

HMIS DISCHARGE - HOPWA

Special Needs Information must be updated within the Admission Record

FIRST NAME	LAST NAME	DISCHARGE DATE
		____/____/____

INCOME 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"/> 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.....\$ _____
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"/> 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

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

HIV/AIDS MEDICAL ASSISTANCE	
RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE	
<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 NO, REASON:	
<input type="checkbox"/> Applied: decision pending <input type="checkbox"/> Applied: client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP)	
<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 NO, REASON:	
<input type="checkbox"/> Applied: decision pending <input type="checkbox"/> Applied: client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <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"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Hotel or Motel paid for without emergency voucher | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| <input type="checkbox"/> Moved from a HOPWA funded project to HOPWA PH | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Moved from a HOPWA funded project to HOPWA TH | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Owned by client, no ongoing subsidy | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Owned by client, with ongoing subsidy | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Client doesn't know |
| <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"/> Client refused |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Data not collected |

HOUSING ASSESSMENT AT EXIT

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

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 |

NOTES