

HMIS Service Transactions- HOPWA

Effective 10/01/24

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

<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)
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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"/> 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
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	<input type="checkbox"/> Social Security Disability Insurance Applications
Type of HOPWA Service:	<input type="checkbox"/> Adult Day Care and personal assistance <input type="checkbox"/> Case Management <input type="checkbox"/> Child Care <input type="checkbox"/> Criminal justice/legal services <input type="checkbox"/> Education <input type="checkbox"/> Employment and training services <input type="checkbox"/> Food/meals/nutritional services <input type="checkbox"/> Health/medical care <input type="checkbox"/> Life Skills Training <input type="checkbox"/> Mental health care/counseling <input type="checkbox"/> Other HOPWA-funded service <input type="checkbox"/> Outreach and/or Engagement <input type="checkbox"/> Substance Use Disorder treatment/services <input type="checkbox"/> Transportation
HOPWA Financial Assistance Type:	<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Mortgage assistance
HOPWA Financial Assistance Amount:	\$ _____

Service Notes:

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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> <hr/>
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Service Costs:

Number of units?			
Unit type?	<input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Week	<input type="checkbox"/> Dollars <input type="checkbox"/> Month	
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:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Follow Up User:	
Follow Up Made:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Follow Up Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>

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

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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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