HMIS Service Transactions- OTH / Non-Funded Projects

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 ☐ Life Skills Education ☐ Moving Services
Provider Specific Service: *Please select the Provider Specific Service (for your project's funding type) from the list.*	☐ Annual Assessment of Service Needs ☐ Assistance with Moving Costs ☐ Benefits Screening ☐ Case/Care Management ☐ Child Care ☐ Direct Provision of Services

	☐ Education Services ☐ Employment Assistance and Job Training ☐ Food ☐ Housing Search and Counseling Services ☐ Legal Services ☐ Life Skills Training ☐ Medicaid Applications ☐ Medicare Enrollment ☐ Mental health services ☐ Outpatient health services ☐ Outreach Services ☐ Public Housing ☐ Rental Application Fee Payment Assistance ☐ Rental Deposit Assistance ☐ Rent Payment Assistance ☐ SOAR Assistance ☐ Social Security Disability Insurance Applications ☐ SSI Applications ☐ Substance Use Disorder treatment/services ☐ Transportation ☐ Utility Assistance ☐ Utility Deposits

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:**
