

# HMIS DISCHARGE - RHY

## Basic Center Program ES & Prev, Maternity Group Home or Transitional Living

FIRST NAME	LAST NAME	DISCHARGE DATE

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"/> Unemployment Insurance.....	\$ _____	
<input type="checkbox"/> SSI .....	\$ _____	<input type="checkbox"/> SSDI .....	\$ _____	
<input type="checkbox"/> VA Service-Connected Disability Compensation .....	\$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Pension.....	\$ _____	
<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"/> Pension or Retirement from former job.....	\$ _____	
<input type="checkbox"/> Child Support .....	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support .....	\$ _____	
<input type="checkbox"/> Other (specify) .....	\$ _____			

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"/> 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	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	

COMMERCIAL SEXUAL EXPLOITATION				
EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX (E.G. MONEY, FOOD DRUGS, SHELTER)?				
<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
<b>(If yes) Number of times:</b>	<b>(If yes) Did someone ask/make you have sex?</b>	<b>How many times?</b>		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more		
	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
<b>In the last three months?</b>	<b>Ever made/persuaded to have sex in exchange for something?</b>		<b>(If yes) Made/persuaded in the last three months?</b>	
<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	<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		<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	

COMMERCIAL LABOR EXPLOITATION				
EVER AFRAID TO QUIT/LEAVE WORK DUE TO THREATS OF VIOLENCE TO YOURSELF, FAMILY OR FRIENDS?				
<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
EVER PROMISED WORK WHERE WORK OR PAYMENT DIFFERENT THAN YOU EXPECTED?				
<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
<b>Felt forced, pressured or tricked into continuing the job?</b>			<b>In the last three months?</b>	
<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			<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	

COUNSELING		
CONSELING RECEIVED BY CLIENT	TYPE(S) OF COUNSELING RECEIVED	NUMBER OF SESSIONS RECEIVED
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group – peer to peer counseling	
TOTAL NUMBER OF SESSIONS PLANNED IN YOUTH'S SERVICE PLAN	A PLAN IS IN PLACE TO START OR CONTINUE COUNSELING AFTER EXIT	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

SAFE AND APPROPRIATE EXIT	
EXIT DESTINATION SAFE – (as determined by client)	EXIT DESTINATION SAFE – (as determined by project/caseworker)
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worker Does Not Know
CLIENT HAS PERMANENT POSITIVE ADULT CONNECTIONS OUTSIDE OF PROJECT	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker Does Not Know	
CLIENT HAS PERMANENT POSITIVE COMMUNITY CONNECTIONS OUTSIDE OF PROJECT	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker Does Not Know	

LAST GRADE COMPLETED
<input type="checkbox"/> Less than grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/HS Diploma <input type="checkbox"/> School does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Certification <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

SCHOOL STATUS
<input type="checkbox"/> Attending School Regularly <input type="checkbox"/> Attending School Irregularly <input type="checkbox"/> Graduated From High School <input type="checkbox"/> Obtained GED <input type="checkbox"/> Dropped Out <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <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

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

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"/> 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"/> 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"/> 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"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Data not collected
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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"/> <b>NYS Unknown</b>
<input type="checkbox"/> Chenango	<input type="checkbox"/> Greene	<input type="checkbox"/> New York	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Sullivan	<input type="checkbox"/> <b>USA not NYS</b>
<input type="checkbox"/> Clinton	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Niagara	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tioga	<input type="checkbox"/> <b>Not USA</b>
<input type="checkbox"/> Columbia	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Oneida	<input type="checkbox"/> Rockland	<input type="checkbox"/> Tompkins	<input type="checkbox"/> <b>Unknown</b>

NOTES