

Enrollment Exit

To exit the client from the Enrollment, enter the **Exit Date** and **Destination**.

Exit Date: _____

*

Destination:

*

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
- Safe Haven
- Foster Care Home or Foster Care Group Home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center
- Transitional Housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or Motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- 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)
- Moved from one HOPWA funded project to HOPWA TH
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- No exit interview completed
- Other
- Deceased
- Client doesn't know
- Client prefers not to answer
- Data not collected

Municipio Destino:

- Aibonito
- Arecibo
- Barceloneta
- Barranquitas
- Bayamon
- Camuy
- Carolina
- Catano
- Ciales
- Comerio
- Corozal
- Dorado
- Florida
- Guaynabo
- Lares
- Morovis
- Naranjito
- Orocovis
- San Juan
- Toa Alta
- Toa Baja
- Utuado
- Vega Alta
- Vega Baja
- Adjuntas
- Aguada
- Aguadilla
- Aguas Buenas
- Arroyo

- Anasco
- Cabo Rojo
- Caguas
- Canovanas
- Cayey
- Ceiba
- Cidra
- Coamo
- Culebra
- Fajardo
- Guayama
- Guayanilla
- Gurabo
- Guanica
- Hatillo
- Hormigueros
- Humacao
- Isabela
- Jayuya
- Juana Diaz
- Juncos
- Lajas
- Las Marias
- Las Piedras
- Loiza
- Luquillo
- Manati
- Maricao
- Maunabo
- Mayaguez
- Moca
- Naguabo
- Patillas
- Penuelas
- Ponce
- Quebradillas
- Rincon
- Rio Grande
- Sabana Grande
- Salinas
- San German
- San Lorenzo
- San Sebastian
- Santa Isabel
- Trujillo Alto
- Vieques
- Villaalba
- Yabucoa
- Yauco

- Exit Reason:
- Dejó el proyecto por una oportunidad de vivienda antes de completar el programa
 - Completó el Programa
 - Falta de pago de Renta o del cargo de ocupación
 - Incumplimiento con el Programa
 - Actividad Criminal/destrucción de propiedad/violencia
 - Alcanzó el tiempo maximo permitido por el programa
 - Necesidades no fueron satisfechas por el programa
 - Desacuerdo con las Reglas o las Personas
 - Muerte
 - Otra
 - Desconocido/Desaparecido

Date of Status Determination: *

- Youth Eligible for RHY Services : *
- Sí
 - No

Reason why services are not funded by BCP grant :*

- Participante Fuera de Rango de Edad

- Custodia del Estado - Reunificación Inmediata
- Custodia bajo Sistema criminal de Justicia - Re unificación Inmediata
- Otro

Case Manager Assignment: Josue O. Rivera Morales

End Case Assignment:

Services

Family Income:

Income	Family Income	Family Members	Poverty Level	% of Poverty

Service Date:*

- Grant:
- COC-SSO-Services Only
 - EjemploRRH24
 - EjemploRRHServicesOnly2024
 - ESG- RRH
 - ESG-Emergency Shelter 2014
 - Fondo VASH
 - HOPWA 2015 TH
 - HUD COC TH 2015
 - Outreach - ESG ESG-Outreach
 - PATH ASSMCA
 - Prevencion -ESG
 - Propuestas No Afiliados
 - Runaway Homeless Youth BCP
 - Test-CA
 - VA Grant ejemplo

Enrollment: * 02/22/2024 - Programa Ejemplo de Albergue de Emergencia ESG

Displaying 1-200 of 299 results.

<input type="checkbox"/> Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Abuso de Sustancias	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Acondicionamiento Fisico	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Actividad Cultural	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Actividades de desarrollo de destreza sociales,vida	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Actividades Recreativas	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count)	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Acupuntura	<input type="checkbox"/> Horas <input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Adiestramiento de Trabajo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Adiestramiento Destrezas de Empleo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Adiestramiento Destrezas de Vida	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Adiestramiento En-el-Trabajo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Adiestramiento Ocupacional	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Adiestramiento para Preparación a Empleo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Adiestramiento y Búsqueda de Empleo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Adiestramientos para Educacion	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Administracion de Medicamentos	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Adquisicion de Documentos Personales	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Adquisicion deTarjeta de Salud	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Adult day care and personal assistance	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

<input type="checkbox"/> Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Asistencia y Consejería al Consumidor	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Albergue de Emergencia	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Alcance Comunitario	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Alimentos	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Almuerzo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Alojamiento	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Apoyo en Búsqueda de vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Apoyo Espiritual	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Artículos de Primera Necesidad e Higiene	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Asesoramiento Legal	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Asesoría Legal	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Asistencia de Costo de Mudanza	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Asistencia de Renta	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
		0.00	\$0.00	\$0.00

Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Asistencia de Vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$20.00
<input type="checkbox"/> Asistencia en Búsqueda de Empleo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Asistencia en Matricula	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Asistencia genera vivienda-suministros emergencia	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Asistencia Medica	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Asistencia y acompanamiento	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Asistencia y Consejería al Consumidor	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Ayuda Hipotecaria	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Bienes Materiales	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Bus Tokens	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$2.00
<input type="checkbox"/> Capacitación Empresarial	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Case management	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Cena	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

<input type="checkbox"/> Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Child care	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Clases bilingues	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Clases de Escritura	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Clases de Fotografia	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Clases de Musica	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Clases de Pintura y Dibujo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Comida	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Confeccion de Prendas	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Consejería - Abuso Infantil	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Consejería - Alcohol	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$100.00
<input type="checkbox"/> Consejería de Abuso de Pareja	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Consejería de Abuso de Sustancias	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Consejeria en Adiccion	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Consejería en prevencion de VIH	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Consejería en Rehabilitacion (Estudio y Empleo)	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Consejería Grupal	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Consejería HIV/AIDS	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Consejería Individual	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Consejería y Cuidado de Salud Mental/Consejería	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Coordinacion/Referido a otras organizaciones/servi	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Criminal justice/legal services	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Cuidado de Salud	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Cuidado Prenatal	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Cuido de Niños	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Curso de Barberia	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

<input type="checkbox"/> Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Curso de Hojalateria	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Curso de Jardineria	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Cursos de Reposteria	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Cursos para tomar examen de 4to ano	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Deposito de seguridad de Renta	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Deposito de utilidades	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Depositos de Seguridad	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Depositos de Servicios Públicos	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Desarrollo de plan de evaluacion, tratameinto y	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Desarrollo de Plan de Servicio	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Desayuno	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Destrezas de Vida	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Ducha - Shower	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
		0.00	\$0.00	\$0.00

<input type="checkbox"/>	Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/>	Educación	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Educación de Adulto	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Educación General	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Education	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Empleo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Employment and training services	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Enlace Familiar	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Enriquecimiento Personal	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Enseñanza de manualidades, cerámicas y artesanía	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Evaluación de Elegibilidad	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Evaluación Financiera	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Examen VIH	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Excarcelaciones	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
			0.00	\$0.00	\$0.00

<input type="checkbox"/>	Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/>	Food/meals/nutritional services	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Gestion de Ayuda Economica	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Gestiones en citas	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Grupo de apoyo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Health/medical care	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Hospicio	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Housing Bednight	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Informes de tribunal	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Ingreso involuntario - Ley 408	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Ingreso involuntario - Ley 67	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Inyecciones	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Junta de inscripcion permanente	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Justicia Criminal/Servicios Legales	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
			0.00	\$0.00	\$0.00

<input type="checkbox"/>	Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/>	Kit de Higiene	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Labor voluntaria	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Laboratorio	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Lectura	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Life skills training	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Llamada Telefonica a agencias	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Llamadas telefonicas para coordinación de servicio	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Llamadas Telefonicas Personales, Familiares e Inte	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Manejo de Casos/Trabajador Social	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Manejo de dinero y presupuesto	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Manejo de estres	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Manejo de presupuesto y beneficencia publica	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Manualidades	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
			0.00	\$0.00	\$0.00

Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Materiales de Microempresa	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Mediación	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Medicina Alternativa	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Medico	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Médicos especialistas	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Mental health care/counseling	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Merienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Microempresa	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Mociones	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Monitoreo de Expediente	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Monitoreo de incapacidades y referidos de salud; v	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Mortgage assistance	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

<input type="checkbox"/>	Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/>	Motel and Hotel Vouchers	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Moviliario	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Moving On Assistance - Financial Assistance For Moving On	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Moving On Assistance - Housing referral/placement	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Moving On Assistance - Non-Financial Assistance For Moving On	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Moving On Assistance - Other (please specify)	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Moving On Assistance - Subsidized Housing Application Assistance	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Obtener mayor autodeterminación	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Orientacion	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Orientacion de Recertificacion de PAN	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Orientacion de Recertificacion de Vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Orientacion Nutricional	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Orientacion para procesos de vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
			0.00	\$0.00	\$0.00

Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Orientación programa Buprenorfina	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientacion sobre Programas Rehabilitacion	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientacion sobre Renovacion de Plan Medico	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientación vocacional y ocupacional	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientación y Consejería para Víctimas de Violenci	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientación y Referido para Detox	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientaciones a participantes	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientaciones en la comunidad	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Orientar sobre las necesidades, derechos y leyes q	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Otros Servicios	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Otros-Otras gestiones e intersecciones por el clien	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Outreach	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Outreach and/or engagement	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Pago de alquiler de vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Pago de Utilidades	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Pago pasajes	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> PAN/Medicaid	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Pase de Autobus	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Pases especiales	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Pasta de Dientes	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Plan de evaluación, tratamiento y cuidado de la pe	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Plan de Servicios	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Plan del intervención	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Preparación a Empleo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/> Preparacion de Resume	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Presentacion de Queja al (FTC)	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
		0.00	\$0.00	\$0.00

<input type="checkbox"/>	Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/>	Prevencion de Perdida de Vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Problem Solving/Diversion/Rapid Resolution intervention or service	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Protección y Asistencia al Consumidor	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Prueba de HIV/Prueba VIH	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
<input type="checkbox"/>	Pruebas de dopaje	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Pruebas de laboratorio	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Pruebas de Sangre	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Pruebas de sustancias	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	psicologia	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Psicologo/Psiquiatra	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Reparación de crédito	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Recorte	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/>	Redes de servicio con otras agencias	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
			0.00	\$0.00	\$0.00

<input type="checkbox"/> Service*	Unit Type	Units*	Unit Value*	Total
<input type="checkbox"/> Reeflexión de la Noche	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Referido a CES Ejemplo	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Referido a Otros Servicios	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Reflexión de la mañana	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Reforma de Salud	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Rehabilitación	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Rehabilitación de Drogas	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$200.00
<input type="checkbox"/> Rehabilitación de Vivienda	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Renovacion de Contrato	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Rental assistance	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Reparación de Credito	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Reparacion de vehiculos	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$0.00
<input type="checkbox"/> Repaso de Plan de Servicio	<input type="checkbox"/> Dolares <input type="checkbox"/> Minutos <input type="checkbox"/> Conteo (Count) <input type="checkbox"/> Horas	_____	_____	\$1.00
		0.00	\$0.00	\$0.00

Universal Data Assessment

Complete the information below related to the selected client's housing status and other relevant information. Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. 3.917 may not always show as expected because of changed setup data or missing required data links

Assessment Date: * _____

Age at Assessment: 31

Assessment Type: * Entry
 During Program Enrollment/Update
 Annual
 Exit
 Post Exit/Follow Up
 Other

Assessor: * _____

Program: Adiestramiento DQ PSH
 Albergue Ejemplo de RHY
 Coordinado Ejemplo
 Ejemplo - RRH 2024
 Ejemplo - RRH Services Only 2024
 Ejemplo - Veteranos
 Ejemplo de Vivienda Transitoria HUD
 Ejemplo Outreach
 Ejemplo Permanente (PSH)-VASH
 Ejemplo Proyecto Servicios(SSO)
 Ejemplo Transitoria HOPWA
 Ejemplo VA program
 Ejemplo Vivienda TransitoriaNo afiliada
 Programa Ejemplo de Albergue de Emergencia ESG
 Programa Ejemplo de Albergue de Emergencia ESG
 Programa Ejemplo Prevencion
 Programa PATH - Ejemplo
 Rapid Rehousing Ejemplo
 SSVFO

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Covered by Health Insurance:* Yes
 No
 Client Doesn't Know
 Client prefers not to answer
 Data Not Collected

<input type="checkbox"/> Type	Status	Reason No	Other Coverage
Privado - Individual	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____

Type	Status	Reason No	Other Coverage
Privado - Patrono	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Medicare	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Medicaid	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Programa de Seguro de Salud del Estado para Niños-S-CHIP o nombre local	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
State Health Insurance for Adults (or use local name)	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Health Insurance obtained through COBRA	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Servicio de Salud Indio - Indian Health Service (IHS)	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____

Type

Status

Reason No

Other Coverage

Otro

Si
 No

- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type n/a for this client
- Client doesn't know
- Client prefers not to answer
- Data not collected

Barriers

Use this form to identify whether a client has each individual barrier or not. The Clients last assessment is displayed as a default. You may, optionally, click **Previous Barriers Detail** to view information about the defaulted records or click **View Barrier History** to review all previous barriers.

