ICA Missouri – AHTF <u>Service Transactions</u>

Form designed for use by projects funded by AHTF which need to record service transactions.

Staff: _____   Name of Head of Household: _____

Client Records

Use this space to list all applicable household members if desired.

_____	_____	_____
First name	Last name	ServicePoint ID

_____	_____	_____
First name	Last name	ServicePoint ID

_____	_____	_____
First name	Last name	ServicePoint ID

_____	_____	_____
First name	Last name	ServicePoint ID

_____	_____	_____
First name	Last name	ServicePoint ID

_____	_____	_____
First name	Last name	ServicePoint ID

Service Transactions

Most, but not all, AHTF-funded projects are required to record service transactions in HMIS.
The space below is available for documenting services, if desired, so that they can be recorded in HMIS.

Date	Type of Service	Dollar Amount*	Payee*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Dollar Amount and Payee to be completed only when applicable.