

# HMIS DISCHARGE - RHY Street Outreach

FIRST NAME	LAST NAME	BIRTHDATE

PROJECT	DISCHARGE DATE

REASON FOR DISCHARGE	
<input type="checkbox"/> Left for a housing opportunity before completing program <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Criminal activity / destruction of property / violence <input type="checkbox"/> Needs could not be met by project <input type="checkbox"/> Death	<input type="checkbox"/> Completed program <input type="checkbox"/> Non-compliance with project <input type="checkbox"/> Reached maximum time allowed in project <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Unknown/disappeared <input type="checkbox"/> Other: _____

COVERED BY HEALTH INSURANCE				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>IF YES:</b>				
MEDICAID .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	
State Children's Health Insurance Program .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	VA Medical Services .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Employer provided Health insurance .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	Health ins. via COBRA .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Private Pay Health Insurance.....	<input type="checkbox"/> No <input type="checkbox"/> Yes	State Health Ins. Adults .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	

PHYSICAL DISABILITY				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>IF YES:</b>				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Received services/treatment while in the program:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

DEVELOPMENTAL DISABILITY				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>IF YES:</b>				
<b>Expected to substantially impair ability to live independently:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Received services/treatment while in the program:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

CHRONIC HEALTH CONDITION				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>IF YES:</b>				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Received services/treatment while in the program:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

<b>HIV/AIDS</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
<b>Expected to substantially impair ability to live independently:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>Documentation of the disability and severity on file:</b> .....				<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Received services/treatment while in the program:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

<b>MENTAL HEALTH PROBLEM</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>Documentation of the disability and severity on file:</b> .....				<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Received services/treatment while in the program:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

<b>SUBSTANCE ABUSE PROBLEM</b>				
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Alcohol and Drug Abuse		
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected	
IF YES:				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
<b>Documentation of the disability and severity on file:</b> .....				<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Received services/treatment while in the program:</b>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

<b>DESTINATION</b>	
<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or Motel paid for without emergency voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from a HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from a HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client, with ongoing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Place not meant for habitation (e.g, a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Other (describe)  <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Data not collected

NEW RESIDENCE COUNTY					
<input type="checkbox"/> Albany	<input type="checkbox"/> Cortland	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Onondaga	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Ulster
<input type="checkbox"/> Allegany	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kings	<input type="checkbox"/> Ontario	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Warren
<input type="checkbox"/> Bronx	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Lewis	<input type="checkbox"/> Orange	<input type="checkbox"/> Schenectady	<input type="checkbox"/> Washington
<input type="checkbox"/> Broome	<input type="checkbox"/> Erie	<input type="checkbox"/> Livingston	<input type="checkbox"/> Orleans	<input type="checkbox"/> Schoharie	<input type="checkbox"/> Wayne
<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Essex	<input type="checkbox"/> Madison	<input type="checkbox"/> Oswego	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Westchester
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Franklin	<input type="checkbox"/> Monroe	<input type="checkbox"/> Otsego	<input type="checkbox"/> Seneca	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Fulton	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Putnam	<input type="checkbox"/> Steuben	<input type="checkbox"/> Yates
<input type="checkbox"/> Chemung	<input type="checkbox"/> Genesee	<input type="checkbox"/> Nassau	<input type="checkbox"/> Queens	<input type="checkbox"/> Suffolk	<input type="checkbox"/> <b>NYS Unknown</b>
<input type="checkbox"/> Chenango	<input type="checkbox"/> Greene	<input type="checkbox"/> New York	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Sullivan	<input type="checkbox"/> <b>USA not NYS</b>
<input type="checkbox"/> Clinton	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Niagara	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tioga	<input type="checkbox"/> <b>Not USA</b>
<input type="checkbox"/> Columbia	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Oneida	<input type="checkbox"/> Rockland	<input type="checkbox"/> Tompkins	<input type="checkbox"/> <b>Unknown</b>

OUTCOME CATEGORY		
<input type="checkbox"/> Graduation	<input type="checkbox"/> Service Refusal / Drop Out	<input type="checkbox"/> Transfer to Similar Program
<input type="checkbox"/> Medical Complications / Deceased	<input type="checkbox"/> Suicide	<input type="checkbox"/> Other - Neutral
<input type="checkbox"/> Other - Negative	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Long-Term Psych. Hospitalization

NOTES