



2018 HMIS DISCHARGE HHS: PATH – All Projects All Clients

*DISCHARGE DATE ____/____/____	*FIRST NAME	*LAST NAME
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*INCOME & SOURCES / NON-CASH BENEFITS

*INCOME FROM ANY SOURCE (HEAD OF HOUSEHOLD & ADULT ONLY)

No Yes (SEE BELOW) Client Doesn't Know Client Refused Data Not Collected

IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY

<input type="checkbox"/> Earned Income (i.e. employment income).....\$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____
<input type="checkbox"/> Supplemental Security Income (SSI).....\$ _____	<input type="checkbox"/> Social Security Disability Insurance (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"/> Temporary Assistance for Needy Families (TANF) ...\$ _____	<input type="checkbox"/> General Assistance (GA)\$ _____
<input type="checkbox"/> Retirement Income from Social Security\$ _____	<input type="checkbox"/> Pension or Retirement Income from Former Job . \$ _____
<input type="checkbox"/> Child Support.....\$ _____	<input type="checkbox"/> Alimony and Other Spousal Support.....\$ _____

*NON-CASH BENEFITS FROM ANY SOURCE (HEAD OF HOUSEHOLD & ADULT ONLY)

No Yes (SEE BELOW) Client Doesn't Know Client Refused Data Not Collected

IF YES: CHECK ALL THAT APPLY

<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services

*HEALTH INSURANCE / DISABLING CONDITIONS

*COVERED BY HEALTH INSURANCE

No Yes (SEE BELOW) Client Doesn't Know Client Refused Data Not Collected

IF YES: CHECK ALL THAT APPLY

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 Insurance through COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	State Health Insurance for Adults..... <input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program <input type="checkbox"/> No <input type="checkbox"/> Yes	

*DISABLING CONDITIONS

SPECIAL NEEDS/DISABLING CONDITIONS INFORMATION MUST BE UPDATED WITHIN THE ADMISSION RECORD

*DESTINATION

*DESTINATION: CHECK CATEGORY THAT **MOST CLOSELY MATCHES** CLIENT RESPONSE – DOES NOT REQUIRE EXACT MATCH

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Emergency shelter, including hotel/motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, VASH subsidy
<input type="checkbox"/> Foster care or foster care group home	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, GPD TIP subsidy
<input type="checkbox"/> Hotel/motel paid for without voucher	<input type="checkbox"/> Rental by client, other ongoing housing subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, RRH or equivalent subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Moved from a HOPWA funded project to HOPWA PH	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Moved from a HOPWA funded project to HOPWA TH	<input type="checkbox"/> Staying/living with family, permanent tenure
<input type="checkbox"/> Owned by client, no ongoing subsidy	<input type="checkbox"/> Staying/living with family, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/> Owned by client, with ongoing subsidy	<input type="checkbox"/> Staying/living with friends, permanent tenure
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (e.g. SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Staying/living with friends, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/> Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="checkbox"/> Substance abuse treatment facility or detox center
	<input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)



OPTIONS AT RIGHT ARE CONSIDERED MISSING DATA: USE ONLY IF NECESSARY

Client Doesn't Know Client Refused
 No Exit Interview Completed 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

***PATH-SPECIFIC DISCHARGE DATA**

PATH STATUS		
*DATE OF STATUS DETERMINATION	*CLIENT BECAME ENROLLED IN PATH	IF NO: REASON NOT ENROLLED
____/____/____	<input type="checkbox"/> No (SEE RIGHT) <input type="checkbox"/> Yes	<input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)

NOTES