

# HMIS Data Collection – SERVICES SPREADSHEET

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

**CLIENT** (name or other identifier)

**COC** (circle one)

TVCoC	KNOX	HART	KY
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**PROJECT** (circle one)

PSH (OR)	PSH (FS)	PSH (NB)	SSVF (HP)	SSVF (RR)	ESG	OTHER PROGRAM:
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**HMIS NUMBER**

## NON-TFA SERVICES RECORD

**DATE OF SERVICE** (e.g., 08/24/2014)

		/			/				
Month		Day		Year					

**HOUSEHOLD MEMBERS ALSO ON THIS SERVICE**


### Case Management

Outreach Services

Case Management Services

### Assistance Obtaining VA Benefits

VA vocational/ rehabilitation counseling

Employment and Training Services

Educational Assistance

Health Care Services

### Assistance Obtaining / Coordinating Other Public Benefits

Health Care Services

Housing Counseling

Personal Financial Planning

Daily Living Services

Income Support Services

Transportation Services

Legal Services – Child Support

Representative Payee Services

Legal Services – Outstanding Fines & Penalties

Legal Services – Eviction Prevention

Legal Services – Other

Legal Services – Restore/Acquire Driver’s License

Child Care

### Direct Provision of Other Public Benefits

Personal Financial Planning

Housing Counseling

Income Support Services

Transportation Services

Legal Services – Child Support

Representative Payee Services

Legal Services – Outstanding Fines & Penalties

Legal Services – Eviction Prevention

Legal Services – Other

Legal Services – Restore/Acquire Driver’s License

Child Care

**Non-TFA Supportive Approved by VA:**