HMIS DISCHARGE - HOPWA

FIRST NAME	LAST NAME	BIRTHDATE

GENDER

❑ Male ❑ Female ❑ Other ❑ Trans F to M ❑ Trans M to F

PROJECT	DISCHARGE DATE

REASON FOR DISCHARGE

❑ Left for a housing opportunity before completing program
❑ Non-payment of rent/occupancy charge
❑ Criminal activity / destruction of property / violence
❑ Needs could not be met by project
❑ Death ❑ Other: ___________________________
❑ Completed program
❑ Non-compliance with project
❑ Reached maximum time allowed in project
❑ Disagreement with rules/persons
❑ Unknown/disappeared

INCOME FROM ANY SOURCE

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

❑ Earned Income .... $_______
❑ SSI .... $_______
❑ VA Service-Connected Disability Compensation .... $_______
❑ Private Disability Insurance.. $_______
❑ TANF .... $_______
❑ Retirement from SSA... $_______
❑ Child Support... $_______
❑ Other (specify) ____________________________ .... $_______
❑ Unemployment Insurance .... $_______
❑ SSDI .... $_______
❑ VA Non-Service Connected Disability Pension................. $_______
❑ Worker's Compensation.. $_______
❑ General Public Assistance .... $_______
❑ Pension or Retirement from former job .... $_______
❑ Alimony or Other Spousal Support.................................. $_______

NON CASH BENEFITS FROM ANY SOURCE

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

❑ SNAP (Food Stamps) ❑ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
❑ TANF Child Care Services ❑ TANF Transportation Services ❑ Other TANF Funded Services
❑ Section 8, Public Housing or Other Ongoing Rental Assistance ❑ Temporary Rental Assistance
❑ Other Source

COVERED BY HEALTH INSURANCE

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

HEALTH INSURANCE	IF NO, REASON:
MEDICAID ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
MEDICARE ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
State Children's Health Insurance Program ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
Veteran's Administration (VA) Medical Services ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
Employer-Provided Health Insurance ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
Health Insurance acquired through COBRA ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
Private Pay Health Insurance ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
State Health Insurance for Adults ❑ No ❑ Yes	❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected

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

DEVELOPMENTAL DISABILITY				
❑ No	❑ Yes	❑ Client Doesn't Know	❑ Client Refused	❑ Data Not Collected
IF YES:				
Expected to substantially impair ability to live independently:				
❑ No	❑ Yes	❑ Client Doesn't Know	❑ Client Refused	❑ Data Not Collected
Documentation of the disability and severity on file: ❑ No ❑ Yes				
Received services/treatment while in the program:				
❑ No	❑ Yes	❑ Client Doesn't Know	❑ Client Refused	❑ Data Not Collected

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

HIV/AIDS				
❑ No	❑ Yes	❑ Client Doesn't Know	❑ Client Refused	❑ Data Not Collected
IF YES:				
Expected to substantially impair ability to live independently:				
❑ No	❑ Yes	❑ Client Doesn't Know	❑ Client Refused	❑ Data Not Collected
Documentation of the disability and severity on file: ❑ No ❑ Yes				
Received services/treatment while in the program:				
❑ No	❑ Yes	❑ Client Doesn't Know	❑ Client Refused	❑ Data Not Collected

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

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

HIV/AIDS MEDICAL ASSISTANCE
RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected
IF NO, REASON:
❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected
RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP)
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected
IF NO, REASON:
❑ Applied: decision pending ❑ Applied: client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client refused ❑ Data not collected

DESTINATION *(Head of Household and Adult only)*

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

HOUSING ASSESSMENT AT EXIT

- ❑ Able to maintain the housing they had at project entry
- ❑ Moved in with family/friends on a temporary basis
- ❑ Moved to a transitional or temporary housing facility or program
- ❑ Client went to jail/prison
- ❑ Client doesn't know
- ❑ Client died
- ❑ Moved to new housing unit
- ❑ Moved in with family/friends on a permanent basis
- ❑ Client became homeless - moving to a shelter or other place unfit for human habitation
- ❑ Client refused
- ❑ Data not collected

NEW RESIDENCE COUNTY

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

OUTCOME CATEGORY

- ❑ Graduation
- ❑ Medical Complications / Deceased
- ❑ Other - Negative
- ❑ Service Refusal / Drop Out
- ❑ Suicide
- ❑ Incarceration
- ❑ Transfer to Similar Program
- ❑ Other - Neutral
- ❑ Long-Term Psych. Hospitalization

NOTES