



## 2018 HMIS DISCHARGE HUD: HOPWA – 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)	
<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	
<b>IF YES: CHECK &amp; FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY</b>	
<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 (HEAD OF HOUSEHOLD & ADULT 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	
<b>IF YES: CHECK ALL THAT APPLY</b>	
<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	
*MEDICAID	<b>IF NO: REASON</b>
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client Refused <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client
*MEDICARE	<b>IF NO: REASON</b>
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client Refused <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client
*STATE CHILDREN'S HEALTH INSURANCE PROGRAM	<b>IF NO: REASON</b>
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client Refused <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client
*VETERAN'S ADMINISTRATION (VA) MEDICAL SERVICES	<b>IF NO: REASON</b>
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client Refused <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client
*EMPLOYER-PROVIDED HEALTH INSURANCE	<b>IF NO: REASON</b>
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client Refused <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client

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<b>*HEALTH INSURANCE THROUGH COBRA</b>		<b>IF NO: REASON</b>	
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>*PRIVATE PAY HEALTH INSURANCE</b>		<b>IF NO: REASON</b>	
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>*STATE HEALTH INSURANCE FOR ADULTS</b>		<b>IF NO: REASON</b>	
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>*INDIAN HEALTH SERVICES PROGRAM</b>		<b>IF NO: REASON</b>	
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>*DISABLING CONDITIONS</b>			
<b>SPECIAL NEEDS/DISABLING CONDITIONS INFORMATION MUST BE UPDATED WITHIN THE ADMISSION RECORD</b>			

**\*HOPWA-SPECIFIC MEDICAL ASSISTANCE**

<b>*RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE</b>		<b>IF NO: REASON</b>	
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>*RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP)</b>		<b>IF NO: REASON</b>	
<input type="checkbox"/> No (SEE RIGHT) <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"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

**\*DESTINATION**

<b>*DESTINATION: CHECK CATEGORY THAT MOST CLOSELY MATCHES CLIENT RESPONSE – DOES NOT REQUIRE EXACT MATCH</b>			
<input type="checkbox"/> Deceased <input type="checkbox"/> <b>Emergency shelter, including hotel/motel paid for with emergency shelter voucher</b> <input type="checkbox"/> Foster care or foster care group home <input type="checkbox"/> <b>Hospital</b> or other residential non-psychiatric medical facility <input type="checkbox"/> <b>Hotel/motel paid for without voucher</b> <input type="checkbox"/> <b>Jail, prison, or juvenile detention facility</b> <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"/> <b>Permanent housing (other than RRH)</b> 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"/> <b>Psychiatric hospital</b> or other psychiatric facility <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> <b>Rental by client, no housing subsidy</b> <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> <b>Rental by client, other ongoing housing subsidy</b> <input type="checkbox"/> <b>Rental by client, RRH or equivalent subsidy</b> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying/living with <b>family, permanent</b> tenure <input type="checkbox"/> Staying/living with <b>family, temporary</b> tenure (e.g. room, apartment, or house) <input type="checkbox"/> Staying/living with <b>friends, permanent</b> tenure <input type="checkbox"/> Staying/living with <b>friends, temporary</b> tenure (e.g. room, apartment, or house) <input type="checkbox"/> <b>Substance abuse treatment facility or detox center</b> <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)	<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
<b>OPTIONS AT RIGHT ARE CONSIDERED MISSING DATA: USE ONLY IF NECESSARY</b>		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No Exit Interview Completed	<input type="checkbox"/> Client Refused <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>

**HOUSING ASSESSMENT AT EXIT**

- Able to maintain housing from project entry
- Moved to new housing unit
- Moved in with family/friends, temporary tenure
- Moved in with family/friends, permanent tenure
- Moved to transitional or temporary housing facility/ program
- Client became homeless – moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died

- Client Doesn't Know*
- Client Refused*
- Data Not Collected*

**NOTES**