



## 2018 HMIS DISCHARGE HUD: HUD/VASH – All Programs All Clients

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

### \*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		
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 (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		
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		

### \*DESTINATION

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



**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     |

**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**