



2018 HMIS DISCHARGE HHS: RHY – BCP-ES, MGH, TLP All Clients

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

*INCOME FROM ANY SOURCE (MGH & TLP ONLY)		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> 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"/> Supplemental Security Income (SSI).....\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation.....\$ _____ <input type="checkbox"/> Private Disability Insurance\$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) ...\$ _____ <input type="checkbox"/> Retirement Income from Social Security\$ _____ <input type="checkbox"/> Child Support.....\$ _____	<input type="checkbox"/> Unemployment Insurance\$ _____ <input type="checkbox"/> Social Security Disability Insurance (SSDI).....\$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension\$ _____ <input type="checkbox"/> Worker's Compensation.....\$ _____ <input type="checkbox"/> General Assistance (GA)\$ _____ <input type="checkbox"/> Pension or Retirement Income from Former Job .\$. _____ <input type="checkbox"/> Alimony and Other Spousal Support.....\$ _____	
*NON-CASH BENEFITS FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: CHECK ALL THAT APPLY		
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children <input type="checkbox"/> TANF Transportation Services	<input type="checkbox"/> Other TANF-Funded Services

*HEALTH INSURANCE / DISABLING CONDITIONS

*COVERED BY HEALTH INSURANCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: CHECK ALL THAT APPLY		
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 Indian Health Services Program <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 Insurance through COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes State Health Insurance for Adults..... <input type="checkbox"/> No <input type="checkbox"/> Yes	
*DISABLING CONDITIONS		
SPECIAL NEEDS/DISABLING CONDITIONS INFORMATION MUST BE UPDATED WITHIN THE ADMISSION RECORD		

*RHY-SPECIFIC DISCHARGE DATA

*PROJECT COMPLETION STATUS	IF INVOLUNTARILY DISCHARGED: SELECT THE MAJOR REASON
<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project (SEE RIGHT)	<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

COUNSELING		
*COUNSELING RECEIVED	*TYPES 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 IN PLACE TO START/CONTINUE COUNSELING AFTER EXIT	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

----- GO ON -----



SAFE AND APPROPRIATE EXIT	
*EXIT DESTINATION SAFE – AS DETERMINED BY CLIENT	
<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
*EXIT DESTINATION SAFE – AS DETERMINED BY CASEWORKER	
<input type="checkbox"/> No <input type="checkbox"/> Yes <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 PEER 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	

COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING	
*HAVE YOU EVER RECEIVED ANYTHING (SUCH AS MONEY, FOOD, DRUGS, OR SHELTER) IN EXCHANGE FOR HAVING SEXUAL RELATIONS WITH ANOTHER PERSON?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
IF YES TO [HAVE YOU EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX...?]: PROVIDE DETAILS	
*IN THE LAST THREE (3) MONTHS?	*HOW MANY TIMES?
<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"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*DID SOMEONE EVER MAKE YOU OR PERSUADE YOU TO HAVE SEX WITH ANYONE ELSE IN EXCHANGE FOR SOMETHING?	IF YES TO [DID SOMEONE EVER MAKE YOU OR PERSUADE...]: IN THE LAST THREE (3) MONTHS?
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <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/TRAFFICKING	
*HAVE YOU EVER BEEN AFRAID TO QUIT/LEAVE WORK DUE TO THREATS OF VIOLENCE TO YOURSELF, FAMILY, OR FRIENDS?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)	<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 ENDED UP BEING DIFFERENT THAN YOU EXPECTED?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
IF YES TO EITHER [WORKPLACE VIOLENCE THREATS] OR [WORKPLACE PROMISE DIFFERENCE]: PROVIDE DETAILS	
*DID YOU FEEL FORCED, COERCED, PRESSURED, OR TRICKED INTO CONTINUING THE JOB?	*HAVE YOU HAD ANY JOBS LIKE THESE IN THE LAST THREE (3) MONTHS?
<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

PROJECT EXIT DATA	
*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 <input type="checkbox"/> School does not have grades <input type="checkbox"/> GED <input type="checkbox"/> Some college
<input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <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"/> Obtained GED <input type="checkbox"/> Expelled	<input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Dropped out <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Graduated from high school <input type="checkbox"/> Suspended	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*EMPLOYMENT STATUS	
<input type="checkbox"/> No (SEE BELOW LEFT) <input type="checkbox"/> Yes (SEE BELOW RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF NO: WHY NOT EMPLOYED?	IF YES: TYPE OF EMPLOYMENT
<input type="checkbox"/> Looking for Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Not Looking for Work	<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	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

---- GO ON ----



*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
*GENERAL DENTAL 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
*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

AFTERCARE PLANS		
*AFTERCARE WAS PROVIDED		IF YES: IDENTIFY THE PRIMARY WAY IT WAS PROVIDED
<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Client Refused	<input type="checkbox"/> Via email/social media <input type="checkbox"/> In-person: one on one <input type="checkbox"/> Via telephone <input type="checkbox"/> In-person: group

***DESTINATION**

*DESTINATION: CHECK CATEGORY THAT MOST CLOSELY MATCHES CLIENT RESPONSE – DOES NOT REQUIRE EXACT MATCH	
<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel/motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel/motel paid for without 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 (other than RRH) for formerly homeless persons (e.g. SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Place not meant for habitation (e.g. vehicle, 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, VASH subsidy <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> Rental by client, other ongoing housing subsidy <input type="checkbox"/> Rental by client, RRH or equivalent subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying/living with family, permanent tenure <input type="checkbox"/> Staying/living with family, temporary tenure (e.g. room, apartment, or house) <input type="checkbox"/> Staying/living with friends, permanent tenure <input type="checkbox"/> Staying/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 (incl. homeless youth)
OPTIONS AT RIGHT ARE CONSIDERED MISSING DATA: USE ONLY IF NECESSARY	<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"/> <i>NYS Unknown</i>
<input type="checkbox"/> Chenango	<input type="checkbox"/> Greene	<input type="checkbox"/> New York	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Sullivan	<input type="checkbox"/> <i>USA not NYS</i>
<input type="checkbox"/> Clinton	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Niagara	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tioga	<input type="checkbox"/> <i>Not USA</i>
<input type="checkbox"/> Columbia	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Oneida	<input type="checkbox"/> Rockland	<input type="checkbox"/> Tompkins	<input type="checkbox"/> <i>Unknown</i>

NOTES