FY23 HMIS Client Tracking & Quality Assurance Standards

FY23 HMIS Data Dictionary

Updated: November 2022

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Client Tracking and QA Standards

1.0 Client Tracking and QA Standards
Purpose: Establish minimum client tracking & QA standards for partner agencies to collect and maintain records for every client receiving services and assure the accuracy and completeness of such records in HMIS. This also establishes the ability to create unduplicated counts of clients using services across multiple projects.

1.1 Partner agency Responsibilities:

Partner agencies agree to:

1. Acquire and maintain computers, software and network connections necessary for data collection into HMIS.

2. Assure only trained, designated and HMIS certified staff enter and maintain data, and assure CSB that untrained/unauthorized personnel do not use HMIS.

3. Strictly adhere to the guidelines regarding confidentiality (see below).

4. Assure the accuracy of information entered into the system. Any updates in information, error or inaccuracy that comes to the attention of the partner agency will be corrected by such agency.

5. Present each client with a Client Acknowledgement for Electronic Data Collection.

6. Attempt to obtain a signed Client Acknowledgement for Electronic Data Collection form from each client before data is entered into the database and maintain this form on file at the agency in the client's file. If the Client Acknowledgement for Electronic Data Collection form is not signed, the agency must still electronically collect in HMIS any and all HMIS required data elements provided by the client to the agency. The agency may implement a more restrictive client privacy policy than the one mandated by CSB, so long as the agency provides evidence of such policy to CSB upon the execution of the Master Provider Agreement and the related Partnership Agreement(s) and as long as the policy does not prevent the agency from providing the required client-level HMIS data elements.

7. If the partner agency has a more restrictive HMIS related privacy policy than the one mandated by CSB, and such privacy policy disallows the collection and/or entry of protected personal information (name, birth date and social security number) in HMIS without written consent and the client refuses to provide written consent, the agency must enter the client's information without the protected personal information (name, birth date and social security number) by creating an "un-named" record for tracking purposes. Please reach out to the CSB Database Administrator to create this record. If the client consents with the electronic data collection, the agency must electronically collect in HMIS any and all HMIS required data elements provided by the client to the agency. The agency must provide CSB with its client privacy policy.

8. Perform routine Quality Assurance procedures to monitor data quality and promptly correct inaccuracies.

Clarity HMIS

1.2 Partner agency Confidentiality Responsibilities:

1. The partner agency agrees to abide by all present and future federal and state laws and regulations and with all HMIS procedures and policies relating to the collection, storage, retrieval and dissemination of HMIS information.

2. The partner agency agrees to limit access to information furnished by the HMIS database to its own employees specifically for the purpose of verifying eligibility for service or entering into the system records of services provided.

3. The partner agency agrees to use diligence and care in assigning staff to use the HMIS database. All such employees will be required to sign a User Agreement form, which is maintained automatically within Clarity, and pass the CSB administered end-user certification test. The name of the person entering the information is part of the computer record. CSB will verify that the person is authorized to enter data into the system.

4. The partner agency agrees to provide CSB the names of all staff members who have access to the HMIS database information and attests that such staff is trained in HMIS, received HMIS Certification and is capable of accessing the HMIS database according to the provisions of this agreement.

5. The partner agency shall be responsible for the maintenance, accuracy and security of all its data records and terminal sites and for the training of agency personnel regarding confidentiality.

6. The partner agency shall be responsible for ensuring that each user has a unique username and unique password access. The agency shall prohibit sharing of usernames by more than one approved user.

7. The partner agency shall ensure that the data entry is completed in secure areas and each computer is equipped with locking screen savers.

8. The partner agency shall provide virus protection with auto updates for each computer used for data entry and individual or network firewalls are in place.

9. The partner agency shall have a privacy notice sign posted at each intake desk and on its website, if applicable, which shall notify the clients that the agency's privacy policy is available upon request.

10. The partner agency shall have a written privacy policy, minimally the one mandated by CSB, to cover the electronic data collection, use and maintenance of the client's protected personal information. The client should be made aware of the privacy policy which is required to be posted on the agency's website and shared with the client upon request.

11. The partner agency Executive Director must accept responsibility for the validity of all records entered by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information. The partner agency will provide CSB with the name(s), and title(s) of the staff member(s) authorized to supervise data entry personnel.

1.3 Data Tracking of Client Services

1. The agency implements a written plan for delivery of services and tracking of clients that includes the process for determining and recording outcomes/exits.

2. The agency implements a written intake and client record keeping procedure that include:

   ✓ Intake interview

   ✓ Record of services provided

3. Files containing client information are in a secure location and locked (or capable of being locked) to maintain confidentiality.

4. Shelter and supportive housing projects maintain an up-to-date residence list that includes, at least, the name of each person residing in the project.

5. The agency implements a written plan for project evaluation and quality assurance.

1.4 Reporting Submission Deadlines:

1. Intake data should be entered into HMIS within 24 hours of the intake process.

2. Shelters only: Clients who stayed in shelter during the previous 24-hour period must be entered into HMIS by 9:00am the following day. Complete and accurate data for the month must be entered into HMIS (Client Profile, Entry/Exit, and any other required assessment) by the fourth working day of the month following the reporting period.

   For example, data for the month of April must be entered into HMIS by the fourth working day of May.

1.5 Data Accuracy/Completeness:

1. All clients have unique ID numbers (Social Security number or system-generated ID[1]).

2. Missing/unknown data in HMIS is less than 5% per month in required variable fields.

   For example, if the data for the variable veteran is unknown for less than 5% of clients during the month, the data is complete. If unknown is greater than or equal to 5%, the data is incomplete.

3. The client profile duplicate count in HMIS is less than 5% of the number of clients served per month or per quarter.

4. No data incompatible with the project in HMIS.

   For example, a family cannot be entered at a single men's shelter or a women's shelter.

5. Data in HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Exit Date' should be the date the client physically exited the project.

1.6 Data Quality Assurance

   1. Partner agencies have minimum data quality assurance policies and procedures to assure quality data collection, entry, and reporting.

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[1] If the client elects to remain un-named, the data entry staff person must record the system-generated ID number on the paper client file and enter subsequent data in the appropriate system record so that all services are attached to the correct record in CSP.

2. QA procedures must include and agency administrators must assure:

Task	If annual number of households served < 200	If annual number of households served > 200
1. Run your QA report for each project. Review number of open cases – verify that equals number of actually open cases. ✓ Exit cases that should be closed. ✓ Enter cases that should be open	Monthly	Weekly
2. Review your QA report for each project – verify that missing data for required data does not exceed 5%. ✓ Correct missing data to be < 5%	Monthly	Weekly
3. Run your Client Duplicate report for each project. Let the CSB Database Administrator know of any duplicates found.	Monthly	Monthly
4. Pull 10% of paper files and check vs. HMIS data to verify data is accurate.	Monthly	Monthly
5. If shelter, then check HMIS to verify accuracy vs. paper shelter list.	Weekly	Weekly
6. If shelter, check HMIS to verify that number of open cases on your QA report equals number of households on your program roster.	Monthly	Weekly
7. Issue QA report to project directors on status of QA check.	Monthly	Weekly

2.0 Data Requirements Reference Guide Data Dictionary Table of Contents

The table on the following pages lists all required Data Elements, which project types they are required for and clients for whom they need to be collected.

Please also note that the second column indicates the page in the Data Dictionary on which you will find detailed information for that data element.

For HUD Universal and Project Specific Data Elements the number listed in front of the data element corresponds not only to its number within this dictionary, but also its number in the HUD Data Dictionary.

PLEASE NOTE: HoH = Head of Household (Adult in the household designated as such). It also refers to Single Adults and Unaccompanied Youth for the purposes of this chart unless "in families" is specified.