Assessment Active

Identified Date: * _____

- Screen:
- Barriers
 - HMIS Barriers
 - RHY Barriers
 - ESG Barriers
 - Encounters
 - Addiction

- Disabling Condition:
- Yes
 - No
 - Client Doesn't Know
 - Client prefers not to answer
 - Data Not Collected

<input type="checkbox"/> Barrier	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details	Date Last Verified	Last Assessed By	Organization	Last Assessed Status: Barrier Present
<input type="checkbox"/> Trastorno por consumo de alcohol	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No
<input type="checkbox"/> Condición Crónica de Salud	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No
<input type="checkbox"/> Discapacidad del Desarrollo	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No
<input type="checkbox"/> Trastorno por consumo de drogas	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No
<input type="checkbox"/> HIV/AIDS	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No

Barrier	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details	Date Last Verified	Last Assessed By	Organization	Last Assessed Status: Barrier Present
<input type="checkbox"/> Trastorno de salud mental	?	<input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No
<input type="checkbox"/> Discapacidad Física	?	<input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	02/22/2024	Josue O. Rivera Morales	Organizacion Ejemplo para Adiestramiento	No

Income and Sources, Non-Cash Benefits

Indicate below the client's sources of **monthly** income, non-cash benefits and expenses.

The following instructions are quoted from the HMIS Data Manual:

- When a client has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.
- Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive.
- Income data should be recorded only for sources of income that are current as of the information date (i.e. have not been specifically terminated). As an example, if a client's employment has been terminated and the client has not yet secured additional employment, the response for Earned income would be "No." As a further example, if a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for \$15.00/hour, but the client is currently working 20 hours per week for \$12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at \$12.00 an hour).

Assessment Active

Assessment Date: * _____

Income from Any Source: * Yes
 No
 Client Doesn't Know
 Client prefers not to answer
 Data Not Collected

Non-Cash Benefits from Any Source:* Yes
 No
 Client Doesn't Know
 Client prefers not to answer
 Data Not Collected

Expenses: Yes
 No
 Client Doesn't Know
 Client prefers not to answer
 Data Not Collected

Income

<input type="checkbox"/>	Type	Description	Monthly Amount
<input type="checkbox"/>	Earned Income (i.e., employment income)	_____	_____
<input type="checkbox"/>	Unemployment Insurance	_____	_____
<input type="checkbox"/>	Supplemental Security Income (SSI)	_____	_____
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	_____	_____
<input type="checkbox"/>	Veteran's Disability Payment	_____	_____
<input type="checkbox"/>	Private Disability Insurance	_____	_____
<input type="checkbox"/>	Worker's Compensation	_____	_____
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	_____	_____
	Count/Total Monthly Income:	0	\$0.00

<input type="checkbox"/> Type	Description	Monthly Amount
<input type="checkbox"/> General Assistance	_____	_____
<input type="checkbox"/> Retirement income from Social Security	_____	_____
<input type="checkbox"/> Veteran's Pension	_____	_____
<input type="checkbox"/> Other Pension	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Alimony or other spousal support	_____	_____
<input type="checkbox"/> Other Income	_____	_____
Count/Total Monthly Income:	0	\$0.00

Non-Cash Benefits

<input type="checkbox"/> Type	Description	Monthly Amount
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	_____	_____
<input type="checkbox"/> MEDICAID	_____	_____
<input type="checkbox"/> MEDICARE	_____	_____
<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 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"/> Other Source	_____	_____
<input type="checkbox"/> Section 8, Public Housing, or Other Ongoing Rental Assistance ¹		
<input type="checkbox"/> Temporary rental assistance ¹		
¹ Depreciated in 2017 (HMIS v6.1) Count/Total Monthly Income:	0	\$0.00

Expenses

- Expense Group:
- Hogar
 - Automotriz
 - Comida
 - Médico
 - Otro

8 results found.

<input type="checkbox"/>	Type	Description	Amount*	Details
<input type="checkbox"/>	Car Payment	_____	_____	Details
<input type="checkbox"/>	Groceries	_____	_____	Details
<input type="checkbox"/>	Miscellaneous	_____	_____	Details
<input type="checkbox"/>	Rent	_____	_____	Details
<input type="checkbox"/>	Car Insurance	_____	_____	Details
<input type="checkbox"/>	Mortgage	_____	_____	Details
<input type="checkbox"/>	Gasoline	_____	_____	Details
<input type="checkbox"/>	Maintenance	_____	_____	Details
Count/Total:			0	\$0.00

HMIS 2017 Employment Assessment

Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

Assessment Active
Assessment Date: * _____

Employed? * Yes
 No
 Client Doesn't Know
 Client prefers not to answer
 Data Not Collected

Type of Employment:* Full-Time
 Part-Time
 Seasonal / sporadic (including day labor)