



# Home For Good Santa Barbara County Service Transaction Tracker Form (1/6/20)



Northern Santa Barbara County United Way

**Beneficiary Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Best Means for Follow Up:**  Phone: \_\_\_\_\_  Email: \_\_\_\_\_

**Current Living Situation:** \_\_\_\_\_ **City and Location:** \_\_\_\_\_

Transaction Trackers are to be completed after every assist provided. Typical multiple assists occur daily.

**This individual is (check all that apply):**

- Experiencing Homelessness (complete Homeless Verification Form once)
- A Veteran (complete Veteran Verification Form once)
- Housed Individual (who was previously experiencing homelessness). List date housed: \_\_\_\_\_

**Initial Assessments and Key Forms Completed:**

- HMIS ROI (when applicable)  HMIS Standard Adult Intake (once)  HMIS Standard Family Intake (once)
- Family-VI-SPDAT (when there is a minor child in the household)  VI-SPDAT (when applicable)

**Document Readiness:**

- Bank Statements Obtained
- Birth Certificates
- Birth Certificate Fee Payment Assistance
- Chronic Homelessness Verification Completed
- Disability Verification Obtained
- Identification Application Assistance
- Identification Card Fee Payment Assistance
- Social Security Card Documented
- Lawful Permanent Residence Status Obtained (if applicable)
- Proof of Income Obtained

**Veteran Support:**

- DD-214 Veteran Condition of Discharge Form Obtained
- Veteran Benefits Assistance Application Completed
- Veteran Support Groups
- Veteran Courts
- VASH Enrollment Obtained
- SSVF Enrollment Obtained

**Housing**

- Diversion/ Reunification Services
- Housing Application Completed
- Housing Search Assistance
- Prevention Services
- Public/Subsidized Housing Appeal Assistance
- Secure Housing With Permanent Tenure. List move in date: \_\_\_\_\_

(complete this once when the lease is signed). Make sure this date is documented on the OneDrive & HMIS.

**Benefits**

- Disability Benefits Obtained
- Food Stamps/SNAP Application Completed
- General Benefits Assistance Application Completed
- Social Security Disability Insurance Application Completed
- State Disability Insurance Application Completed

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**Healthcare & Treatment Services**

- General Medical Care Appointment
- Health Care Referrals
- Home Health Care
- Inpatient Drug Detoxification
- Inpatient Mental Health Facilities
- Inpatient Alcohol Use Disorder Treatment Facilities
- Mental Health and Substance Use Disorder Services Appointment
- Primary Care Established

**Other Services**

- Budget/Debt Management Plan Created
- Case Management
- Comprehensive Outpatient Substance Use Disorder
- Criminal Justice Assistance
- Educational Support Services
- Employment Assistance

**Other Needs**

- Clothing Distributed
- Food Distributed
- Household Goods Distributed
- Personal/Grooming Items Distributed
- Transportation Provided

(see the Service Transaction Tracker Detail for definitions of these assists)

**Emergency & Transitional Housing**

- Enrolled in a Emergency Shelter. List move in date:\_\_\_\_\_ (complete this once when the lease is signed). Make sure this date is documented on the OneDrive & HMIS.
- Enrolled in a Transitional Housing Facility. List move in date:\_\_\_\_\_ (complete this once when the lease is signed). Make sure this date is documented on the OneDrive & HMIS.
- Enrolled in a DV or Human Trafficking Provider. List move in date:\_\_\_\_\_ (complete this once when the lease is signed). Make sure this date is documented on the OneDrive & HMIS.

**NOTES:**

**Completed By:**

- AmeriCorps Member  Volunteer  Staff (not included in AmeriCorps data collection)

Client data will be entered into HMIS and the OneDrive as soon possible following intake or service start date (not more than 3 business days later).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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