Data Element	Data Dictionary Page Number	Coordinated Entry CARR = CARR Team Only	Emergency Shelters	PSH, SPC, TH, GPD	VASH	Outreach	Rapid Re-housing	Prevention GCH = Gladden Community House Only	SSVF Projects	VAEH	PATH Projects	RHY Projects	USHS	Clients Required For
2.0 Project Descriptor Data Elements														**Project Applicability**
2.1 Organization Information	20													
2.1a Organization ID	20	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.1b Organization Name	20	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.1c Victim Services Provider	30	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2 Project Identifiers	20													
2.2a Project ID	20	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2b Project Name	20	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2c Operating Start Date	20	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2d Operating End Date	20	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2e Continuum Project	21	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2f Project Type	21	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2g Affilliated with Residential Project?	21	X	X	X	X	X	X	X	X	X	X	X	X	All Services Only Projects
2.2h Method for Tracking Emergency Shelter Utilization	21		X						X		X			Emergency Shelters
2.2i Housing Type	21		X	X	X		X		X		X			All Projects
2.2j HMIS Participating Project	22	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2k Target Population	22	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2l HOPWA-Funded Medically Assisted Living Facility	22													HOPWA Projects
2.3 Continuum of Care Code	22	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3a CoC Code	22	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3b Geocode	22	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3c Project Street Address	22	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3d Project City	23	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3e Project State	23	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3f Project Zip Code	23	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3g Geography Type	23	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6 Funding Sources	23													
2.6a Federal Partner Programs and Components	23	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6b Grant Identifier	24	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6c Grant Start Date	25	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6d Grant End Date	25	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.7 Bed and Unit Inventory Information	25													
2.7a Inventory Start Date	26		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7b Inventory End Date	26		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7c Inventory CoC Code	26		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7d Household Type	27		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7e Bed Type	27		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7f Availability	27		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7g Bed Inventory	28		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
2.7h Total Unit Inventory	28		X	X	X		X		RRH	X		X		ES, VAEH & Residential Projects Only
3.0 HUD Universal Data Elements														
3.1 Name	28													
3.1a First	28	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1b Middle	29	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1c Last	29	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1d Suffix	29	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1e Name Data Quality	29	X	X	X	X	X	X	X	X	X	X	X	X	All

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3.0 HUD Universal Data Elements *(continued)*														
3.2 Social Security Number	29													
3.2a Social Security Number	29	X	X	X	X	X	X	X	X	X	X	X	X	All
3.2b SSN Data Quality	29	X	X	X	X	X	X	X	X	X	X	X	X	All
3.3 Date of Birth	30													
3.3a Date of Birth	30	X	X	X	X	X	X	X	X	X	X	X	X	All
3.3b Date of Birth Type	30	X	X	X	X	X	X	X	X	X	X	X	X	All
3.4 Race	31	X	X	X	X	X	X	X	X	X	X	X	X	All
3.5 Ethnicity	31	X	X	X	X	X	X	X	X	X	X	X	X	All
3.6 Gender	32	X	X	X	X	X	X	X	X	X	X	X	X	All
3.7 Veteran Status	32	X	X	X	X	X	X	X	X	X	X	X	X	All Adults
3.8 Disabling Condition	33	X	X	X	X	X	X	X	X	X	X	X		All
3.10 Project Start Date	34	X	X	X	X	X	X	X	X	X	X	X	X	All
3.11 Project Exit Date	35	X	X	X	X	X	X	X	X	X	X	X	X	All
3.12 Destination	36	X	X	X	X	X	X	X	X	X	X	X	X	All
3.15 Relationship to Head of Household	37	X	X	X	X	X	X	X	X	X	X	X	X	All
3.16 Client Location	37	X	X	X	X	X	X	X	X	X	X	X	X	All
3.20 Housing Move-In Date	37			X	X		X							HoH Only
3.917A Prior Living Situation	38													
3.917A1 Type of Residence	38	X	X			X			X	X				HoH and Adults
3.917A2 Length of Stay in Prior Living Situation	39	X	X			X			X	X				HoH and Adults
3.917A3 Approximate Date Homelessness Started	40	X	X			X			X	X				HoH and Adults
3.917A4 Number of times the client has been on the streets, in ES, or SH in the past three years, including today.	40	X	X			X			X	X				HoH and Adults
3.917A5 Number of months homeless on the street, in ES, or SH in the past three years	40	X	X			X			X	X				HoH and Adults
3.917B Living Situation	40													
3.917B1 Type of Residence	40			X	X		X	X	X		X			HoH and Adults
3.917B2 Length of Stay in Prior Living Situation	41			X	X		X	X	X		X			HoH and Adults
3.917B3 Length of Stay Less Than 7 Nights	41			X	X		X	X	X		X			HoH and Adults
3.917B4 Length of Stay Less Than 90 Days	42			X	X		X	X	X		X			HoH and Adults
3.917B5 On the Night Before Did You Stay on the Streets, ES, or SH? (If Yes to 3.917B4 or 3.917B5).	42			X	X		X	X	X		X			HoH and Adults
3.917B6 Approximate Date Homelessness Started	42			X	X		X	X	X		X			HoH and Adults
3.917B7 Number of times the client has been on the streets, in ES, or SH in the past three years, including today.	42			X	X		X	X	X		X			HoH and Adults
3.917B8 Number of months homeless on the street, in ES, or SH in the past three years	43			X	X		X	X	X		X			HoH and Adults
4.0 HUD Program-Specific Data Elements														
4.2 Income and Sources	43													
4.2a Information Date	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2b Income from any source	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2c Earned Income	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2c Monthly Amount	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2d Unemployment Insurance	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2d Monthly Amount	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2e Supplemental Security Income (SSI)	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2e Monthly Amount	44	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2f Social Security Disability Income (SSDI)	45	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults
4.2f Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X			HoH and Adults

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4.0 HUD Program-Specific Data Elements *(continued)*														
4.2g VA Service-connected Disability Compensation	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2g Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2h VA NonService-connected Disability Pension	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2h Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2i Private Disability Insurance	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2i Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2j Worker's Compensation	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2j Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2k Temporary Assistance for Needy Families (TANF)	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2k Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2l General Assistance	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2l Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2m Retirement Income from Social Security	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2m Monthly Amount	45	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2n Pension or retirement income from a former job	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2n Monthly Amount	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2o Child Support	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2o Monthly Amount	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2p Alimony and other spousal support	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2p Monthly Amount	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2q Other source (please specify)	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2q Monthly Amount	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2r If "Other source", then specify	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.2 (s)Total Monthly Income from all sources	46	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3 Non-Cash Benefits	47													
4.3a Information Date	47	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3b Non-cash benefit from any source	47	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3c Supplemental Nutrition Program (SNAP, aka Food Stamps)	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3d Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3e TANF Child Care Services	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3f TANF Transportation Services	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3g Other TANF-funded Services	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3i Other Source (Please specify)	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.3k If "Other source", then specify	48	CARR	X	X	X	X	X	X	X	X	X	X		HoH and Adults
4.4 Health Insurance	49													
4.4a Information date	49	CARR	X	X		X	X	X	X	X	X	X		All
4.4b Covered by Health Insurance	49	CARR	X	X		X	X	X	X	X	X	X		All
4.4c MEDICAID	49	CARR	X	X		X	X	X	X	X	X	X		All
4.4d MEDICARE	49	CARR	X	X		X	X	X	X	X	X	X		All
4.4e State Children's Health Insurance Program (CHIP)	49	CARR	X	X		X	X	X	X	X	X	X		All
4.4f Veteran's Administratorion (VA) Medical Services	50	CARR	X	X		X	X	X	X	X	X	X		All
4.4g Employer-provided Health Insurance	50	CARR	X	X		X	X	X	X	X	X	X		All
4.4h Health Insurance obtained through COBRA	50	CARR	X	X		X	X	X	X	X	X	X		All
4.4i Private Pay Health Insurance	50	CARR	X	X		X	X	X	X	X	X	X		All
4.4j State Health Insurance for Adults	50	CARR	X	X		X	X	X	X	X	X	X		All
4.4k Reason, if not covered:	50	CARR	X											(HOPWA projects only)

Data Element	Data Dictionary Page Number	Coordinated Entry CARR = CARR Team Only	Emergency Shelters	PSH, SPC, TH, GPD	VASH	Outreach	Rapid Re-housing	Prevention GCH = Gladden Community House Only	SSVF Projects	VAEH	PATH Projects	RHY Projects	USHS	Clients Required For
4.0 HUD Program-Specific Data Elements *(continued)*														
4.5 Physical Disability	51	CARR												
4.5a Information Date	51	CARR	X	X		X	X	X	X	X	X			All
4.5b Physical Disability	52	CARR	X	X		X	X	X	X	X	X			All
4.5c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	52	CARR	X	X		X	X	X	X	X	X			All
4.6 Developmental Disability	52	CARR												
4.6a Information Date	52	CARR	X	X		X	X	X	X	X	X			All
4.6b Developmental Disability	52	CARR	X	X		X	X	X	X	X	X			All
4.7 Chronic Health Condition	53	CARR												
4.7a Information Date	53	CARR	X	X		X	X	X	X	X	X			All
4.7b Chronic Health Condition	53	CARR	X	X		X	X	X	X	X	X			All
4.7c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	53	CARR	X	X		X	X	X	X	X	X			All
4.8 HIV/AIDS	53	CARR												
4.8a Information Date	53	CARR	X	X		X	X	X	X	X	X			All
4.8b HIV/AIDS	54	CARR	X	X		X	X	X	X	X	X			All
4.9 Mental Health Disorder	54	CARR												
4.9a Information Date	54	CARR	X	X		X	X	X	X	X	X			All
4.9b Mental Health Disorder	54	CARR	X	X		X	X	X	X	X	X			All
4.9c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	54	CARR	X	X		X	X	X	X	X	X			All
4.10 Substance Use Disorder	54	CARR												
4.10a Information Date	54	CARR	X	X		X	X	X	X	X	X			All
4.10b Substance Use Disorder	54	CARR	X	X		X	X	X	X	X	X			All
4.10c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	55	CARR	X	X		X	X	X	X	X	X			All
4.11 Domestic Violence	55													
4.11a Information Date	55	X	X	X		X	X	X	X	X	X			HoH and Adults
4.11b Domestic violence victim/survivor?	55	X	X	X		X	X	X	X	X	X			HoH and Adults
4.11c When experience occurred	56	X	X	X		X	X	X	X	X	X			HoH and Adults
4.11d If Yes for Domestic Violence Victim/Survivor, Are You Currently Fleeing?	56	X	X	X		X	X	X	X	X	X			HoH and Adults
4.12 Current Living Situation (Outreach)	56													
4.12a Information Date	56	CARR				X				X	Outreach			HoH and Adults
4.12b Current Living Situation	56	CARR				X				X	Outreach			HoH and Adults
4.12c Living Situation Verified by	57	CARR				X				X	Outreach			HoH and Adults
4.12d Is Client Going to Have to Leave Their Current Living Situation within 14 Days?	57	CARR				X				X	Outreach			HoH and Adults
4.12e Has a Subsequent Residence Been Identified?	57	CARR				X				X	Outreach			HoH and Adults
4.12f Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?	58	CARR				X				X	Outreach			HoH and Adults
4.12g Has the Client Had a Lease or Ownership Interest in a Permanent Housing Unit in the Last 60 Days?	58	CARR				X				X	Outreach			HoH and Adults
4.12h Has the Client moved 2 or More Times in the Last 60 Days?	58	CARR				X				X	Outreach			HoH and Adults
4.12i Location Details	58	CARR				X				X	Outreach			HoH and Adults
4.13 Date of Engagement (Outreach)	59	CARR				X				X	Outreach			HoH and Adults
4.14 Bed-Night Date - Do Not Use	59													N/A

Data Element	Data Dictionary Page Number	Coordinated Entry CARR = CARR Team Only	Emergency Shelters	PSH, SPC, TH, GPD	VASH	Outreach	Rapid Re-housing	GCH = Gladden Community House Prevention Only	SSVF Projects	VAEH	PATH Projects	RHY Projects	USHS	Clients Required For
4.0 HUD Program-Specific Data Elements *(continued)*														
4.19 Coordinated Entry Assessment	59	X	X	X	X	X	X	X	X	X	X	X	X	All
4.19a Date of Assessment	59	X	X	X	X	X	X	X	X	X	X	X	X	All
4.19b Assessment Location	60	X	X	X	X	X	X	X	X	X	X	X	X	All
4.19c Assessment Type	60	X	X	X	X	X	X	X	X	X	X	X	X	All
4.19d Assessment Level	60	X	X	X	X	X	X	X	X	X	X	X	X	All
4.19e Prioritization Status	60	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20 Coordinated Entry Event	60	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20a Date of Event	60	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20b Event	61	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20c Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative	61	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20d Referral to post-placement/follow-up case management result – Enrolled in Aftercare project	61	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20e Location of Crisis Housing or Permanent Housing Referral	61	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20f Referral Result	61	X	X	X	X	X	X	X	X	X	X	X	X	All
4.20g Date of Result	62	X	X	X	X	X	X	X	X	X	X	X	X	All
HUD-CoC Only Required Data Elements														
C1 Well-being	62		X											HoH Only
C1.1 Information Date	62		X											HoH Only
C1.2 Client perceives their life has value and worth	62		X											HoH Only
C1.3 Client perceives they have support from others who will listen to problems	62		X											HoH Only
times	62		X											HoH Only
afraid	63		X											HoH Only
C2 Moving On Assistance Provided	63		X											HoH Only
C2.1 Date of Moving On Assistance	63		X											HoH Only
C2.2 Moving On Assistance	63		X											HoH Only
C3 Youth Education Status	63		X			X								HoH (YHDP Projects Only)
C3.1 Information Date	63		X			X								HoH (YHDP Projects Only)
C3.2 Current School Enrollment and Attendance	64		X			X								HoH (YHDP Projects Only)
C3.3 Most Recent Educational Status	64		X			X								HoH (YHDP Projects Only)
C3.4 Current Educational Status	64		X			X								HoH (YHDP Projects Only)
HOPWA Required Data Elements														
W1 Services Provided	65		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W1.1 Date of Service	65		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W1.2 Type of Service	65		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W2 Financial Assistance	65		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W2.1 Date of Financial Assistance	65		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W2.2 Financial Assistance Type	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W2.3 Financial Assistance Amount	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3 Medical Assistance - HOPWA	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3.1 Information Date	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3.2 Receiving Public HIV/AIDS Medical Assistance	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3.3 If No for "Receiving Public HIV/AIDS Medical Assistance," Reason	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3.4 Receiving AIDS Drug Assistance Program (ADAP)	66		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
Reason	67		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3.6 Receiving Ryan White-funded Medical or Dental Assistance	67		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)
W3.7 If No for "Receiving Ryan White-funded Medical or Dental Assistance," Reason	67		X	X			X							Clients with HIV/AIDS (HOPWA Projects Only)

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HOPWA Required Data Elements *(continued)*														
W4 T-Cell (CD4) and Viral Load	67	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W4.1 T-Cell (CD4) Count Available	67	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W4.2 If Yes, then T-Cell Count	67	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W4.3 How was the Information Obtained	68	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W4.4 Viral Load Information Available	68	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W4.5 If Yes, then Viral Load Count	68	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W4.6 How was the Information Obtained	68	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W5 Housing Assessment at Exit	68	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W5.1 Housing Assessment at Exit	68	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W5.2 Subsidy Information *(If "Able to maintain the housing they had at Project start")*	69	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W5.3 *(If "Moved to New Housing Unit")*	69	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W6 Prescribed Anti-Retroviral	69	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W6.1 Information Date	69	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
W6.2 Has the Participant Been Prescribed Anti-Retroviral Drugs?	69	X	X				X							Clients with HIV/AIDS (HOPWA Projects Only)
PATH Required Data Elements														
P1 Services Provided - PATH Funded	70													
P1.1 Date of Service	70										X			HoH and Adults
P1.2 Type of PATH-Funded Service Provided	70										X			HoH and Adults
P2 Referrals Provided - PATH	70													
P2.1 Date of Referral	70										X			HoH and Adults
P2.2 Referral Type	71										X			HoH and Adults
P2.3 Select Outcome	71										X			HoH and Adults
P3 PATH Status	71													
P3.1 Date of Status Determination	71										X			HoH and Adults
P3.2 Client Became Enrolled in PATH	71										X			HoH and Adults
P3.3 If "No" for Status, Reason Not Enrolled	72										X			HoH and Adults
P4 Connection with SOAR	72									X	X			HoH and Adults
RHY Required Data Elements														
R1 Referral Source	72		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R2 RHY - BCP Status	73													
R2.1 Date of Status Determination	73											X		All
R2.2 Youth Eligible for RHY Services	73											X		All
R2.3 If "No" for Status, Reason Why Services Are Not Funded by BCP Grant	73											X		All
R2.4 If "Yes" for Status, Runaway Youth	73											X		All
R3 Sexual Orientation	74		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R4 Last Grade Completed	74	X	X	X	X	X	X	X	X	X		X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R5 School Status	75											X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R6 Employment Status	75													
R6.1 Employed?	75	X	X	X		X	X		X	X		X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R6.2 Avg. number of hours worked/week	75		X	X		X	X		X	X		X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R6.3 Type of Employment (If Yes for Employed?)	76		X	X		X	X		X	X		X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R6.4 Why Not Employed (If No for Employed?)	76		X	X		X	X		X	X		X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R7 General Health Status	76		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R8 Dental Health Status	76		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R9 Mental Health Status	77		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R9.2 Substance Use Status	77		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24

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RHY Required Data Elements *(continued)*														
R10 Pregnancy Status	78													
R10.1 Pregnancy Status	78	X	X	X		X	X	X			X	X		All Females Adults
R10.2 If "Yes", Due Date	78	X	X	X		X	X	X			X	X		All Females Adults
R11 Formerly a Ward of Child Welfare/ Foster Care Agency	78											X		
R11.1 Formerly a Ward of Child Welfare/Foster Care Agency	78		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R11.2 If Yes, Number of Years	78		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R11.3 If Less than One Year, Number of Months	78		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R12 Formerly a Ward of Juvenile Justice System	79											X		
R12.1 Formerly a Ward of Juvenile Justice System	79		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R12.2 If Yes, Number of Years	79		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R12.3 If Less than One Year, Number of Months	79		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R13 Family Critical Issues	79													
R13.1 Unemployment - Family Member	79											X		Unaccompanied Youth & Youth Age 18-24
R13.2 Mental Health Issues - Family Member	79											X		Unaccompanied Youth & Youth Age 18-24
R13.3 Physical Disability - Family Member	80											X		Unaccompanied Youth & Youth Age 18-24
R13.4 Alcohol or Substance Use Disorder - Family Member	80											X		Unaccompanied Youth & Youth Age 18-24
R13.5 Insufficient Income to Support Youth - Family Member	80											X		Unaccompanied Youth & Youth Age 18-24
R13.6 Incarcerated Parent of Youth	80											X		Unaccompanied Youth & Youth Age 18-24
R14 RHY Service Connections	80											X		Unaccompanied Youth Age 18-24
R15 Commercial Sexual Exploitation	81													
R15.1 Ever Received Anything in Exchange for Sex (e.g. money, food, drugs, shelter).	81		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R15.2 In the Last Three Months (If "Yes" for "Ever Received Anything in Exchange for Sex").	81		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R15.3 How Many Times? (If "Yes" for "Ever Received Anything in Exchange for Sex").	81		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R15.4 Ever Made/Persuaded/Force to Have Sex in Exchange for Something? (If "Yes" for "Ever Received Anything in Exchange for Sex").	81		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R16 Labor Exploitation/Trafficking	82													
R16.1 Ever Afraid to Quit/Leave Work Due to Threats of Violence to Yourself, Family, or Friends?	82		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R16.2 Ever Promised Work Where Work or Payment was Different Than You Expected?	82		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R16.3 Felt Forced, Coerced, Pressured or Tricked into Continuing the Job? (If "Yes" for Either "Workplace Violence Threats" OR "Workplace Promise Difference").	82		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R16.4 In the Last 3 Months? (If "Yes" for Either "Workplace Violence Threats" OR "Workplace Promise Difference").	82		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R17 Project Completion Status	83													
R17.1 Project Completion Status	83											X		Unaccompanied Youth & Youth Age 18-24
R17.2 Primary Reason (If "Youth Was Expelled or Otherwise Involuntarily Discharged From Project" for "Project Completion Status")	83											X		Unaccompanied Youth & Youth Age 18-24
R18 Counseling	83													
R18.1 Counseling Received by Client	83											X		Unaccompanied Youth & Youth Age 18-24
R18.2 If Yes, Identify the Type(s) of Counseling Received	83											X		Unaccompanied Youth & Youth Age 18-24
R18.3 If Yes, Identify the Number of Sessions Received by Exit	84											X		Unaccompanied Youth & Youth Age 18-24
R18.4 Total Number of Sessions Planned in Youth's Treatment or Service Plan	84											X		Unaccompanied Youth & Youth Age 18-24
R18.5 A Plan is in Place to Start or Continue Counseling After Exit	84											X		Unaccompanied Youth & Youth Age 18-24

