

HMIS DISCHARGE - RHY Transitional Housing MINOR as Household Member

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
IF YES:				
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
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<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
Documentation of the disability and severity on file:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Received services/treatment while in the program:				
<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
IF YES:				
Expected to substantially impair ability to live independently:				
<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
Documentation of the disability and severity on file:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Received services/treatment while in the program:				
<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
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<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
Documentation of the disability and severity on file:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Received services/treatment while in the program:				
<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

HIV/AIDS				
<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:				
Expected to substantially impair ability to live independently:				
<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
Documentation of the disability and severity on file:				<input type="checkbox"/> No <input type="checkbox"/> Yes
Received services/treatment while in the program:				
<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

MENTAL HEALTH PROBLEM				
<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:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<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
Documentation of the disability and severity on file:				<input type="checkbox"/> No <input type="checkbox"/> Yes
Received services/treatment while in the program:				
<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

SUBSTANCE ABUSE PROBLEM				
<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:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<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
Documentation of the disability and severity on file:				<input type="checkbox"/> No <input type="checkbox"/> Yes
Received services/treatment while in the program:				
<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

EMPLOYMENT STATUS				
<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: TYPE OF EMPLOYMENT				HOURS WORKED IN PAST WEEK
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal/Sporadic (including Day Labor)		
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected		
IF NO: WHY NOT EMPLOYED?				
<input type="checkbox"/> Looking for Work		<input type="checkbox"/> Unable to Work	<input type="checkbox"/> Not looking for work	

GENERAL HEALTH STATUS				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
DENTAL HEALTH STATUS				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
MENTAL HEALTH STATUS				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	

TRANSITIONAL, EXIT-CARE OR AFTER CARE PLANS AND ACTIONS

Project Completion Status:

- Completed project Youth voluntarily left early Youth was expelled or otherwise involuntarily discharged from project

If youth voluntarily left early, select the major reason:

- Left for other opportunities - Independent living Left for other opportunities - Education
 Left for other opportunities - Military Left for other opportunities - Other
 Needs could not be met by project

If the youth was expelled or otherwise involuntarily discharged from the project, select the major reason:

- Criminal activity/destruction of property/violence Non-compliance with project rules
 Non-payment of rent/occupancy charge Reached maximum time allowed by project
 Project terminated Unknown/disappeared

Family Reunification Achieved: No Yes Client Doesn't Know Client Refused Data Not Collected

DESTINATION

- | | |
|---|--|
| <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"/> NYS Unknown |
| <input type="checkbox"/> Chenango | <input type="checkbox"/> Greene | <input type="checkbox"/> New York | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Sullivan | <input type="checkbox"/> USA not NYS |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Niagara | <input type="checkbox"/> Richmond | <input type="checkbox"/> Tioga | <input type="checkbox"/> Not USA |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Oneida | <input type="checkbox"/> Rockland | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Unknown |

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