HMIS Service Transactions- ESG Rapid Rehousing & Prevention

Effective 10/01/24

Start Date	End Date	ServicePoint (HoH) ID:
/ /	/ /	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality

- ☐ Full Name Reported
- ☐ Client doesn't know
- ☐ Partial, Street or Code Name
- ☐ Client prefers not to answer

Social Security Number	Date of Birth
	/ /
☐ Full SSN Reported (HUD) ☐ Approx or partial SSN reported (HUD) ☐ Client doesn't know (HUD) ☐ Client prefers not to answer (HUD) ☐ Data Not collected (HUD)	☐ Full DOB Reported (HUD) ☐ Approx or partial SSN reported (HUD) ☐ Client doesn't know (HUD) ☐ Client prefers not to answer (HUD) ☐ Data Not collected (HUD)

Service Type: *Please select a general category of Service Type that the Service Transaction fits into.*	☐ Basic Needs ☐ Benefits and Services Assistance ☐ Case/Care Management ☐ Housing Counseling ☐ Housing Expense Assistance ☐ Moving Services ☐ Life Skills Education

Provider Specific Service: *Please select the Provider Specific Service (for your project's funding type) from the list.*	☐ Benefits Screening ☐ Credit Repair ☐ Housing search and placement ☐ Housing Stability Case Management ☐ Last Month's Rent ☐ Legal Services ☐ Mediation ☐ Medicaid Applications ☐ Medicare Enrollment ☐ Moving Costs ☐ Public Housing ☐ Rental Application Fees ☐ Security Deposits ☐ SSI Applications ☐ SOAR Assistance ☐ Social Security Disability Insurance Applications ☐ Utility Deposits ☐ Utility Payments ☐ Rent- Short-Term ☐ Rent- Medium-Term ☐ Rent- Rental Arrears

Service Notes:

Moving On Assistance:	☐ Subsidized housing application assistance ☐ Financial assistance for Moving On (e.g., security deposit, moving expenses) ☐ Non-financial assistance for Moving On (e.g., housing navigation, transportation support) ☐ Housing referral/placement ☐ Other: *(please specify)*

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Service Costs:

Number of units?	
Unit type?	☐ Hours ☐ Dollars ☐ Days ☐ Month ☐ Week
Cost per unit?	
Total Cost of Units:	

At this point you can record the Funding Source (if monetary assistance was provided) and attach any Support Documentation in KYHMIS.

Follow Up Information:

Projected Follow Up Date:	☐☐/☐☐/☐☐
Follow Up User:	
Follow Up Made:	☐ Yes ☐ No
Completed Follow Up Date:	☐☐/☐☐/☐☐

Need Information:

Need Status:	☐ Closed ☐ Identified ☐ In Progress
Outcome of Need:	☐ Fully Met ☐ Not Met ☐ Partially Met ☐ Service Pending
If Need is Not Met, Reason:	
	☐ All Services "Full" ☐ Client Not Eligible ☐ Client Refused Service ☐ Service Does Not Exist ☐ Service Not Accessible by Client ☐ Client Did Not Show Up

Staff Completing (Printed Name): **Date:**