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RHY Required Data Elements *(continued)*														
R19 Safe and Appropriate Exit	84													
R19.1 Exit Destination Safe – As Determined by the Client	84		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R19.2 Exit Destination Safe – As Determined by the Project/Caseworker	84		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
Project	84		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R19.4 Client Has Permanent Positive Peer Connections Outside of Project	84		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R19.5 Client Has Permanent Positive Community Connections	85		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R20 Aftercare Plans	85													
R20.1 Aftercare Was Provided	85											X		Unaccompanied Youth & Youth Age 18-24
R20.2 If Yes, Identify the Primary Way it Was Provided	85											X		Unaccompanied Youth & Youth Age 18-24
R21 Education Goals	85		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R22 Employment Goals	86		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
VA Required Data Elements														
V1 Veteran's Information	86													
V1.1 Year Entered Military Service (year)	86		X	X	X	X	X		X	X				All Veterans
V1.2 Year Separated from Military Service (year)	86		X	X	X	X	X		X	X				All Veterans
V1.3 Theatre of Operations: World War II	86		X	X	X	X	X		X	X				All Veterans
V1.4 Theatre of Operations: Korean War	87		X	X	X	X	X		X	X				All Veterans
V1.5 Theatre of Operations: Vietnam War	87		X	X	X	X	X		X	X				All Veterans
V1.6 Theatre of Operations: Persian Gulf War (Operation Desert Storm)	87		X	X	X	X	X		X	X				All Veterans
V1.7 Theatre of Operations: Afghanistan (Operation Enduring Freedom)	87		X	X	X	X	X		X	X				All Veterans
V1.8 Theatre of Operations: Iraq (Operation Iraqi Freedom)	87		X	X	X	X	X		X	X				All Veterans
V1.9 Theatre of Operations: Iraq (Operation New Dawn)	87		X	X	X	X	X		X	X				All Veterans
V1.10 Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	88		X	X	X	X	X		X	X				All Veterans
V1.11 Branch of the Military	88		X	X	X	X	X		X	X				All Veterans
V1.12 Discharge Status	88		X	X	X	X	X		X	X				All Veterans
V2 Services Provided – SSVF	88													
V2.1 Date of Service	88		X						X	X				HoH and Adults
V2.2 Type of Service	89		X						X	X				HoH and Adults
V2.3 Indicate type if provided "Assistance obtaining VA benefits"	89		X						X	X				HoH and Adults
V2.4 Indicate type if provided "Assistance obtaining/coordinating other public benefits"	89		X						X	X				HoH and Adults
V2.5 Indicate type if provided "Direct provision of other public benefits"	89		X						X	X				HoH and Adults
V2.6 Indicate type if provided "Other (Non-TFA) Supportive Services Approved by VA"	90		X						X	X				HoH and Adults
V3 Financial Assistance – VA	90													
V3.1 Date of Financial Assistance.	90		X						X	X				HoH and Adults
V3.2 Financial Assistance Amount.	90		X						X	X				HoH and Adults
V3.3 Financial Assistance Type.	90		X						X	X				HoH and Adults
V4 Percent of AMI (SSVF Eligibility)	91		X						X	X				HoH Only
V6 VAMC Station Number	91		X						X	X				HoH Only
V7 SSVF HP Targeting Criteria	91													
V7.1 Housing Loss Expected Within…	91								X					HoH Only
V7.2 Current Household Income.	91								X					HoH Only
V7.3 Current Household Income is $0	92								X					HoH Only
V7.3 History of literal homelessness (Street/shelter/transitional housing).	92								X					HoH Only
V7.4 Head of Household is not a current leaseholder.	92								X					HoH Only
V7.5 Head of Household never been a leaseholder.	92								X					HoH Only
V7.6 Currently at Risk of Losing a Tenant-Based Housing Subsidy or Housing in a Subsidized Building or Unit.	92								X					HoH Only
V7.7 Rental Evictions Within the Past 7 Years.	92								X					HoH Only

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VA Required Data Elements (continued)														
V7.8 Criminal Record for Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property.	92							X						HoH Only
V7.9 Incarcerated as adult (any adult in household).	92							X						HoH Only
V7.10 Discharged from jail or prison within last six months after incarceration of 90 days or more (adults).	92							X						HoH Only
V7.11 Registered Sex Offender.	93							X						HoH Only
health, substance use) that directly affects ability to secure/maintain housing.	93							X						HoH Only
V7.13 Currently pregnant (any household member).	93							X						HoH Only
V7.14 Single Parent of Minor Child(ren).	93							X						HoH Only
V7.15 Household includes one or more young children (age six or under), or a child who requires significant care.	93							X						HoH Only
V7.16 Household Size of 5 or More Requiring at Least 3 Bedrooms (Due to Age/Gender Mix).	93							X						HoH Only
population in the homeless system when compared to the general population.	93							X						HoH Only
V7.18 HP Applicant Total Points.	93													HoH Only
V7.19 Grantee Targeting Threshold Score	93							X						HoH Only
V8 HUD-VASH Voucher Tracking	94													
V8.1 Information Date	94				X									HoH and Veterans
V8.2 Voucher Change	94				X									HoH and Veterans
V9 HUD-VASH Exit Information	94				X									HoH and Veterans
5.0 Other Project-Specific Data Requirements														
5.1 Zip Code of Last Permanent Address	95	X	X	X	X	X	X		X	X	X			All Adults & Unaccompanied Youth
5.2 General Area Location of Previous Residence	95	X	X	X		X	X		X	X	X			All Adults & Unaccompanied Youth
5.3 Received vocational training?	95	X	X	X		X	X		X					All Adults & Unaccompanied Youth
5.4 Reason for Leaving	96	X	X	X	X	X	X	X	X	X	X			All
5.5 Household Type (Family Status)	96		X	X		X	X							All
5.6 Head of Household Designation	96		X	X		X	X							All clients in households
5.7 Homelessness Primary Reason	97	X	X	X		X	X		X	X	X			HoH
5.8 Homelessness Secondary Reason	97	X	X	X		X	X		X	X	X			HoH
5.9 Monthly Rent and Utilities	98		X	X		X	X		X					HoH
5.11 Mental Health Linkage	98													
5.11a If linked with a Mental Health Agency, which one?	98	X	X	X		X	X			X	X			All Adults & Unaccompanied Youth
5.11b If Mental Health Linkage is "Other", please specify.	98	X	X	X		X	X			X	X			All Adults & Unaccompanied Youth
6.0 Additional Veteran Data Requirements (Veterans Only)														
6.1 Veteran HOMES Identifier	98		X		X	X		X	X	X				All Veterans
6.2 List Status	99		X		X	X		X	X	X				All Veterans
6.3 List Status Change Date	99		X		X	X		X	X	X				All Veterans
6.4 Date of Last Review/Update on Master List	99		X		X	X		X	X	X				All Veterans
6.5 VHA Eligible?	99		X		X	X		X	X	X				All Veterans
6.6 SSVF Eligible?	100		X		X	X		X	X	X				All Veterans
6.7 Date Permanent Housing Plan (ISHP) Created	100		X		X	X		X	X	X				All Veterans
6.8 Permanent Housing Plan Notes	100		X		X	X		X	X	X				All Veterans
6.9 Client Contact Phone Number	100		X		X	X		X	X	X				All Veterans
6.10 Client Email Address	100		X		X	X		X	X	X				All Veterans
6.11 Date Housing Barrier/Service Need Assessment Completed	101		X		X	X		X	X	X				All Veterans
6.12 Assessment Score	101		X		X	X		X	X	X				All Veterans
6.13 Current Project Enrollment Type	101		X		X	X		X	X	X				All Veterans
6.14 Date of Move to Transitional Housing, Including GPD	101		X		X	X		X	X	X				All Veterans

Data Element	Data Dictionary Page Number	Coordinated Entry CARR = CARR Team Only	Emergency Shelters	PSH, SPC, TH, GPD	VASH	Outreach	Rapid Re-housing	GCH = Gladden Community House Prevention Only	SSVF Projects	VAEH	PATH Projects	RHY Projects	USHS	Clients Required For
6.0 Additional Veteran Data Requirements *(continued)*														
6.15 Responsible Provider	102	X			X	X			X	X	X			All Veterans
6.16 Responsible Provider Staff Name	102	X			X	X			X	X	X			All Veterans
6.17 Type of Service Provided (by GPD only)	102	X			X	X			X	X	X			All Veterans in GPD Projects
6.18 Entered to Address a Clinical Need (by GPD only)	102	X			X	X			X	X	X			All Veterans in GPD Projects
6.19 Graduated VASH Voucher	103				X									VASH Clients with a Graduated Voucher Status
6.20 Chart in CPRS	103				X									All Veterans
6.21 Chart in HOMES	103				X									All Veterans
7.0 Additional CPOA Diversion Data Requirements														
7.1 Number of Adults in Household	103	X												HoH
7.2 Number of Children in Household	104	X												HoH
7.2a 0-2 years	104	X												HoH
7.2b 3-7 years	104	X												HoH
7.2c 8-12 years	104	X												HoH
7.2d 13-17 years	104	X												HoH
7.3 Contact Resolution STAGE 1 (phone contact only)	104	X												HoH
7.3a Stage 1: Contact Resolution After Phone Diversion	104	X												HoH
7.3b Stage 1: Other Shelter or Residential Referrals	105	X												HoH
7.3c Stage 1: If Diverted. Where Will the Applicant Stay Tonight	105	X												HoH
7.3d Stage 1: How Long Can Applicant Expect to Stay There	105	X												HoH
7.3e Stage 1: Other Service Referrals	106	X												HoH
7.4 Contact Resolution STAGE 2 (After Face-to-Face Diversion)	106	X												HoH
7.4a Stage 2: Contact Resolution After Face to Face Diversion	106	X												HoH
7.4b Stage 2: Other Shelter of Residential Referrals	106	X												HoH
7.5 Client acknowledged electronic data collection over the phone.	107	X												HoH
7.6 Sex Offender Status	107	X												HoH
7.6a Are You, or Anyone in Your Household a Registered Sex Offender?	107	X												HoH
7.6b (Are you a) Convicted sex offender?	107	X												HoH
7.6c If Yes, Sex Offender Classification:	107	X												HoH
7.6d Background Check Completed?	108	X												HoH
7.6e Date Last Background Check Completed:	108	X												HoH
7.7 Managed Care Organization	108	X												HoH
7.7a Do you have health insurance through a Managed Care Organization (MCO)? If so, which one?	108	X												HoH
7.7b If client identified an MCO, please enter the Medicaid # from MITS	108	X												HoH
7.7c Do I have your approval to share this information with your Managed Care Organization?	108	X												HoH
7.8 Rental Details	109	X												HoH
7.8a Behind on Rent	109	X												HoH
7.8b Monthly Rent Cost	109	X												HoH
7.8c Past Due Balance	109	X												HoH
7.8d If Eviction, has the process started and is the landlord willing to stop the eviction process?	109	X												HoH
7.8e Do you need to leave within a certain time frame?	109	X												HoH
7.8f What stage in the moving process are you?	109	X												HoH
8.0 Additional RRH Data Requirements														
8.1 Case Manager Email	110													HoH (Referred to RRH Pool)
8.2 Emergency Shelter	110													HoH (Referred to RRH Pool)
8.3 Head of Household Email Address	110													HoH (Referred to RRH Pool)
8.4 Head of Household Cell Phone Number	110													HoH (Referred to RRH Pool)
8.5 Entry Date to Referring Agency	110													HoH (Referred to RRH Pool)

Data Element	Data Dictionary Page Number	Coordinated Entry CARR = CARR Team Only	Emergency Shelters	PSH, SPC, TH, GPD	VASH	Outreach	Rapid Re-housing	Prevention GCH = Gladden Community House Only	SSVF Projects	VAEH	PATH Projects	RHY Projects	USHS	Clients Required For
8.0 Additional RRH Data Requirements *(continued)*														
8.6 Amount of time homeless (in months) in last 12 months	110													HoH (Referred to RRH Pool)
8.7a Client/family member is Disabled	110													HoH (Referred to RRH Pool)
8.7b How many disabling conditions does the client/family members have that are severe ad persistent?	111													HoH (Referred to RRH Pool)
8.8a Has the client experienced physical, emotional, and/or sexual abuse in the last 6 months?	111													HoH (Referred to RRH Pool)
8.8b Last Occurrence of Domestic Violence	111													HoH (Referred to RRH Pool)
8.9 Client has 2 or more severe service needs	111													HoH (Referred to RRH Pool)
8.10 How many felonies does the client have?	111													HoH (Referred to RRH Pool)
8.11 How many evictions does the client have?	111													HoH (Referred to RRH Pool)
8.12a Client has income	111													HoH (Referred to RRH Pool)
8.12b Family monthly income	112													HoH (Referred to RRH Pool)
8.13 Client is a youth aged 18-24	112													HoH (Referred to RRH Pool)
8.14 Client/family member is currently pregnant	112													HoH (Referred to RRH Pool)
8.15 Client has lost stable housing because of violence in the home	112													HoH (Referred to RRH Pool)
8.16 Client has lost stable housing because of violence in the home	112													HoH (Referred to RRH Pool)
8.17 Client has lost stable housing because of unhealthy or abusive relationships	112													HoH (Referred to RRH Pool)
8.18 Client has lost stable housing because of differences in religious or cultural beliefs	112													HoH (Referred to RRH Pool)
8.19 Since becoming homeless, client has been exploited, attacked, beaten, or robbed	113													HoH (Referred to RRH Pool)
8.20 Client is unsafely housed (experiencing human trafficking, violence, or exploitation)	113													HoH (Referred to RRH Pool)
8.21 Client is a Veteran not eligible for SSVF services	113													HoH (Referred to RRH Pool)
8.22 Client had involvement with the juvenile justice system	113													HoH (Referred to RRH Pool)
8.23 Client had involvement with the foster care system/children services	113													HoH (Referred to RRH Pool)
8.24 Client identifies with the LGBTQIA+ community	113													HoH (Referred to RRH Pool)
8.25 Client has no high school diploma	114													HoH (Referred to RRH Pool)
8.26 Client currently in school	114													HoH (Referred to RRH Pool)
8.27a Client is a parenting youth	114													HoH (Referred to RRH Pool)
8.27b Number of children	114													HoH (Referred to RRH Pool)
8.28 Client is interested in job training, help finding a job, or other employment-related help	114													HoH (Referred to RRH Pool)
8.29a How many jobs has the client had in the past 2 years	114													HoH (Referred to RRH Pool)
8.29b In the past 2 years, what is the longest stretch of time the client held the same job	114													HoH (Referred to RRH Pool)
8.30 Does the family have any pets or service animals?	115													HoH (Referred to RRH Pool)
8.31 Does the family have 3 or more children currently in their care?	115													HoH (Referred to RRH Pool)
8.32 What is the minimum number of bedrooms needed?	115													HoH (Referred to RRH Pool)
8.33a Does the family owe money to one or more prior landlords?	115													HoH (Referred to RRH Pool)
8.33b Past Due Rent Balance	115													HoH (Referred to RRH Pool)
8.34a Does the family owe money on any utilities?	115													HoH (Referred to RRH Pool)
8.34b Past Due Utility Balance	115													HoH (Referred to RRH Pool)

