



2018 HMIS DISCHARGE HUD: CoC – 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

<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**

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|--------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <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

Empty box for notes.