

2019 CARES REGIONAL HMIS

HUD:COC – All Projects (PSH • TH • RRH • SO) – DISCHARGE



Instructions: Fill out one form per client at the time of project exit.

***UNIVERSAL DATA ELEMENTS – REQUIRED for ALL Clients**

1. *DISCHARGE/EXIT DATE ____/____/____	2. *CLIENT FIRST NAME	3. *CLIENT LAST NAME
4. *PHONE NUMBER: Does the client have a phone number at which they can be reached?		
<input type="checkbox"/> No <input type="checkbox"/> Yes → 4A. PROVIDE # WITH AREA CODE (_____) - _____ - _____ OR <input type="checkbox"/> <i>Refused to provide phone number</i>		

***INCOME & BENEFITS – All Clients**

5. *INCOME FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes → 5A. CHECK & PROVIDE MONTHLY AMOUNT FOR ALL SOURCES THAT APPLY BELOW <input type="checkbox"/> <i>Doesn't Know</i> <input type="checkbox"/> <i>Refused</i> <input type="checkbox"/> <i>Not Collected</i>		
<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..... \$ _____	
6. *NON-CASH BENEFITS FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes → 6A. CHECK ALL SOURCES THAT APPLY BELOW <input type="checkbox"/> <i>Doesn't Know</i> <input type="checkbox"/> <i>Refused</i> <input type="checkbox"/> <i>Not Collected</i>		
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services	<input type="checkbox"/> Other TANF-Funded Services

***HEALTH – All Clients**

7. *COVERED BY HEALTH INSURANCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes → 7A. CHECK ALL SOURCES THAT APPLY BELOW <input type="checkbox"/> <i>Doesn't Know</i> <input type="checkbox"/> <i>Refused</i> <input type="checkbox"/> <i>Not Collected</i>		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Indian Health Services Program
8. SPECIAL NEEDS / DISABLING CONDITIONS		
INFORMATION MUST BE UPDATED WITHIN THE ADMISSION / INTAKE RECORD		

***DESTINATION – All Clients**

9. *DESTINATION – Select the category that <u>most closely matches</u> the client's response (does not need to be exact!)	
<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 (Public or private places not intended for regular sleeping; e.g., a vehicle, abandoned building, bus/train station, airport, or anywhere outside)	<input type="checkbox"/> Deceased <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)
ONLY IF NECESSARY – THESE DESTINATION OPTIONS ARE STILL CONSIDERED MISSING DATA, PLEASE REVIEW ABOVE OPTIONS FOR CLOSEST APPROXIMATION	
<input type="checkbox"/> <i>Client Doesn't Know</i>	<input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>No Exit Interview Completed</i> <input type="checkbox"/> <i>Data Not Collected</i>

10. *NEW RESIDENCE COUNTY							
<input type="checkbox"/> Albany	<input type="checkbox"/> Cayuga	<input type="checkbox"/> Columbia	<input type="checkbox"/> Essex	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Livingston	<input type="checkbox"/> New York	
<input type="checkbox"/> Allegany	<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Cortland	<input type="checkbox"/> Franklin	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Madison	<input type="checkbox"/> Niagara	
<input type="checkbox"/> Bronx	<input type="checkbox"/> Chemung	<input type="checkbox"/> Delaware	<input type="checkbox"/> Fulton	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Monroe	<input type="checkbox"/> Oneida	
<input type="checkbox"/> Broome	<input type="checkbox"/> Chenango	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Genesee	<input type="checkbox"/> Kings	<input type="checkbox"/> Montgomery	<input type="checkbox"/> (Continued on following page)	
<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Clinton	<input type="checkbox"/> Erie	<input type="checkbox"/> Greene	<input type="checkbox"/> Lewis	<input type="checkbox"/> Nassau		

<input type="checkbox"/> Onondaga	<input type="checkbox"/> Otsego	<input type="checkbox"/> Rockland	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Tioga	<input type="checkbox"/> Wayne	<input type="checkbox"/> <i>NYS Unknown</i>
<input type="checkbox"/> Ontario	<input type="checkbox"/> Putnam	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Seneca	<input type="checkbox"/> Tompkins	<input type="checkbox"/> Westchester	<input type="checkbox"/> <i>USA not NYS</i>
<input type="checkbox"/> Orange	<input type="checkbox"/> Queens	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Steuben	<input type="checkbox"/> Ulster	<input type="checkbox"/> Wyoming	<input type="checkbox"/> <i>Not USA</i>
<input type="checkbox"/> Orleans	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Schenectady	<input type="checkbox"/> Suffolk	<input type="checkbox"/> Warren	<input type="checkbox"/> Yates	<input type="checkbox"/> <i>Unknown</i>
<input type="checkbox"/> Oswego	<input type="checkbox"/> Richmond	<input type="checkbox"/> Schoharie	<input type="checkbox"/> Sullivan	<input type="checkbox"/> Washington		

11. NOTES

END