

HMIS Service Transactions- CoC

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"/> Housing Counseling <input type="checkbox"/> Housing Expense Assistance <input type="checkbox"/> Life Skills Education <input type="checkbox"/> Moving Services
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Provider Specific Service: <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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	<input type="checkbox"/> Education Services <input type="checkbox"/> Employment Assistance and Job Training <input type="checkbox"/> Food <input type="checkbox"/> Housing Search and Counseling Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Life Skills Training <input type="checkbox"/> Medicaid Applications <input type="checkbox"/> Medicare Enrollment <input type="checkbox"/> Mental health services <input type="checkbox"/> Outpatient health services <input type="checkbox"/> Outreach Services <input type="checkbox"/> Public Housing <input type="checkbox"/> Rental Application Fee Payment Assistance <input type="checkbox"/> Rental Deposit Assistance <input type="checkbox"/> Rent Payment Assistance <input type="checkbox"/> SOAR Assistance <input type="checkbox"/> Social Security Disability Insurance Applications <input type="checkbox"/> SSI Applications <input type="checkbox"/> Substance Use Disorder treatment/services <input type="checkbox"/> Transportation <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Utility Deposits
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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:	/	/	
Follow Up User:			
Follow Up Made:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Completed Follow Up Date:	/	/	

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: