HMIS Service Transactions- SSVF
Effective 10/01/2025

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

☐ Beds

☐ Benefits and Services Assistance

☐ Case/Care Management

☐ Electric Service Payment Assistance

☐ Housing Counseling

☐ Housing Expense Assistance

☐ Local Transit Passes

	☐ Rental Application Fee Payment Assistance
	☐ Rental Deposit Assistance
	☐ Rent Payment Assistance
	☐ Utility Deposit Assistance
	☐ Water Service Payment Assistance
Provider Specific Service: *Please select the Provider Specific Service from the list.*	☐ Basic Needs ☐ Beds ☐ Benefits Screening ☐ Case/Care Management ☐ Electric Service Payment Assistance ☐ Local Transit Passes ☐ Medicaid Applications ☐ Medicare Enrollment ☐ Public Housing ☐ Rental Application Fee Payment Assistance ☐ Rental Deposit Assistance ☐ Rent Payment Assistance ☐ SSI Applications ☐ SOAR Assistance ☐ Social Security Disability Insurance Applications ☐ Utility Deposit Assistance ☐ Water Service Payment Assistance
Type of SSVF Service:	☐ Assistance obtaining VA benefits ☐ Assistance obtaining/coordinating other public benefits ☐ Case management services ☐ Direct provision of other public benefits ☐ Extended shallow subsidy ☐ Other (Non-TFA) supportive service approved by VA ☐ Outreach services ☐ Rapid Resolution ☐ Healthcare Navigation ☐ Returning Home
SSVF Financial Assistance Type: **Start Date of Financial Assistance:** _____	☐ Rental assistance ☐ Utility fee payment assistance ☐ Security deposit ☐ Utility deposit ☐ Moving costs ☐ Transportation services: tokens/vouchers

End Date of Financial Assistance: _____	☐ Transportation services: vehicle repair/maintenance ☐ Child care ☐ General housing stability assistance ☐ Emergency housing assistance ☐ Shallow subsidy financial assistance ☐ Food assistance ☐ Landlord incentive ☐ Tenant incentive
SSVF Financial Assistance Amount:	$_____

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:**