

# HMIS Service Tracking Form: Service Only Projects

This form will allow Service only projects to track required HMIS services. Track all services for the head of household and each additional adult in the household. A separate form should be included for each adult member of the household. Use additional forms as needed.

**Identification** - All fields required unless otherwise noted

<b>Client First Name</b>	<b>Client Last Name</b>
<b>Outreach Worker (First and Last Name)</b>	<b>Outreach Worker Contact number</b>
<b>Social Security Number (SSN)</b>	<b>Birth Date (DOB)</b>
_____-_____-_____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	_____/_____/_____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Date of Service	Service
_____/_____/_____	<input type="checkbox"/> Assisting Form Completion <input type="checkbox"/> Attempted Contact <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Case Management _____hours <input type="checkbox"/> Connect Benefits CSA <input type="checkbox"/> Connect ID <input type="checkbox"/> Connected to Hutton House <input type="checkbox"/> Connected Youth Services <input type="checkbox"/> Consumer Life skills/Advocacy <input type="checkbox"/> Criminal Justice/Legal Services/Homeless Court <input type="checkbox"/> Day Care
	<input type="checkbox"/> Drail <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Exit Clients <input type="checkbox"/> Food <input type="checkbox"/> Health Services <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Landlord Engagement <input type="checkbox"/> Life skills <input type="checkbox"/> Material Goods:_____
	<input type="checkbox"/> MPD/EMT <input type="checkbox"/> Other:_____
	<input type="checkbox"/> Pet (Cat) <input type="checkbox"/> Pet (Dog) <input type="checkbox"/> Pet Services:_____
	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Intervention/Connected <input type="checkbox"/> Referral Mental Health <input type="checkbox"/> Senior Services Connected <input type="checkbox"/> Social Security Connected <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Transportation
	<input type="checkbox"/> Veteran Intervention/Connected

V.12.1

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**Identification** - All fields required unless otherwise noted

<b>Client First Name</b>	<b>Client Last Name</b>
<b>Case Manager/Individual providing Service (First and Last Name)</b>	<b>Case Manager/Individual providing Service</b>
<b>Social Security Number (SSN)</b>	<b>Birth Date (DOB)</b>
_____-_____-_____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	_____/_____/_____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Date of Service	Service
_____/_____/_____	<input type="checkbox"/> Assisting Form Completion <input type="checkbox"/> Attempted Contact <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Case Management _____hours <input type="checkbox"/> Connect Benefits CSA <input type="checkbox"/> Connect ID <input type="checkbox"/> Connected to Hutton House <input type="checkbox"/> Connected Youth Services <input type="checkbox"/> Consumer Life skills/Advocacy <input type="checkbox"/> Criminal Justice/Legal Services/Homeless Court <input type="checkbox"/> Day Care
	<input type="checkbox"/> Drail <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Exit Clients <input type="checkbox"/> Food <input type="checkbox"/> Health Services <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Landlord Engagement <input type="checkbox"/> Life skills <input type="checkbox"/> Material Goods:_____
	<input type="checkbox"/> MPD/EMT <input type="checkbox"/> Other:_____
	<input type="checkbox"/> Pet (Cat) <input type="checkbox"/> Pet (Dog) <input type="checkbox"/> Pet Services:_____
	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Intervention/Connected <input type="checkbox"/> Referral Mental Health <input type="checkbox"/> Senior Services Connected <input type="checkbox"/> Social Security Connected <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Transportation
	<input type="checkbox"/> Veteran Intervention/Connected

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# HMIS Service Tracking Form: Service Only Projects - Exit

**Identification** - All fields required unless otherwise noted

<b>Client First Name</b>		<b>Client Last Name</b>	
<b>Outreach Worker (First and Last Name)</b>		<b>Outreach Worker Contact number</b>	
<b>Exit Date</b>	<b>Social Security Number (SSN)</b>	<b>Exit Financials</b>	
____ - ____ - ____	____ - ____ - ____	Exit Income Amount:	Exit Non-Cash Income Amount:
	<b>Birth Date (DOB)</b>	Exit Income Source:	Exit Non-Cash Source:
	____ / ____ / ____	_____	_____
<b>Exit Destination:</b>			
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons including homeless youth <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Rental by client, with no on-going housing subsidy <input type="checkbox"/> Owned by client, no on-going housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g apartment, room, or house.) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility			
<input type="checkbox"/> Staying or living with friends, temporary tenure (eg apartment, room, or house.) <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle , an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Safe haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (Non-VASH) ongoing housing subsidy <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Foster Care Home Or Foster Care Group Home			
<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria. <input type="checkbox"/> No Exit Interview Completed			

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**Identification** - All fields required unless otherwise noted

<b>Client First Name</b>		<b>Client Last Name</b>	
<b>Outreach Worker (First and Last Name)</b>		<b>Outreach Worker Contact number</b>	
<b>Exit Date</b>	<b>Social Security Number (SSN)</b>	<b>Exit Financials</b>	
____ - ____ - ____	____ - ____ - ____	Exit Income and Source:	Exit Income and Source:
	<b>Birth Date (DOB)</b>	Exit Non-Cash Income and Source:	Exit Non-Cash Income and Source:
	____ / ____ / ____	_____	_____
<b>Exit Destination:</b>			
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons including homeless youth <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Rental by client, with no on-going housing subsidy <input type="checkbox"/> Owned by client, no on-going housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g apartment, room, or house.) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Staying or living with friends, temporary tenure (eg apartment, room, or house.)			
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle , an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Safe haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (Non-VASH) ongoing housing subsidy <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Foster Care Home Or Foster Care Group Home <input type="checkbox"/> Staying or living with family, permanent tenure			
<input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria. <input type="checkbox"/> No Exit Interview Completed			

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