**CT HMIS H2H/DMHAS Discharge Form**

**Applicant (Head of Household) Information:**

**Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS Client ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Move – In Date:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exit Destination Type:**

**HOMELESS SITUATION**

🞎 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

🞎 Place not meant for habitation

🞎 Safe Haven

**INSTITUTIONAL SITUATION**

🞎 Foster care or foster care group Home

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Long-term care facility or Nursing Home

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox

center

**TRANSITIONAL HOUSING SITUATION**

🞎 Hotel / Motel paid without ES voucher

🞎 Staying or living in a family, member’s room, apartment, or house

🞎 Staying or living in a family member’s room, apartment, or house

🞎 Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

🞎 Rental by client no ongoing housing subsidy

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*🞎 GPD TIP housing subsidy*

*🞎 VASH housing subsidy*

*🞎 RRH or equivalent subsidy*

*🞎 HCV voucher (tenant or project based) (not dedicated)*

*🞎 Public housing unit*

*🞎 Rental by client, with other ongoing housing subsidy*

*🞎 Emergency Housing Voucher*

*🞎 Family Unification Program Voucher (FUP)*

*🞎 Foster Youth to Independence Initiative (FYI)*

*🞎 Permanent Supportive Housing*

*🞎 Other permanent housing dedicated for formerly homeless persons*

🞎 Owned by client, no ongoing housing subsidy

🞎 Owned by client, with ongoing housing subsidy

**OTHER**

🞎 Client doesn't know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Sex:** 🞎 Male 🞎 Female 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Shared Housing Information:**

*(Shared housing means clients will be on separate leases or living as roommates. Not clients living together as a couple)***:**

**Is this a Shared Housing Destination (separate leases)?** 🞎 Yes 🞎 No

***If Yes,***

**Shared Housing Facilitated by:?** 🞎 CAN 🞎 Client

**Non-Cash Benefit from any source?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

*If yes, Non-cash benefit source is required*. **Check those that apply:**

🞎 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

🞎 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

🞎 TANF Child Care Services

🞎 TANF Transportation services

🞎 Other TANF-funded services

🞎 Other Source : Specify if Other: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covered by Health Insurance:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Translation Assistance:**

**Translation Assistance Needed?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

*If yes,* Preferred Language*: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Disabling Conditions**

**Substance Abuse Disorder:** 🞎 No 🞎 Alcohol Abuse 🞎 Drug Abuse 🞎 Both Alcohol and Drug Abuse 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected *If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know

🞎 Client prefers not to answer🞎 Data Not Collected

**Physical Disability:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
 *If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 Yes 🞎 No 🞎 Client Doesn’t Know

🞎 Client prefers not to answer

**Developmental Disability:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
**Chronic Health Condition:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
*If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know

🞎 Client prefers not to answer🞎 Data Not Collected

**HIV/AIDS:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
**Mental Health Disorder:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
*If yes,* expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Income received from any source?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type** | **Monthly Amount** | **Income Type** | **Monthly Amount** |
| Unemployment Insurance | 🞎 N 🞎 Y $ | VA Non-Service-Connected Disability Pension | 🞎 N 🞎 Y $ |
| Earned/Employed Income | 🞎 N 🞎 Y $ | Pension or Retirement income from a former job | 🞎 N 🞎 Y $ |
| Supplemental Security Income (SSI) | 🞎 N 🞎 Y $ | Child Support | 🞎 N 🞎 Y $ |
| Social Security Disability Insurance (SSDI) | 🞎 N 🞎 Y $ | Alimony or other spousal support | 🞎 N 🞎 Y $ |
| VA Service-Connected Disability Compensation | 🞎 N 🞎 Y $ | Worker’s Compensation | 🞎 N 🞎 Y $ |
| Private Disability Insurance | 🞎 N 🞎 Y $ | Other Source  Specify: | 🞎 N 🞎 Y $ |
| Retirement Income from Social Security | 🞎 N 🞎 Y $ |  |  |
| General Assistance (GA) | 🞎 N 🞎 Y $ |  |  |
| Temporary Assistance for Needy Families (TANF) | 🞎 N 🞎 Y $ | **Client Income Total** | $ |

**DMHAS Specific Questions** (\*= Required Information)**:**

**\*Discharge Reason**

🞎 AWOL for Inpatient only

🞎 Death

🞎 Evaluation Only

🞎 Incarcerated

🞎 Inpatient Discharge for Inpatient Medical Tx

🞎 Client Discontinued Tx

🞎 AMA

🞎 Left Against Advice

🞎 Moved out of area

🞎 Non-compliance with rules

🞎 Recovery Plan Completed

🞎 Released by Court

🞎 Discharged to New Service (Facility Concurs)

🞎 Other

🞎 Unknown

Current Living Situation: All street outreach projects are expected to record every contact made with each client by recording their Current Living Situation, including when the Project Start Date, Prior Living Situation or Date of Engagement is recorded on the same day. There may or may not be a contact made at project exit.

Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Living Situation:

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**OTHER**

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🞎 Client prefers not to answer

🞎 Data Not Collected

**Service Type:**

🞎 Alcohol or Drug Abuse Services

🞎 Emergency Shelter (ES) – Placement (H2H)

🞎 Permanent Housing (PSH) – Placement (H2H)

🞎 Outreach

🞎 Mental Health Services

🞎 Community Resources

DMHAS/DDaP Case Note and Service:

**Service Type:**

🞎 T1016 – Case Management with Client Face to Face

🞎 T116C – Case Management with Client B Y TELEPHONE

🞎 T116B – Case Management with Collateral

**Additional notes:**