

New Hampshire Continua of Care RHY MGH/TLP Supplemental Services and Referrals HMIS Form

Use this form to record services and referrals information. Record services for the youth to whom they were provided; a service that benefits the whole household in TLP or MGH may be recorded solely for the youth head of household. For each service provided, projects must record the service date and service type. Use additional forms as needed for multiple services and/or referrals. Update the information as required each time services and/or referrals are provided.


Client name or other identifier: _____ Client ID*: _____

**Client ID number is generated by the HMIS system.*

Referrals Provided <small><i>In ServicePoint, click to select the Service Transaction tab.</i></small>	Referral Date
i Each referral need only be recorded once during project enrollment.	
Child Care Non-TANF	____ / ____ / ____
Supplemental Nutritional Assistance Program (Food Stamps)	____ / ____ / ____
Education-McKinney/Vento Liaison Assistance to Remain in School	____ / ____ / ____
HUD Section 8 or Other Permanent Housing Assistance	____ / ____ / ____
Individual Development Account	____ / ____ / ____
Medicaid	____ / ____ / ____
Mentoring Program Other Than RHY Agency	____ / ____ / ____
National Service (AmeriCorp, VISTA, Learn and Serve)	____ / ____ / ____
Non-Residential Substance Abuse or Mental Health Program	____ / ____ / ____
Other Public-Federal, State or Local Program	____ / ____ / ____
Private Non-profit Charity or Foundation Support	____ / ____ / ____
SCHIP	____ / ____ / ____
SSI, SSDI or other Disability Insurance	____ / ____ / ____
TANF or other Welfare/Non-disability Income Maintenance (all TANF) services	____ / ____ / ____
Unemployment Insurance	____ / ____ / ____
WIC	____ / ____ / ____
Workforce Development (WIA)	____ / ____ / ____

This form can be found on the NH-HMIS website at www.nh-hmis.org.

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Services Provided <i>In ServicePoint, click to select the Service Transaction tab.</i>  <i>Note that each service type need only be recorded once during project enrollment.</i>	
Service	Service Date
Basic Support Services	____ / ____ / ____
Community Service/Service Learning (CSL)	____ / ____ / ____
Counseling/Therapy	____ / ____ / ____
Dental Care	____ / ____ / ____
Education	____ / ____ / ____
Employment and training services	____ / ____ / ____
Criminal justice/legal services	____ / ____ / ____
Life skills training	____ / ____ / ____
Parenting education for parent of youth	____ / ____ / ____
Parenting education for parent of youth with children	____ / ____ / ____
Peer (youth) counseling	____ / ____ / ____
Post-natal care	____ / ____ / ____
Pre-natal care	____ / ____ / ____
Health/medical care	____ / ____ / ____
Psychological or psychiatric care	____ / ____ / ____
Recreational activities	____ / ____ / ____
Substance abuse assessment and/or treatment	____ / ____ / ____
Substance abuse prevention	____ / ____ / ____
Support group	____ / ____ / ____

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