

HMIS DISCHARGE - SSVF

| FIRST NAME | LAST NAME | BIRTHDATE |
|------------|-----------|-----------|
| | | |

| GENDER | | | | |
|-------------------------------|---------------------------------|--------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | <input type="checkbox"/> Trans F to M | <input type="checkbox"/> Trans M to F |

| 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"/> Other: _____ | <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 |

| INCOME FROM ANY SOURCE (monthly) (Head of Household and Adult only) | | | | |
|---|--|--|---|---|
| <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: | | | | |
| <input type="checkbox"/> Earned Income..... \$ _____ | <input type="checkbox"/> Unemployment Insurance..... \$ _____ | <input type="checkbox"/> SSI..... \$ _____ | <input type="checkbox"/> SSDI..... \$ _____ | <input type="checkbox"/> VA Service-Connected Disability Compensation..... \$ _____ |
| <input type="checkbox"/> Private Disability Insurance..... \$ _____ | <input type="checkbox"/> Worker's Compensation..... \$ _____ | <input type="checkbox"/> TANF..... \$ _____ | <input type="checkbox"/> General Public Assistance..... \$ _____ | <input type="checkbox"/> Retirement from SSA..... \$ _____ |
| <input type="checkbox"/> Child Support..... \$ _____ | <input type="checkbox"/> Pension or Retirement from former job..... \$ _____ | <input type="checkbox"/> Other (specify)..... \$ _____ | <input type="checkbox"/> Alimony or Other Spousal Support..... \$ _____ | |

| NON CASH BENEFITS FROM ANY SOURCE | | | | |
|---|---|---|---|---|
| <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: | | | | |
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> TANF Transportation Services | <input type="checkbox"/> Other TANF Funded Services |
| <input type="checkbox"/> Section 8, Public Housing or Other Ongoing Rental Assistance | <input type="checkbox"/> Temporary Rental Assistance | <input type="checkbox"/> Other Source | | |

| 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 |
| Private Pay Health Insurance..... <input type="checkbox"/> No <input type="checkbox"/> Yes | Health ins. via COBRA..... <input type="checkbox"/> No <input type="checkbox"/> Yes | State Health Ins. Adults..... <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|------------------------------|--|---|---|
| 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 |

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|---|------------------------------|--|---|---|
| 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 |

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|---|------------------------------|--|---|---|
| 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 |

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|---|------------------------------|--|---|---|
| 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 |

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|---|------------------------------|--|---|---|
| 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 |

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|---|--|--|---|---|
| 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 |

| DESTINATION (Head of Household and Adult only) | |
|---|--|
| <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 |
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