

# HMIS Service Transactions- CoC

Effective 10/01/24

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

Project Name
<input type="text"/>

HoH Name First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix		Alias
<input type="text"/>		<input type="text"/>
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"/> 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> <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"/> Life Skills Education <input type="checkbox"/> Moving Services
<b>Provider Specific Service:</b> <i>Please select the Provider Specific Service (for your project's funding type) from the list.</i>	<input type="checkbox"/> Annual Assessment of Service Needs <input type="checkbox"/> Assistance with Moving Costs <input type="checkbox"/> Benefits Screening <input type="checkbox"/> Case/Care Management <input type="checkbox"/> Child Care <input type="checkbox"/> Direct Provision of Services

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	<ul style="list-style-type: none"><li><input type="checkbox"/> Education Services</li><li><input type="checkbox"/> Employment Assistance and Job Training</li><li><input type="checkbox"/> Food</li><li><input type="checkbox"/> Housing Search and Counseling Services</li><li><input type="checkbox"/> Legal Services</li><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"/> Outpatient health services</li><li><input type="checkbox"/> Outreach Services</li><li><input type="checkbox"/> Public Housing</li><li><input type="checkbox"/> Rental Application Fee Payment Assistance</li><li><input type="checkbox"/> Rental Deposit Assistance</li><li><input type="checkbox"/> Rent Payment Assistance</li><li><input type="checkbox"/> SOAR Assistance</li><li><input type="checkbox"/> Social Security Disability Insurance Applications</li><li><input type="checkbox"/> SSI Applications</li><li><input type="checkbox"/> Substance Use Disorder treatment/services</li><li><input type="checkbox"/> Transportation</li><li><input type="checkbox"/> Utility Assistance</li><li><input type="checkbox"/> Utility Deposits</li></ul>
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## Service Notes:

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## Moving On Assistance:

	<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:

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>				/				/			
			/				/					

## 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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