HMIS Service Transactions- HOME TBRA
Effective 10/01/24

Start Date	End Date	ServicePoint (HoH) ID:
☐☐ / ☐☐ / ☐☐	☐☐ / ☐☐ / ☐☐	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality

☐ Full Name Reported   ☐ Partial, Street or Code Name
☐ Client doesn't know   ☐ Client prefers not to answer

Social Security Number	Date of Birth
☐☐☐☐☐☐☐☐☐	☐☐ / ☐☐ / ☐☐

☐ Full SSN Reported (HUD)	☐ Full DOB Reported (HUD)
☐ Approx or partial SSN reported (HUD)	☐ Approx or partial SSN reported (HUD)
☐ Client doesn't know (HUD)	☐ Client doesn't know (HUD)
☐ Client prefers not to answer (HUD)	☐ Client prefers not to answer (HUD)
☐ Data Not collected (HUD)	☐ Data Not collected (HUD)

Service Type: *Please select a general category of Service Type that the Service Transaction fits into.*	☐ Basic Needs ☐ Benefits and Services Assistance ☐ Case/Care Management ☐ Housing Counseling ☐ Housing Expense Assistance ☐ Life Skills Education ☐ Moving Services
Provider Specific Service: *Please select the Provider Specific Service (for your project's funding type) from the list.*	☐ Annual Assessment of Service Needs ☐ Assistance with Moving Costs ☐ Benefits Screening ☐ Case/Care Management ☐ Child Care ☐ Direct Provision of Services

	☐ Education Services
	☐ Employment Assistance and Job Training
	☐ Food
	☐ Housing Search and Counseling Services
	☐ Legal Services
	☐ Life Skills Training
	☐ Medicaid Applications
	☐ Medicare Enrollment
	☐ Mental health services
	☐ Outpatient health services
	☐ Outreach Services
	☐ Public Housing
	☐ Rental Application Fee Payment Assistance
	☐ Rental Deposit Assistance
	☐ Rent Payment Assistance
	☐ SOAR Assistance
	☐ Social Security Disability Insurance Applications
	☐ SSI Applications
	☐ Substance Use Disorder treatment/services
	☐ Transportation
	☐ Utility Assistance
	☐ Utility Deposits

Service Notes:

Moving On Assistance:	
	☐ Subsidized housing application assistance
	☐ Financial assistance for Moving On (e.g., security deposit, moving expenses)
	☐ Non-financial assistance for Moving On (e.g., housing navigation, transportation support)
	☐ Housing referral/placement
	☐ Other: *(please specify)*

	_____

Service Costs:

Number of units?	
Unit type?	☐ Hours ☐ Dollars ☐ Days ☐ Month ☐ 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:	☐ Yes ☐ No
Completed Follow Up Date:	☐☐ / ☐☐ / ☐☐

Need Information:

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

Staff Completing (Printed Name):   Date: