

Ohio Department of Health • HIV CARE Services

Case Management Outcome Measures (CMOM)

FOR OFFICE USE ONLY

Ryan White ID#

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Agency name

New client to Case Management?

Yes No

Was client assisted in completing this form?

Yes No

Today's date (mm/dd/yyyy)

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Please read

- This form is used to collect information needed to assess how helpful the case management program is to clients.
- The information enables us to continue receiving funds for case management services (including emergency financial assistance).
- Your answers will be kept strictly confidential.
- Please answer all the questions as instructed on the form. However, if there is a question you do not want to answer, you may skip it. Your case manager will answer it on your behalf.
- If you are completing the form for a child, please refer to instructions for Parents/Guardians.
- This form must be completed every six months by/for all clients in the Case Management Program.

I (client) do not want to complete this form.

Reason _____

<p>1. Do you currently receive money from any of the following sources? (Please check all that apply)</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> Work disability</p> <p><input type="checkbox"/> Public assistance (e.g., TANF/Ohio Works First)</p> <p><input type="checkbox"/> SSDI (Social Security Disability Income)</p> <p><input type="checkbox"/> SSI (Supplemental Security Income)</p> <p><input type="checkbox"/> Unemployment compensation</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> No income</p>	<p>4a. How much do you pay in rent or mortgage per month? (If you pay nothing, write "0" and skip to question 5.)</p> <p>\$ _____ per month</p>										
<p>2. Have you been homeless in the past 6 months (e.g., no regular address, live in shelter, live in car, etc.)?</p> <p><input type="checkbox"/> Yes, currently homeless</p> <p><input type="checkbox"/> Yes, but no longer homeless</p> <p><input type="checkbox"/> No</p>	<p>4b. In the past 6 months, was there a time when you were unable to pay this amount?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>										
<p>3. In the past 6 months, in how many places have you lived (including shelters, friends' homes, etc.)?</p> <p>Number of places _____</p>	<p>5. On average, how much do you pay per month for the following services? (If the item is included in rent/mortgage, write "0".)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Gas</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Electric</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Water</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Heating fuel, oil or propane</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Telephone</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Gas	\$ _____	Electric	\$ _____	Water	\$ _____	Heating fuel, oil or propane	\$ _____	Telephone	\$ _____
Gas	\$ _____										
Electric	\$ _____										
Water	\$ _____										
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Telephone	\$ _____										
<p>6. In the past 6 months, have utilities (gas, electric, etc.) been kept on because your case manager assisted you or referred you to another program?</p> <p><input type="checkbox"/> Yes, one or more utility services were kept on because of case manager's assistance</p> <p><input type="checkbox"/> No, utility services were disconnected</p> <p><input type="checkbox"/> N/A (did not need assistance with utility services)</p>	<p>7. In the past 6 months, have you ever gone without food because you could not afford to buy it?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>										