Data Element	Data Dictionary Page Number	Coordinated Entry CARR = CARR Team Only	Emergency Shelters	PSH, SPC, TH, GPD	VASH	Outreach	Rapid Re-housing	Prevention GCH = Gladden Community House Only	SSVF Projects	VAEH	PATH Projects	RHY Projects	USHS	Clients Required For
9.0 Additional Prevention Data Requirements														
9.1 Rental Evictions	116							X						HoH and Adults
9.1a Have You Ever Been Evicted?	116							X						HoH and Adults
9.1b Evicted Within the Last 12 Months	116							X						HoH and Adults
9.1c Rental Evictions Within the Past 7 Years	116							X						HoH and Adults
9.2 Felony Criminal History	116							X						HoH and Adults
9.3 Child Protective Services Involvement	117							X						HoH Only
10.0 USHS Data Requirements														
10.1 Transition Age Youth	117												X	All Clients in USHS Pool
10.2 Responsible Provider	117												X	All Clients in USHS Pool
10.3 USHS Assessment Invitation	117													
10.3a Date Invited to Submit Assessment	117												X	All Clients in USHS Pool
10.3b Date Assessment Submitted	117												X	All Clients in USHS Pool
10.4 USHS File Invitation	118													
10.4a Invited to Submit File	118												X	All Clients in USHS Pool
10.4b Date Invited to Submit File	118												X	All Clients in USHS Pool
10.4c Date USHS File Submitted	118												X	All Clients in USHS Pool
10.4d Date File Reviewed	118												X	All Clients in USHS Pool
10.4e File Complete	118												X	All Clients in USHS Pool
10.5 Case Manager Email	118												X	All Clients in USHS Pool
10.6 Priority Pool	119												X	All Clients in USHS Pool
10.7 Date Entered into USHS Pool	119												X	All Clients in USHS Pool
10.8 USHS Status	119													
10.8a Current Status	119												X	All Clients in USHS Pool
10.8b If Inactive, Reason	119												X	All Clients in USHS Pool
10.8c Status Update Date	119												X	All Clients in USHS Pool
10.9 Program Referral 1	120													
10.9a Program Referred To (1)	120												X	All Clients in USHS Pool
10.9b Date Referred to Housing (1)	120												X	All Clients in USHS Pool
10.9c Result of Referral (1)	120												X	All Clients in USHS Pool
10.10 Program Referral 2	120													
10.10a Program Referred To (2)	120												X	All Clients in USHS Pool
10.10a Program Referred To (2)	120												X	All Clients in USHS Pool
10.10c Result of Referral (2)	120												X	All Clients in USHS Pool
10.11 File Expiration Date	121												X	All Clients in USHS Pool
10.12 Result of Application	121												X	All Clients in USHS Pool
10.13 Housing Program	121												X	All Clients in USHS Pool
10.14 Date Client Housed	121												X	All Clients in USHS Pool
10.15 Physical Health	121	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.16 Mental, Behavioral and Developmental Health	122	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.17 Substance Use	122	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.18 High Utilization of Crisis or Emergency Services to Meet Basic Needs	122	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.19 Vulnerability to Victimization	122	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.20 Vulnerability to Illness or Death	123	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.21 Barriers to Housing/Risk of Continued Homelessness	123	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.22 Other Risk Factors Determined by The Community That Are Based on Severity of Service Needs	123	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)
10.23 Special Populations	124	CARR	X	X	X	X		X	X	X	X			All Clients Referred to USHS (SSNA)

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11.0 DCA Data Requirements														
11.1 DCA Need Provider	124	X	X	X		X	X				X	X		All Clients with DCA Service
11.2 Household Size	124	X	X	X		X	X				X	X		All Clients with DCA Service
11.3 Household Income	124	X	X	X		X	X				X	X		All Clients with DCA Service
11.4 Unit Zip Code	124	X	X	X		X	X				X	X		All Clients with DCA Service
11.5 DCA Status	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6 DCA Services	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6a Start Date	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6b Expense Date	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6c Type of Financial Assistance	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6d Amount of Financial Assistance	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6e Funding Source	125	X	X	X		X	X				X	X		All Clients with DCA Service
11.6f Vendor	125	X	X	X		X	X				X	X		All Clients with DCA Service

2.0 Project Descriptor Data Requirements

The following data elements are only accessible and modifiable by Administrators. All data elements are required by HUD to be entered into an HMIS.

2.1 Organization information

2.1a Organization ID.
Rationale: To uniquely identify an organization that operates a CoC Project within the CoC.
Data Source: Automatically generated by the HMIS software.

2.1b Organization Name.
Rationale: To identify the name of each organization that operates a CoC Project within the CoC. The organization name must be listed on a CoC's Housing Inventory.
Data Source: HMIS Lead Agency.

2.1c Victim Services Provider.
Required Response Categories:
    0. *No.*
    1. *Yes.*

2.2 Project Information

2.2a Project ID.
Rationale: To uniquely identify each CoC Project within the CoC.
Data Source: Automatically generated by the software at the time the project is created in the HMIS.

2.2b Project Name.
Rationale: To identify the name of each CoC Project within the CoC. This can be used within the software to associate a client with a project. This name must be listed on a CoC's Housing Inventory.
Data Source: HMIS Lead Agency.

2.2.c Operating Start Date.
Rationale: To identify the date the project began operating.
Required Response Categories:
    1. *Operating Start Date.* Requiring MM/DD/YYYY format.

2.2.d Operating End Date.
Rationale: To identify the date the project ceased operations.
Required Response Categories:
    1. *Operating End Date.* Requiring MM/DD/YYYY format.

2.2e Continuum Project.
Rationale: To indicate whether each Project is a CoC partner. Select "Yes" if the project's primary purpose is to meet the specific needs of people who are homeless.
Required Response Categories:
- 0. *No.*
- 1. *Yes.*

2.2f Project Type.
Rationale: To associate each CoC Project with the specific type of service offered.
Required Response Categories:
- 1. *Emergency Shelter.*
- 2. *Transitional Housing.*
- 3. *PH - Permanent Supportive Housing.(disability required for entry).*
- 4. *Street Outreach.*
- 5. *Services Only.*
- 6. *Other.*
- 7. *Safe Haven. – Do Not Use*
- 8. *PH – Housing Only. – Do Not Use*
- 9. *PH – Housing with Services. (no disability required for entry). – Do Not Use*
- 10. *Day Shelter.*
- 11. *Homelessness Prevention.*
- 12. *PH - Rapid Re-Housing.*
- 13. *Coordinated Entry.*

2.2g Affiliated with a Residential Project. (If Project Type is Services Only)
Rationale: To indicate whether each Services Only Project is affiliated with a residential project.
Required Response Categories:
- 1. *No.*
- 2. *Yes.*

2.2h Method for Tracking Emergency Shelter Utilization.
Rationale: Record the method used to track the actual nights that a client stays in a project. Select "Entry/Exit Date" for any emergency shelter in the system.
Required Response Categories:
- 1. *Entry/Exit Date.*
- 2. *Night-by-night.*

2.2i Housing Type
Defines the housing type provided in the project.
Required Response Categories:
- 1. Site-based – single site
- 2. Site-based – clustered / multiple site
- 3. Tenant-based – scattered site

2.2j HMIS Participating Project.
Rationale: To indicate whether each Project participates in the HMIS implementation.
Data Source: Partner Agency.
When Data are Collected: This data element is collected once, but reviewed annually.
Subjects: All projects.
Definitions and Instructions: Select the *correct* response category for the indicated project.
Required Response Categories:
1. *No.*
2. *Yes.*

2.2k Target Population.
Defines the target population for the project, if applicable. Consult the Housing Inventory
Chart.
Required Response Categories:
1. DV: Domestic Violence Victims. The project serves only victims of domestic violence.
2. HIV: Person with HIV/AIDS. The project serves only persons with HIV/AIDS condition.
3. N/A: Not applicable. The project does not have a focused target population

2.2l HOPWA-Funded Medically Assisted Living Facility.
Required Response Categories:
1. No.
2. Yes.
3. NA – non-HOPWA Funded Project.

2.3 Continuum of Care Information.
Rationale: To associate each CoC Project with a CoC for HUD reporting purposes.
Data Source: System Admin.
When Data are Collected: The CoC information is collected once for each CoC Project but must
be reviewed annually and updated if there are changes to the CoC.
Subjects: All projects.

2.3a CoC Code
This data element records the continuum for which the project belongs.
Required Response Categories:
1. *HUD-assigned CoC Number.* Free Text Field. Please use OH-503 for your project(s).

2.3b Geocode (6 digits)
This data element records the latitude and longitude location for the project's principal site.
For our CoC, this is 391176.
Required Response Categories:
1. *Geocode.* Unconstrained text field.

