

HMIS Service Transactions- PATH

Effective 10/01/24

Start Date	End Date	ServicePoint (HoH) ID:
<input type="text"/>	<input type="text"/>	

Project Name

HoH Name First	Middle	Last
Suffix	Alias	
Name Data Quality		
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street or Code Name	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Full SSN Reported (HUD)	<input type="checkbox"/> Full DOB Reported (HUD)	
<input type="checkbox"/> Approx or partial SSN reported (HUD)	<input type="checkbox"/> Approx or partial SSN reported (HUD)	
<input type="checkbox"/> Client doesn't know (HUD)	<input type="checkbox"/> Client doesn't know (HUD)	
<input type="checkbox"/> Client prefers not to answer (HUD)	<input type="checkbox"/> Client prefers not to answer (HUD)	
<input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Data Not collected (HUD)	

Service Type: <i>Please select a general category of Service Type that the Service Transaction fits into.</i>	<input type="checkbox"/> Basic Needs <input type="checkbox"/> Benefits and Services Assistance <input type="checkbox"/> Case/Care Management <input type="checkbox"/> Housing Counseling <input type="checkbox"/> Housing Expense Assistance <input type="checkbox"/> Moving Services <input type="checkbox"/> Life Skills Education
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Provider Specific Service: <i>Please select the Provider Specific Service from the list.</i>	<input type="checkbox"/> Benefits Screening <input type="checkbox"/> Medicaid Applications <input type="checkbox"/> Medicare Enrollment <input type="checkbox"/> Public Housing <input type="checkbox"/> SSI Applications <input type="checkbox"/> SOAR Assistance <input type="checkbox"/> Social Security Disability Insurance Applications
Type of PATH Funded Service Provided:	<input type="checkbox"/> Case/Care Management <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Community mental health <input type="checkbox"/> Habilitation/Rehabilitation <input type="checkbox"/> Housing eligibility determination <input type="checkbox"/> Housing Minor Renovation <input type="checkbox"/> Housing Moving Assistance <input type="checkbox"/> One-time rent for eviction prevention <input type="checkbox"/> Reengagement <input type="checkbox"/> Residential supportive services <input type="checkbox"/> Screening (Mental Health) <input type="checkbox"/> Security deposits <input type="checkbox"/> Substance use treatment

Service Notes:	
Moving On Assistance:	<input type="checkbox"/> Subsidized housing application assistance <input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses) <input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transportation support) <input type="checkbox"/> Housing referral/placement <input type="checkbox"/> Other: <i>(please specify)</i>

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Service Costs:

Number of units?	
Unit type?	<input type="checkbox"/> Hours <input type="checkbox"/> Dollars <input type="checkbox"/> Days <input type="checkbox"/> Month <input type="checkbox"/> 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:	<table border="1"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td></tr></table>				/				/			
			/				/					
Follow Up User:												
Follow Up Made:	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Completed Follow Up Date:	<table border="1"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td></tr></table>				/				/			
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Need Information:

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

Staff Completing (Printed Name):

Date:

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