

HMIS Service Transactions- RHY

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)	

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
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 RHY Service:	<input type="checkbox"/> Criminal justice/legal services <input type="checkbox"/> Community service/service learning (CSL) <input type="checkbox"/> Education <input type="checkbox"/> Employment and/or training services <input type="checkbox"/> Health/medical care <input type="checkbox"/> Home-based services <input type="checkbox"/> Life skills training <input type="checkbox"/> Parenting education for youth with children <input type="checkbox"/> Post-natal care for mother <input type="checkbox"/> Post-natal newborn care (wellness exams; immunizations) <input type="checkbox"/> Pre-natal care <input type="checkbox"/> STD testing <input type="checkbox"/> Street-based services <input type="checkbox"/> Substance use disorder Ed/Prevention Services <input type="checkbox"/> Substance use disorder treatment

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:	<table><tr><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><tr><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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