juneau, AK 99801  
(907) 586-4159
  - **Juneau Economic Development Council**  
612 W. Willoughby Ave., Suite A  
Juneau, AK 99801-1732  
(907) 523-2300
  - **SEARHC**  
**Front Street Clinic**  
225 Front Street, No. 202  
Juneau, AK 99801  
(907)463-4201
  - **Veterans Administration Clinic**  
709 West 9<sup>th</sup> street  
Juneau, Alaska 99801  
(907) 796-4300

## Process

1. Should a homeless person present ill or injured and request evaluation and care from a medical facility, normally the Front Street Clinic, VA Clinic, or Bartlett Regional Hospital, and the medical provider decides that the person is in need of short-term shelter and bed rest to recuperate, the medical provider may discharge the individual to short-term medical respite care.
  - The physician will indicate whether the patient will need Hospice and Home Care services or Front St. Clinic follow-up.
2. The Front Street Clinic, VA Clinic, or Bartlett Regional Hospital to complete the following information with the homeless person entering the respite program:
  - Discharge Form
  - Conditions and Guidelines
  - Respite Care survey
3. Whoever the referring agency is, such as The Front Street Clinic, VA Clinic, or Bartlett Regional Hospital, will **fax** JEDC, Front St., Hospice Home Care all the information, including patients history and physical to Front Street and Hospice. We will **email** the Glory Hole (Maryia) that there is a patient at the Driftwood (primary hotel) or Goldbelt Hotel (secondary hotel) without including any other information such as patient name or diagnosis. She will then order the food for the patient at the Driftwood or Goldbelt.
4. The Front Street Clinic, VA Clinic, or Bartlett Regional Hospital contacts the hotel (The Driftwood/Goldbelt Hotel) to which the client will be sent for respite and calls for a taxi (Juneau Taxi) and informs the dispatch the cab ride will be charged to the CBJ Homeless Respite Program.
5. The taxi company and hotel have established billing arrangements with the JEDC for transportation and hotel stays.
6. The Front Street Clinic staff checks in with respite resident at least twice per day.
7. The Glory Hole provides three meals per day plus supplemental fluids and snack food to the client at the hotel.
8. The Front Street Clinic checks the person's enrollment status and enrolls them if necessary.
9. After two nights, the Front Street Clinic staff or Hospice and Home Care nurses determine whether the client's stay must be extended—up to seven days total. A client may be referred to stay the additional nights, if deemed necessary, by notifying the JEDC. A client cannot have his or her hotel stay extended unless approved by the medical provider.
10. The hotel cleans the room after the client leaves.
11. JEDC collects all forms for billing, data collection, and procedure refinement. This information will also be used to develop the on-going homeless respite care plan for Juneau and for reports to the partner organizations and CBJ Assembly.
12. Patients must follow all of the rules of the hotel and be respectful to hotel staff. Complaints from the hotel staff will result in discharge from the hotel.

## Appendix A: Physician's Guidelines

**About:** Short-term medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital. For resources on respite programs across the country, please visit <http://www.nhchc.org/Respite/>.

**Goal:** The goal of the Juneau Short-Term Respite Care program is to 1) provide hotel stays (3 to 7 days) for homeless persons too ill/injured to return to the streets, and 2) to collect data on the needs of homeless persons being discharged from the hospital. This information may lead to potential long-term solutions for medical respite for homeless persons as well as potentially identify areas of cost savings for the hospital.

### Process:

#### A. Physician refers homeless person to the Juneau Short-Term Respite Care Program.

1. Physician to carefully consider homeless patients that would benefit from a short-term respite care situation. Patients referred should be able to comply with the program's *Conditions and Guidelines for Participants*. (No drugs and alcohol, able to follow hotel rules, etc.) Keep in mind that this is unsupervised respite and keeping hotel operators happy will be important to the longevity of the program.
2. Physician refers patient to a 3-day respite care placement at a local hotel.
3. Physician to determine level of care during respite stay.
  1. Hospice and Homecare of Juneau (daily visits)
  2. Front St. Clinic (Monitoring by phone/follow-up visit)

#### B. Bartlett staff complete paperwork and enter homeless person into the program.

4. Complete *Discharge Form*.
5. Review *Conditions and Guidelines for Participants* with patient and obtain signature.
6. Complete *Juneau Short-Term Respite Care Survey* with patient.
7. Fax Discharge Form, signed *Conditions and Guidelines for Participants*, the *Juneau Short-Term Respite Care Survey*, to the following parties:
  1. Hospice and Home Care of Juneau – Nancy Davis or Rosemary Gruening (907) 463-6112
  2. Juneau Economic Development Council –Jessy Post or Margaret O'Neal, (907) 463-3929
  3. The Front Street Clinic - (907) 463-6617
  4. **Email The Glory Hole to inform them a Patient is at the Driftwood or Goldbelt Hotel—no patient information needed. The Glory Hole – [thegloryhole@gci.net](mailto:thegloryhole@gci.net)**
  5. **FAX History and Physical to Front Street Clinic and Hospice and Home Care of Juneau.**
9. Call Driftwood Hotel – (907) 586-2280 or Goldbelt Hotel (907) 586-6900
10. Call Juneau Taxi for transportation, inform the cab company this is to be billed to

the CBJ Homeless Respite Program account, make sure patient has discharge form to give to the Hotel – (907) 790-4511

**At this point Bartlett Hospital staff duties are complete.**

**C. Patient will receive the following services during their respite stay:**

- Information packet on local social services.
- Food, snacks, and other essentials from The Glory Hole.
- Medical follow-up, either Front St. Clinic or Hospice and Home Care of Juneau, depending on the nature of the injury / illness.
- Hotel bill paid.

**D. After 3 days, Front St. Clinic or Hospice and Home Care of Juneau will discharge or refer the patient to stay in the program for up to 4 additional days. (7 total)**

**E. Juneau Economic Development Council to make payments to hotel and taxi operators, and collect data for reporting to Bartlett, CBJ, and other respite partners.**

# Form A: Discharge Form

**A. Physician refers homeless patient to the Juneau Short-Term Respite Care Program.**

**B. Bartlett staff complete paperwork and enter homeless person into the program.**

1. Complete *Discharge Form*.
  2. Review *Conditions and Guidelines for Participants (Form B)* with patient and obtain signature.
  3. Complete *Juneau Short-Term Respite Care Survey (Form C)* with patient.
  4. Fax Discharge Form, signed Conditions and Guidelines for Participants, and the Juneau Short-Term Respite Care Survey to the following parties:
    1. Hospice and Home Care of Juneau – Nancy Davis or Rosemary Gruening (907) 463-6111
    2. Juneau Economic Development Council – Jessy Post or Margaret O’Neal, (907) 463-3929
    3. The Front Street Clinic - (907) 463-6617
    4. **Email The Glory Hole to inform them a Patient is at the Driftwood or the Goldbelt Hotel— no patient information needed. The Glory Hole – [thegloryhole@gci.net](mailto:thegloryhole@gci.net)**
    5. **FAX History and Physical to Front Street Clinic and Hospice and Homecare of Juneau.**
  5. Call Driftwood Lodge Hotel – (907) 586-2280 / Goldbelt Hotel – (907) 586-6900
  6. Call Juneau Taxi for transportation, inform the cab company this is to be billed to the CBJ Homeless Respite Program account, make sure patient has discharge form for the Hotel – (907) 790-4511
- At this point Bartlett Hospital staff duties are complete.**

---

## PATIENT INFORMATION

Date/Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone#: \_\_\_\_\_

Patient cleared to enter the Juneau Short-Term Respite Care Program  Yes

Name of person who gave clearance \_\_\_\_\_

Care needs and recommendations:  Hospice and Home Care Services  Front. St. Clinic Follow-up

Other (please identify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

## Form B: Conditions and Guidelines for Participants

Welcome to the Juneau Short-Term Respite Program. The purpose of the program is to provide you with a safe, dry, indoor environment while you recover from your illness. The following conditions and guidelines have been established with goal of providing you with a place for recuperative care.

### PROCEDURES

Each day during your stay you can expect the following:

- Glory Hole staff will provide food and drinks;
- Depending on your medical needs, either the Front Street Clinic or Hospice and Home Care of Juneau staff will evaluate your condition by phone or onsite visit;
- Hotel costs will be covered for the duration of your stay; and
- Contact information for local social service providers will be made available.

### CONDITIONS & GUIDELINES

1. **Hotel Rules:** Participant must follow all of the rules of the hotel and be respectful to hotel staff. Complaints from the hotel staff will result in discharge from the hotel and the Respite Care Program.
2. **Alcohol and Drugs:** Alcohol and drugs interfere with both your medical recovery and the safety of the hotel and its other guests. Alcohol or drugs (other than those prescribed by your doctor) will not be permitted in the hotel. If you use drugs or alcohol in a manner that interferes with your recovery or violates hotel rules or operations you will be immediately asked to leave the hotel and the program.
3. **Health Care Follow-Up:** Participants must follow up with a health care provider to stay in the hotel.
4. **Food:** The Glory Hole will deliver meals and snacks to you twice a day. If you have special dietary requirements, please call the Glory Hole at 586-4159.
5. **Visitors:** You are not allowed visitors other than immediate family members. If you need to let other friends and family know how you are doing, please use your cell phone or the room phone for local calls only. For out of town notification of family members, please call the Glory Hole at 586-4159. Paragraph 2 above, the Alcohol and Drugs section, applies to visitors.
6. **Cleaning and Room Service:** Regular hotel staff will clean your room after your leave. Please be considerate and clean up after yourself as much as you can. You are not entitled to room service in this program.
7. **Transportation:** Taxi service to the hotel has been provided by the program.

