

# HMIS Service Transactions- ESG Shelter

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"/> <input type="text"/>	<input type="text"/> <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="text"/>	<input type="text"/> <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)

<b>Service Type:</b> Please utilize the Services Crosswalk to determine the "Service Type" category that the service transaction falls under.	<input type="checkbox"/> Basic Needs <input type="checkbox"/> Benefits and Services Assistance <input type="checkbox"/> Case/Care Management <input type="checkbox"/> Life Skills Education
<b>Provider Specific Service:</b> Please select the Provider Specific Service (for your project's funding type) from the list.	<input type="checkbox"/> Benefits Screening <input type="checkbox"/> Case/Care Management <input type="checkbox"/> Child Care <input type="checkbox"/> Education Services <input type="checkbox"/> Employment Assistance & Job Training <input type="checkbox"/> for Special Populations <input type="checkbox"/> Legal Services

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	<ul style="list-style-type: none"><li><input type="checkbox"/> Life Skills Training</li><li><input type="checkbox"/> Medicaid Applications</li><li><input type="checkbox"/> Medicare Enrollment</li><li><input type="checkbox"/> Mental Health Services</li><li><input type="checkbox"/> Public Housing</li><li><input type="checkbox"/> SSI Applications</li><li><input type="checkbox"/> SOAR Assistance</li><li><input type="checkbox"/> Social Security Disability Insurance Applications</li><li><input type="checkbox"/> Substance Use Treatment Services</li><li><input type="checkbox"/> Transportation</li></ul>
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<b>Service Notes:</b>

<b>Moving On Assistance:</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Subsidized housing application assistance</li><li><input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses)</li><li><input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transportation support)</li><li><input type="checkbox"/> Housing referral/placement</li><li><input type="checkbox"/> Other: <i>(please specify)</i> _____</li></ul>
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**Service Costs:**

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Number of units?	
Unit type?	<input type="checkbox"/> Hours <input type="checkbox"/> Dollars <input type="checkbox"/> Days <input type="checkbox"/> Week <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"/>
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"/>

## 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:**

<input type="text"/>	<input type="text"/>
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