



# Girls Transitional Housing

## Step 5: Service Transactions

ServicePoint Client ID	First Name	M.I.	Last Name	Suffix (Jr, II, etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Need → Service Provided (for Need Identified)

**Include All Household Members?** ☐ Yes ☐ No

**Provider** (Don't Change!)

**Date Need Identified\***

/ /

(must be on or after Entry Date)

**Need/Diagnosis\*** ☒ Basic Need

**Overall Need Status\*** ☐ Closed ☐ Identified ☐ In Progress

**Overall Outcome** ☐ Service Pending ☐ Fully Met ☐ Not Met ☐ Partially Met

**If Not Met, State the Reason**

☐ All Services Full ☐ Client Not Eligible ☐ Client Refused Services ☐ Service Does Not Exist ☐ Service Not Accessible

**Notes about This Need**

**Include All Household Members?** ☐ Yes ☐ No

**Provider** (Don't Change!)

**Service** (Use default service)

Use additional forms if more than one service is provided

**Service Start Date\***

/ /

(must be on or after Need Date)

**Service End Date**

/ /

**Service Staff (Case Manager)\***

**Provider Specific Service\***

☐ Case Management (Hours) ☐ Skill-Building (Hours) ☐ Transitional Housing (facility-based) (Nights)

**Unit(s)\***

**Unit Type\*** ☐ Hours ☐ Nights ☐ Dollars

**Notes about This Service**

### Followup (Reminder/Tickler) For this Service (optional)

<b>Projected Followup Date</b>	<b>Actual Followup Date</b>	<b>Followup Made?</b>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes