



2018 HMIS DISCHARGE – HHS: RHY - OUTREACH

*DISCHARGE DATE ____/____/____	*FIRST NAME	*LAST NAME
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*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	

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

*COMMERCIAL SEXUAL EXPLOITATION & LABOR EXPLOITATION

*HAVE YOU EVER RECEIVED ANYTHING IN EXCHANGE FOR HAVING SEXUAL RELATIONS WITH ANOTHER PERSON (SUCH AS MONEY, FOOD, DRUGS, OR SHELTER)?

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

IF YES TO [HAVE YOU EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX...?]: PROVIDE DETAILS

*HAS IT BEEN IN THE PAST THREE (3) MONTHS?

No Yes Client Doesn't Know Client Refused Data Not Collected

*HOW MANY TIMES HAVE YOU RECEIVED SOMETHING IN EXCHANGE FOR HAVING SEXUAL RELATIONS WITH ANOTHER PERSON?

1-3 4-7 8-11 12+ Client Doesn't Know Client Refused Data Not Collected

*DID SOMEONE EVER MAKE YOU OR PERSUADE YOU TO HAVE SEX WITH ANYONE ELSE IN EXCHANGE FOR SOMETHING?	<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	IF YES TO [DID SOMEONE EVER MAKE YOU OR PERSUADE...]: HAS IT BEEN IN THE PAST 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
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*EVER BEEN AFRAID TO QUIT/LEAVE WORK DUE TO THREATS OF VIOLENCE TO YOURSELF, FAMILY, OR FRIENDS?

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

*EVER BEEN PROMISED WORK WHERE WORK OR PAYMENT ENDED UP BEING DIFFERENT THAN YOU EXPECTED?

No Yes (SEE BELOW) Client Doesn't Know Client Refused 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?

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

*HAVE YOU HAD ANY JOBS LIKE THESE IN THE LAST THREE (3) MONTHS?

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

*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)



<p style="text-align: center;">OPTIONS AT RIGHT ARE CONSIDERED MISSING DATA: <i>USE ONLY IF NECESSARY</i></p>	<p style="text-align: center;">PLEASE REVISIT ABOVE OPTIONS FIRST</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Client Doesn't Know</td> <td style="border: none;"><input type="checkbox"/> Client Refused</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> No Exit Interview Completed</td> <td style="border: none;"><input type="checkbox"/> Data Not Collected</td> </tr> </table>	<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
<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

NOTES