



2018 HMIS DISCHARGE HHS: RHY

*DISCHARGE DATE	*FIRST NAME	*LAST NAME
___/___/___		

*INCOME & SOURCES (MGH & TLP)

*INCOME 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 & 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 (BCP-ES, MGH, & TLP)

*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"/> 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 / SPECIAL NEEDS (ALL)

*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	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	

*COMMERCIAL SEXUAL EXPLOITATION/SEX TRAFFICKING (ALL)

*HAVE YOU EVER RECEIVED ANYTHING IN EXCHANGE FOR HAVING SEXUAL RELATIONS WITH ANOTHER PERSON (SUCH AS MONEY, FOOD, DRUGS, OR SHELTER)?	
<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	
*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
*HOW MANY TIMES HAVE YOU RECEIVED SOMETHING IN EXCHANGE FOR HAVING SEXUAL RELATIONS WITH ANOTHER PERSON?	
<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...]: HAS IT BEEN IN THE PAST THREE (3) MONTHS?
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<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"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

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



***COMMERCIAL LABOR EXPLOITATION/TRAFFICKING (ALL)**

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

***COUNSELING (BCP-ES, MGH, & TLP)**

*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	

***SAFE AND APPROPRIATE EXIT (BCP-ES, MGH, & TLP)**

*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	*CLIENT HAS PERMANENT POSITIVE PEER CONNECTIONS OUTSIDE OF PROJECT	*CLIENT HAS PERMANENT POSITIVE COMMUNITY CONNECTIONS OUTSIDE OF PROJECT
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know

***STATUS AT EXIT (BCP-ES, MGH, & TLP)**

*LAST GRADE COMPLETED			
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> School does not have grades	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Some college	<input type="checkbox"/> Vocational certification	
*SCHOOL STATUS			
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Graduated from high school	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Expelled	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Data Not Collected
*EMPLOYMENT STATUS	IF NO: WHY NOT EMPLOYED?	IF YES: TYPE OF EMPLOYMENT	
<input type="checkbox"/> No (SEE RIGHT) <input type="checkbox"/> Yes (SEE RIGHT)	<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			
*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		
*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	

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



***DESTINATION (ALL)**

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

- | | |
|--|--|
| <ul style="list-style-type: none"> <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) | <ul style="list-style-type: none"> <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*

PLEASE REVISIT ABOVE OPTIONS FIRST

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