**IMPORTANT NUMBERS**

**Food and General Program Information:**

For questions about your stay in the hotel, food, transportation, or for a person to talk to, contact the Glory Hole 586-4159.

**Health:**

If you have questions about your mental or physical health or any other medical questions, contact the Front Street Clinic at 463-4201 or, if you are receiving care from Hospice and Home Care Nurses, please call them at 463-6100.

**SEARHC Help Line:**

If you have feelings of Hopelessness, Worthlessness, Helplessness or feeling of a loss of control, you can call for help at the SEARHC Help Line: 1-877-294-0074

*Conditions and guidelines for patients' acknowledgement form*

I understand the conditions and guidelines I have received. By signing below, I accept and agree to follow these conditions for participation in the Juneau Short-Term Respite Care Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Form C: Juneau Short-Term Respite Care Survey

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Last 4 Numbers of Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Directions:** Please print clearly. Check only ONE box per section and fill out the form completely, please do not skip sections. Please do not write in answers unless there is a blank to do so and none of the provided answers apply.

<p>1. Gender (check one):</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female	<p>2. Primary Race (check one):</p> <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	<p>3. Primary Alaska Native Corporation (check one):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Ahtna, Incorporated  <input type="checkbox"/> Aleut Corporation  <input type="checkbox"/> Arctic Slope Regional Corp.  <input type="checkbox"/> Bering Straits Native Corp.  <input type="checkbox"/> Bristol Bay Native Corp.  <input type="checkbox"/> Calista Corporation  <input type="checkbox"/> Chugach Alaska Corporation           </div> <div style="width: 48%;"> <input type="checkbox"/> Cook Inlet Region, Inc.  <input type="checkbox"/> Doyon, Limited  <input type="checkbox"/> Koniag Inc.  <input type="checkbox"/> NANA Regional Corp.  <input type="checkbox"/> Sealaska Corporation  <input type="checkbox"/> The 13th Regional Corp.           </div> </div>
<p>4. Household Type (check one):</p> <input type="checkbox"/> Adult Individual(s) <u>without</u> Children under the age of 18 <input type="checkbox"/> Household <u>with</u> Children under the age of 18* <input type="checkbox"/> Unaccompanied Minor	<p>5. If Applicable from #4:</p> <p># of Minor Children in your household: _____</p>	<p>6. How long have you been homeless?</p> <p style="text-align: center;">_____ Yrs _____ Mos</p> <p># times homeless in last 3 yrs.</p> <input type="checkbox"/> 0-3 times <input type="checkbox"/> 4+ times
<p>7. Do you have Health Insurance or Health Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N</p>		
<p>8. Are you Employed?</p> <input type="checkbox"/> Y <input type="checkbox"/> N	<p>9. During the last month did you receive income from any of the following sources?</p> <input type="checkbox"/> Employment <input type="checkbox"/> General Assistance <input type="checkbox"/> TANF <input type="checkbox"/> Contributions from other people <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security Insurance (SSI), Social Security Disability Insurance (SSDI) <input type="checkbox"/> No income <input type="checkbox"/> Other Sources-	
<p>10. Where did you sleep last night? (check only one)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Domestic Violence Shelter (e.g. AWARE)  <input type="checkbox"/> Doesn't Know or Remember  <input type="checkbox"/> Emergency Shelter (e.g. Glory Hole)  <input type="checkbox"/> Foster care/group home  <input type="checkbox"/> Hospital (inc. Emergency Room)  <input type="checkbox"/> Hotel/Motel (due to displacement)  <input type="checkbox"/> Jail, Prison or Juvenile Facility  <input type="checkbox"/> Own House  <input type="checkbox"/> Permanent Housing for Formerly Homeless           </div> <div style="width: 48%;"> <input type="checkbox"/> Place not meant for habitation (e.g. Tent or Car)  <input type="checkbox"/> Psychiatric Hospital or Facility (e.g. API, Bartlett)  <input type="checkbox"/> Refused to Answer  <input type="checkbox"/> Rent Apartment/House  <input type="checkbox"/> Stayed With Family  <input type="checkbox"/> Stayed With Friends  <input type="checkbox"/> Subsidized Housing (e.g. Public Housing)  <input type="checkbox"/> Substance Abuse Treatment Center (Including Detox)  <input type="checkbox"/> Transitional Housing for Homeless (e.g. St. Vincent De Paul)  <input type="checkbox"/> Other _____           </div> </div>		
<p>11. How long have you stayed there? (check only one)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 1 week or less  <input type="checkbox"/> more than 1 week but less than a month  <input type="checkbox"/> 1-3 months           </div> <div style="width: 48%;"> <input type="checkbox"/> More than 3 months but less than a year  <input type="checkbox"/> 1 year or longer           </div> </div>		
<p>12. Have you recently experienced any of the following? (check all that apply):</p> <input type="checkbox"/> Physical Disability <input type="checkbox"/> HIV/Aids <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Chronic Substance Abuse (Have you ever received treatment for substance abuse?) <input type="checkbox"/> Mental Illness (Have you ever received treatment for a mental health condition?)		
<p>13. Has your landlord sent you an eviction notice this month? <input type="checkbox"/> Y <input type="checkbox"/> N</p>		<p>14. Are you a Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>15. What was the primary reason for becoming homeless? <input type="checkbox"/> Loss of job <input type="checkbox"/> Lacking financial resources <input type="checkbox"/> Release from Jail or Prison  <input type="checkbox"/> Release from a mental health facility <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental health disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Domestic violence  <input type="checkbox"/> Medical Condition <input type="checkbox"/> Divorce or Separation <input type="checkbox"/> Other: _____</p>		
<p>16. Are you a beneficiary of the Alaska Mental Health Trust Authority? <input type="checkbox"/> Y <input type="checkbox"/> N</p>		

