**CT HMIS Statewide YHDP Family Discharge Form**

*(For RRH, SSO, and TH program types)*

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

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager Assigned to Discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member Name** |  | **Date of Birth** | **Sex:** 🞎 Male 🞎 Female 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected | **Relationship to Head of Household** |
| **HMIS ID#** |
|  |  |  |  | **Self** |
|  |  |   |   |   |
|  |  |   |   |   |
|  |  |   |   |   |
|  |  |   |   |   |
|  |  |  |  |  |

**Project Completion Status:** 🞎 Completed Project 🞎 Client voluntarily left early 🞎 Client was expelled or otherwise involuntarily discharged from project

**Destination Type:**

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Foster care or foster care group Home

🞎 Long-term care facility or Nursing Home

🞎 Transitional housing for homeless persons

(including homeless youth)

🞎 Rental by client, no ongoing housing subsidy

🞎 Owned by client, no ongoing housing subsidy

🞎 Staying or living with family, temporary tenure

 (e.g., room, apartment or house)

🞎 Staying or living with friends, temporary tenure

 (e.g., room, apartment or house)

🞎 Hotel or Motel paid for without Emergency Shelter voucher

🞎 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, with ongoing housing subsidy

🞎 Staying or living with family, permanent tenure

🞎 Staying or living with friends, permanent tenure

🞎 Moved from one HOPWA funded project to

HOPWA PH

🞎 Moved from one HOPWA funded project to

HOPWA TH

🞎 Residential Project or hallway house with no homeless criteria

🞎 Host Home (non-crisis)

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🞎 Other

🞎 Deceased

🞎 No exit interview completed

🞎 Client doesn't know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

If Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Non-cash benefits received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
|  | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** |
| (SNAP) Food Stamps |  |  |  |  |  |
| Special Supplemental Nutrition Program for WIC |  |  |  |  |  |
| TANF Child Care Services |  |  |  |  |  |
| TANF Transportation |  |  |  |  |  |
| Other TANF Funded Services |  |  |  |  |  |
| Client Doesn't know |  |  |  |  |  |
| Client Refused |  |  |  |  |  |
| Other (Please Specify):  |  |  |  |  |  |

**Covered by Health Insurance:**🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**Education:**

**Current school enrollment and attendance:**

🞎 Not currently in school or educational course 🞎 Currently enrolled but NOT attending school regularly (when school or the course is in session) 🞎 Currently enrolled and attending regularly (when school or course is in session) 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer

**Most recent educational status:**

🞎 K12: Graduated from high school 🞎 k12: Obtained GED 🞎 K12: Dropped Out 🞎 K12: Suspended 🞎 K12: Expelled 🞎 Higher education: Pursing a credential but not currently attending 🞎 Higher education: Dropped out 🞎 Higher Education: Obtained a credential/degree 🞎 Client Doesn’t Know 🞎 Client Prefers Not to Answer

**Current educational status:**

🞎 Pursuing a high school diploma or GED 🞎 Pursuing Associate’s Degree 🞎 Pursuing Bachelor’s Degree 🞎 Pursuing Graduate Degree 🞎 Pursuing other post-secondary credential 🞎 Client Doesn’t Know 🞎 Client Refused

**General Health Status:** 🞎 Excellent 🞎 Very Good 🞎 Good 🞎 Fair 🞎 Poor 🞎 Client Doesn't Know 🞎 Client Prefers Not to Answer

**Disabling Conditions (All Clients)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| **Disabling Condition** (All Adults)*No, Yes, Client Doesn’t Know, Client Prefers Not to Answer, Data Not Collected* | **N/A** |  |  |  |  |
| **Physical Disability** (All Clients)*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* |  |  |  |  |  |
| **Developmental Disability** (All Clients)*No, Yes, Client Doesn’t Know, Client Prefers Not to Answer, Data Not Collected* |  |  |  |  |  |
| **Chronic Health Condition** (All Clients)*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** (All Clients)*No, Yes, Client Doesn’t Know, Client Prefers Not to Answer, Data Not Collected* |  |  |  |  |  |
| **Mental Health Disorder** (All Clients)*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* |  |  |  |  |  |
| **Substance Use Disorder** (All Clients)*No, Alcohol Use, Drug Use, Both Alcohol and Drug Use, 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, 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*: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Health Insurance (*All clients*):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Head of Household (HOH)** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA) 🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Income**

**Income received from any source (HOH and Adults only)?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

\*Note: *Income received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household****.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| **Income Type** | Monthly Amount | Monthly Amount | Monthly Amount | Monthly Amount | Monthly Amount |
| Unemployment Insurance |  |  |  |  |  |
| Earned Income (i.e. Employment income) |  |  |  |  |  |
| Supplemental Security income (SSI) |  |  |  |  |  |
| Social Security Disability Income (SSDI) |  |  |  |  |  |
| VA Service Connected Disability Compensation |  |  |  |  |  |
| Private Disability Insurance |  |  |  |  |  |
| Temporary Assistance for Needy Families (TANF) |  |  |  |  |  |
| General Assistance (GA) |  |  |  |  |  |
| Retirement Income and Social Security |  |  |  |  |  |
| VA Non-Service-Connected Disability Pension |  |  |  |  |  |
| Pension or retirement income from another job |  |  |  |  |  |
| Child Support |  |  |  |  |  |
| Alimony or other spousal support |  |  |  |  |  |
| Worker's Compensation |  |  |  |  |  |
| Other Source |  |  |  |  |  |
| **Client Income Total:** |  |  |  |  |  |

