



HMIS Paper Discharge Form

RESIDENT NAME _____ GENDER _____ BIRTH DATE ____ / ____ / ____

* DISCHARGE DATE	____ / ____ / ____

*** REASON FOR DISCHARGE**

<input type="radio"/> Left for a housing opportunity before completing program	<input type="radio"/> Reached maximum time allowed in project	<input type="radio"/> Death
<input type="radio"/> Completed program	<input type="radio"/> Needs could not be met by project	<input type="radio"/> Other
<input type="radio"/> Non-payment of rent/occupancy charge	<input type="radio"/> Disagreement with rules/persons	<input type="radio"/> Unknown / Disappeared
<input type="radio"/> Non-compliance with project		
<input type="radio"/> Criminal activity/destruction of property/violence		

*** MONTHLY INCOME SOURCES** (Enter Monthly Income in Each Applicable Box)

Amount	Amount	Amount	Amount
Earned Income \$ _____	Child Support \$ _____	Veteran's Pension \$ _____	General Public Assistance \$ _____
SSDI \$ _____	Unemployment benefits \$ _____	Alimony or other spousal support \$ _____	Pension from a former job \$ _____
Worker's Compensation \$ _____	Veteran's Disability Payment \$ _____	SSI \$ _____	Other \$ _____
Retirement Income from SSA \$ _____	TANF \$ _____	Private Disability Insurance \$ _____	None \$ _____

*** NON-CASH BENEFITS**

<input type="checkbox"/> Food Stamps or money for food on a benefits card	<input type="checkbox"/> MEDICAID health insurance program
<input type="checkbox"/> MEDICARE health Insurance program	<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, infants and Children (WIC)	<input type="checkbox"/> Veteran's Administration (VA) Medical Services)
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> Other TANF-funded services	<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> Section 8, public housing, or other rental assistance	<input type="checkbox"/> Other Health Insurance
<input type="checkbox"/> Other Source	<input type="checkbox"/> None

*** NEW RESIDENCE SETTING**

<input type="radio"/> Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)	<input type="radio"/> Staying or living in a family member's room, apartment, or house
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Staying or living in a friend's room, apartment, or house
<input type="radio"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Foster care home or foster care group home
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Place not meant for habitation (e.g. vehicle, abandoned building, bus/train station or anywhere outside)
<input type="radio"/> Hospital (non-psychiatric)	<input type="radio"/> Other
<input type="radio"/> Jail, prison, or juvenile detention facility	<input type="radio"/> Don't Know
<input type="radio"/> Room, apartment, or house that you rent	<input type="radio"/> Refused
<input type="radio"/> Apartment or house that you own	

*** DESTINATION TENURE**

Permanent

Transitional

Don't Know

Refused

*** DESTINATION SUBSIDY TYPE**

None

Public Housing

Section 8

S + C

HOME Program

HOPWA Program

Other housing subsidy

Don't Know

Refused

NEW RESIDENCE COUNTY

Indiana County _____

Outside Indiana _____

Unknown _____

City/Town of New Residence _____

Township of New Residence _____

EMPLOYED AT TIME OF DISCHARGE

Yes

No

ENROLLED IN SCHOOL AT TIME OF DISCHARGE

Yes

No

***Required Field: Agencies may add more fields, but may not subtract fields.**
 =Select Only One; =Select All that Apply



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HIGHEST LEVEL OF SCHOOL COMPLETED AT DISCHARGE

- No schooling completed
- Nursery school to 4th Grade
- 5th or 6th Grade
- 7th or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade – No Diploma
- High School Diploma
- GED
- Post-Secondary School

OUTCOME CATEGORY

- Graduation
- Service Refusal / Drop Out
- Transfer to Similar Program
- Medical Complications / Deceased
- Suicide
- Other Neutral
- Other Negative
- Incarceration
- Long-term Psych. Hospitalization

***Required Field: Agencies may add more fields, but may not subtract fields.**

=Select Only One; =Select All that Apply