

HMIS DISCHARGE - RHY

Emergency Shelter, Maternity Group Home or Transitional Living

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"/> 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

MATERNITY GROUP HOME AND TRANSITIONAL LIVING ONLY: INCOME FROM ANY SOURCE (monthly)	
<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"/> SSI\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation.....\$ _____ <input type="checkbox"/> Private Disability Insurance.....\$ _____ <input type="checkbox"/> TANF.....\$ _____ <input type="checkbox"/> Retirement from SSA.....\$ _____ <input type="checkbox"/> Child Support.....\$ _____ <input type="checkbox"/> Other (specify) _____ \$ _____	<input type="checkbox"/> Unemployment Insurance..... \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension.... \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> General Public Assistance..... \$ _____ <input type="checkbox"/> Pension or Retirement from former job \$ _____ <input type="checkbox"/> Alimony or Other Spousal Support..... \$ _____

MATERNITY GROUP HOME AND TRANSITIONAL LIVING ONLY: 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"/> TANF Child Care Services <input type="checkbox"/> Section 8, Public Housing or Other Ongoing Rental Assistance <input type="checkbox"/> Other Source	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF Funded Services <input type="checkbox"/> Temporary Rental Assistance

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 State Children's Health Insurance Program <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	MEDICARE <input type="checkbox"/> No <input type="checkbox"/> Yes VA Medical Services <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

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		
A WRITTEN TRANSITIONAL, AFTERCARE OR FOLLOW-UP PLAN OR AGREEMENT:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

ADVICE ABOUT AND/OR REFERRAL TO APPROPRIATE MAINSTREAM ASSISTANCE PROGRAMS:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

PLACEMENT IN APPROPRIATE, PERMANENT, STABLE HOUSING (NOT A SHELTER):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

DUE TO UNAVOIDABLE CIRCUMSTANCES OR SCARCITIES OF APPROPRIATE HOUSING, THE YOUTH MUST BE TRANSPORTED OR ACCOMPANIED TO A TEMPORARY SHELTER:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

EXIT COUNSELING:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

A COURSE OF FURTHER FOLLOW-UP TREATMENT OR SERVICES:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

A FOLLOW-UP MEETING OR SERIES OF STAFF/YOUTH MEETINGS OR CONTACTS HAS BEEN SCHEDULED:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

A "PACKAGE OF SUCH THINGS AS MAPS, INFORMATION ABOUT LOCAL SHELTERS AND RESOURCES:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

OTHER:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

PROJECT COMPLETION STATUS:		
<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project		
If youth voluntarily left early, select the major reason:		
<input type="checkbox"/> Left for other opportunities - Independent living	<input type="checkbox"/> Left for other opportunities - Education	
<input type="checkbox"/> Left for other opportunities - Military	<input type="checkbox"/> Left for other opportunities - Other	
<input type="checkbox"/> Needs could not be met by project		
If the youth was expelled or otherwise involuntarily discharged from the project, select the major reason:		
<input type="checkbox"/> Criminal activity/destruction of property/violence	<input type="checkbox"/> Non-compliance with project rules	
<input type="checkbox"/> Non-payment of rent/occupancy charge	<input type="checkbox"/> Reached maximum time allowed by project	
<input type="checkbox"/> Project terminated	<input type="checkbox"/> Unknown/disappeared	

FAMILY REUNIFICATION ACHIEVED:				
<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	
<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) <hr/> <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