**YHDP Questions**

**Project Completion Status:**

🞎 Completed Project

🞎 Client voluntarily left early

🞎 Voluntarily left early for other opportunities - Education

🞎 Voluntarily left early for other opportunities - Military

🞎 Voluntarily left early for other opportunities - Other

🞎 Voluntarily left early – Needs could not be met by project

🞎 Involuntarily left – Criminal activity/destruction of property/violence

🞎 Involuntarily left – Non-compliance with program rules

🞎 Client was expelled or otherwise involuntarily discharged from project

🞎 Involuntarily left – Reached maximum time allowed by program

🞎 Involuntarily left – Project terminated

🞎 Involuntarily left – Unknown/disappeared

🞎 Involuntarily left – Non-compliance with program rules

🞎 Ongoing

🞎 Dropped Out

🞎 Referred

🞎 No Further Contact

🞎 Other

**Last Grade Completed:**

🞎 No Schooling Completed

🞎 Nursery school to 4th grade

🞎 5th grade or 6th grade

🞎 7th grade or 8th grade

🞎 9th grade

🞎 10th grade

🞎 11th grade

🞎 12th grade, No diploma

🞎 Client Prefers Not to Answer

🞎 High School Diploma

🞎 GED

🞎 Post-secondary school

🞎 Unknown

**Employment Status:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**If “YES” Type of Employment:** 🞎 Full Time 🞎 Part Time

**If “NO:”** **Why Not Employed:** 🞎 Looking for work 🞎 Unable to work 🞎 Not looking for work

**School Status:**

🞎 Attending school regularly

🞎 Attending school irregularly

🞎 Graduated from high school

🞎 Obtained GED

🞎 Dropped out

🞎 Suspended

🞎 Expelled

🞎 Client doesn’t know

🞎 Client Prefers Not to Answer

🞎 Data not collected

**General Health Status:**

🞎 Excellent

🞎 Very Good

🞎 Good

🞎 Fair

🞎 Poor

🞎 Client doesn’t know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Mental Health Status:**

🞎 Excellent

🞎 Very Good

🞎 Good

🞎 Fair

🞎 Poor

🞎 Client doesn’t know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Housing Status:**

🞎 Category 1 – Homeless

🞎 Category 2 – At imminent risk of losing housing

🞎 Category 3 – Homeless only under other federal statutes

🞎 Category 4 – Fleeing domestic violence

🞎 At risk of homelessness

🞎 Stably housed

🞎 Client Doesn’t Know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**YHDP Questions Continued** *(Safe and Appropriate Exit)*

**Exit destination safe – as determined by the client:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**Exit destination safe – as determined by the project/caseworker:** 🞎 No 🞎 Yes 🞎 Worker does not know

**Client has permanent positive adult connections outside of project:** 🞎 No 🞎 Yes 🞎 Worker does not know

**Client has permanent positive peer connections outside of project:** 🞎 No 🞎 Yes 🞎 Worker does not know

**Client has permanent positive community connections outside of project:** 🞎 No 🞎 Yes 🞎 Worker does not know

**Current Living Situation:**

**Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Living Situation:** If client's Current Living Situation is in a temporary, permanent, or other situation from the Living Situation Options, record additional housing status information to support the determination of imminent and at-risk of homelessness housing statuses based on HUD's definition of homelessness.

🞎 Emergency Shelter including hotel or motel paid

for with Emergency Shelter voucher or RHY Funded Host Home Shelter

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Foster care or foster care group Home

🞎 Long-term care facility or Nursing Home

🞎 Transitional housing for homeless persons

(including homeless youth)

🞎 Permanent housing (other than RRH) for formerly homeless persons

🞎 Rental by client, no ongoing housing subsidy

🞎 Owned by client, no ongoing housing subsidy

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

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

🞎 Hotel or Motel paid for without Emergency Shelter voucher

🞎 Rental by client, with VASH housing subsidy

🞎 Rental by client, with other ongoing housing

subsidy

🞎 Owned by client, with ongoing housing subsidy

🞎 Rental by client, with GPD TID housing subsidy

🞎 Residential Project or hallway house with no homeless criteria

🞎 Rental by client, with RRH or equivalent subsidy

🞎 Rental by client with HCV voucher (tenant or project based)

🞎 Rental by client in a public housing unit

🞎 Worker unable to determine

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🞎 Other

🞎 Deceased

🞎 Client doesn't know

🞎 Client refused

🞎 Data Not Collected

**Is Client going to have to leave their current living situation within 14 days?**

🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client refused🞎 Data Not Collected

***If Yes:***

Has a subsequent residence been identified? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client refused🞎 Data Not Collected

Does the individual or family have resources or support networks to obtain other permanent housing?🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client refused🞎 Data Not Collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client refused🞎 Data Not Collected

Has the client moved two or more times in the last 60 days? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client refused🞎 Data Not Collected

**Location Details: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Type:**

🞎 Adult Day Care

🞎 Alcohol or Drug Abuse Services

🞎 Application Fees

🞎 Case Management

🞎 Child Care Assistance

🞎 Education (RHY)

🞎 Employment Assistance

🞎 Employment Skills Training

🞎 Health care

🞎 Housing Search and Info

🞎 Legal Services

🞎 Life Skills (Outside of CM)

🞎 Meals (Breakfast/Lunch/Dinner/Sack Lunch)

🞎 Mental Health Services

🞎 Mortgage Assistance

🞎 Moving Costs

🞎 Outreach

🞎 Rental Assistance
🞎 Rental/Security Deposit

🞎 Transportation

🞎 Utility Assistance