# Form C: Juneau Short-Term Respite Care Survey

## Authorization to Share Protected Personal Information

I, \_\_\_\_\_ (AKA) \_\_\_\_\_ authorize staff, volunteers and service providers involved with the **Juneau Short-Term Respite Care Program** to obtain and share personal information about me during the course of my participation in the **Juneau Short-Term Respite Care Program**. I understand that the purpose of obtaining and sharing this information is so that they can help me gain access to the services, such as: medical treatment, behavioral health treatment, social services, entitlements, appointments, etc.

I consent to and authorize the collection of personal identifying information about me as it applies to homelessness and the services provided by the **Juneau Short-Term Respite Care Program**. I expect and understand that the use of all personal information is guided by strict standards of confidentiality. Any publicly released reports generated from this system will show total numbers only and no individual data. The information gathered by the Juneau Short-Term Respite Care Program shall be used to: produce summary reports regarding the Juneau Short-Term Respite Care Program and clients served; track program outcomes; identify unfilled service needs and plan for provision of new services offered by the Juneau Short-Term Respite Care program.

\_\_\_\_\_  
Signature (Patient/Client/Parent/Guardian/Conservator)

\_\_\_\_\_  
Relationship if not Client

\_\_\_\_\_  
Witness (Required if Client unable to sign)

\_\_\_\_\_  
Check and Name if Interpreter Used

Refused Signature

**CAUTION:** Federal and State laws protecting confidential patient information apply to health information contained in this completed form.

# Form C: Juneau Short-Term Respite Care Survey

## Reference Sheet

1. **Gender.** Check the appropriate box.
2. **Primary Race.** Check **ONE** box. If the client identifies with multiple races, ask if he or she had to pick one, which one would it be?
3. **Primary Alaska Native Corporation.** Check **ONE** box if applicable.
4. **Household Type.** Check **ONE** box. Household is defined as “Either a person or group of people occupying a single dwelling”. An “unaccompanied minor” is under 18 years old.
5. **Number of Minor Children in Household (if applicable):** Write answer on line. A child is considered a “minor” if he or she is under 18 years old.
6. **How long have you been homeless?** Write answer on line. **# of times homeless in last 3 years:** Check whichever box to report separate periods of homelessness in last 3 year.
7. **Are you employed?** Check a box for current employment status. Participating in Day Labor or Vocational Rehabilitation Programs is *not* considered employment.
8. **Health Insurance or Health Benefits.** Check one box.
9. **During the last month did you receive income from any of the following sources?** Please indicate all income sources.
10. **Where did you sleep last night?** Check only one box. Please try to use the responses listed and not “Other”. If you select “Other”, write a specific location. If they answer “a program”, please list which one. Note: The “Sleep Off” or Transfer Station is considered a facility. “Place not meant for habitation (i.e. tent/car)” also includes the following: camping, the woods, in a vehicle, on the streets, etc.
11. **How long have you stayed there?** Check the appropriate box. Has the client received a notice (including a date) to move out of their current residence?
12. **Have you recently experienced any of the following?** Check all that apply.
13. **Has your landlord sent you an eviction notice this month?** Check the appropriate box.
14. **Are you a Veteran?** Did the individual serve in the United States Military? Check the appropriate box.
15. **What was the primary reason for becoming homeless?** Choose one.
16. **Are you a beneficiary of the Alaska Mental Health Trust Authority?**