2.3c Project Street Address
Defines the street address for the project's principal site.
Required Response Categories:
1. Project street address 1. Free Text Field
2. Project street address 2. Free Text Field

2.3d Project City
Defines the city in which the project is located. Use "Columbus."
Required Response Categories:
1. City. Free Text Field

2.3e Project State
Defines the state in which the project is located. Use "OH."
Required Response Categories:
1. State. Free Text Field. Two Letters.

2.3f Project ZIP Code (5 digits)
Defines the zip code in which the project is located. If a scattered site project, use your business zip code.
Required Response Categories:
1. Zip Code. Unconstrained text field.

2.3g Geography Type
Defines the geography type in which the project is located. Use "Urban."
Required Response Categories:
1. Urban
2. Suburban
3. Rural

2.6 Funding Sources

2.6a Federal Partner Programs and Components.
Rationale: To identify federal funding sources for each project entering data into HMIS.
Data Source: Partner Agency.
When Data are Collected: Annually.
Subjects: All projects.
Definitions and Instructions: When a project is funded by multiple grants and different clients receive lodging and/or services under different grants, it must be possible to identify which clients were served by which grant (or grants) and any grant-level reporting must exclude clients not specifically served under the grant. This is accomplished by having separate projects set up in HMIS for each of the grants and clients are entered into those projects based on the source of funding for particular services received.
Required Response Categories:
1. *HUD: CoC – Homelessness Prevention (High Performing Communities Only).*
2. *HUD: CoC – Permanent Supportive Housing.*
3. *HUD: CoC – Rapid Re-Housing.*
4. *HUD: CoC – Supportive Services Only.*
5. *HUD: CoC – Transitional Housing.*
6. *HUD: CoC – Safe Haven.*
7. *HUD: CoC – Single Room Occupancy (SRO).*
8. *HUD: CoC – Youth Homeless Demonstration Program (YHDP).*
9. *HUD: CoC – Joint Component TH/RRH.*

10. *HUD: CoC – Joint Component RRH/PSH.*
11. *HUD: ESG – Emergency Shelter (operating and/or essential services).*
12. *HUD: ESG – Homelessness Prevention.*
13. *HUD: ESG – Rapid Re-Housing.*
14. *HUD: ESG – Street Outreach.*
15. *HUD: HOME.*
16. *HUD: HOME (ARP).*
17. *HUD: HOPWA – Hotel/Motel Vouchers.*
18. *HUD: HOPWA – Housing Information.*
19. *HUD: HOPWA – Permanent Housing (facility based or TBRA).*
20. *HUD: HOPWA – Permanent Housing Placement.*
21. *HUD: HOPWA –Short-Term Rent, Mortgage, Utility Assistance.*
22. *HUD: HOPWA –Short Term Supportive Facility.*
23. *HUD: HOPWA – Transitional Housing (facility based or TBRA).*
24. *HUD: HUD/VASH.*
25. *HUD: Pay for Success.*
26. *HUD: PIH (Emergency Housing Voucher).*
27. *HUD: Public and Indian Housing (PIH) Programs.*
28. *HUD: Rural Housing Stability Assistance Program.*
29. *HHS: PATH – Street outreach & Supportive Services Only.*
30. *HHS: RHY – Basic Center Program (prevention and shelter).*
31. *HHS: RHY – Maternity Group Homes for Pregnant and Parenting Youth.*
32. *HHS: RHY –Transitional Living Program.*
33. *HHS: RHY – Street Outreach Project.*
34. *HHS: RHY – Demonstration Project.*
35. *VA: CRS Contract Residential Services.*
36. *VA: Community Contract Safe Haven Program.*
37. *VA: Supportive Services for Veteran Families.*
38. *VA: Grant and Per Diem – Bridge Housing.*
39. *VA: Grant and Per Diem – Low Demand.*
40. *VA: Grant Per Diem – Hospital to Housing.*
41. *VA: Grant Per Diem – Clinical Treatment.*
42. *VA: Grant Per Diem – Service Intensive Transitional Housing.*
43. *VA: Grant Per Diem – Transition in Place.*
44. *VA: Grant Per Diem – Case Management/Housing Retention.*
45. *N/A.*
46. *Local or Other Funding Source (Please Specify).*

2.6b Grant Identifier.
Rationale: To indicate the grant identifier for each funded project.
Data Source: Partner Agency.
When Data are Collected: This data element is collected once for each Project but it must be reviewed annually and updated if status changes.
Subjects: All projects.
Definitions and Instructions: Select the correct response category for the indicated project. [Contact CSB for the up-to-date identifier].
Required Response Categories:
1. *Grant Identifier.* Free Text Field.

2.6c Grant Start Date.
Rationale: To indicate the beginning of the grant period for each funded project.
Data Source: Partner Agency.
When Data are Collected: This data element is collected once for each Project but it must be reviewed annually and updated as grants are renewed.
Subjects: All projects.
Definitions and Instructions: Enter the date for the beginning of the grant period. Typically, this will be 07/01/xx.
Required Response Categories:
1. *Grant Start Date.*

2.6d Grant End Date.
Rationale: To indicate the end of the grant period for each funded project.
Data Source: Partner Agency.
When Data are Collected: This data element is collected once for each Project but it must be reviewed annually and updated as grants are renewed.
Subjects: All projects.
Definitions and Instructions: Enter the date for the end of the grant period. Typically, this will be 06/30/xx.
Required Response Categories:
1. *Grant End Date.*

2.7 Bed and Unit Inventory Information.
Rationale: To record inventory information for each residential CoC Project in order to produce Housing Inventory data for the CoC application and the Longitudinal System Analysis (LSA).
Data Source: Partner Agency.
When Data are Collected: At least annually, or whenever inventory information changes.
Subjects: All residential homeless assistance projects.
Definitions and Instructions: One or more Bed and Unit Inventory Information records must be established for each project. Historical values are needed for the inventory in order to generate reports that relate to various reporting periods. These fields must be transactional, meaning they need to be able to record multiple values over time along with the date that the information changed.

A project that serves both households without children and households with children will have at least two Bed and Unit Inventory Information Records in order to track inventory information by household type. If a project provides different types of beds (e.g., year-round and seasonal) then a separate record is established for each bed type. For example, a project that serves single adults and has 100 beds, of which 20 are seasonal, would have two bed and unit inventory records. One record is for the 80 facility-based year-round beds for households without children and a second record is for the 20 facility-based seasonal beds for households without children.

The bed inventory includes the *total* number of beds for each household type, bed type, and the availability of those beds throughout the year. For example, if a project has 50 year-round facility-based beds as of October 1, 2008, the inventory record should reflect 50 year-round beds. If 50 new year-round facility-based beds are added on January 1, 2009, an end date of December 31, 2008 should be recorded and a new record should be created with a total inventory of 100 year-round facility-based beds and a start date of January 1, 2009. If a year-

round project closes, the Bed and Unit Inventory Information record must be updated to show an end date equal to the last date of project operation.

If a seasonal project has a change in bed/unit inventory capacity, a new record must be established with the bed/unit inventory revised to reflect the new capacity. The start date must be the date when the new beds are available. For example, a project has 100 seasonal facility-based beds that are available January 1 through March 31, with an additional 50 seasonal facility-based beds available starting February 1 and ending March 31. The project must enter a Bed and Unit Inventory Information record showing 100 seasonal facility-based beds with the start date of January 1 and an end date of January 31. A new Bed and Unit Inventory Information record would then be entered for the project with an inventory of 150 seasonal facility-based beds, a start date of February 1, and an end date of March 31.

For HMIS participation, projects must report the total number of beds participating (or covered) in HMIS. For any residential homeless project, a bed is considered a "participating HMIS bed" if the project makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information through agreed upon means to the HMIS Lead Agency at least once annually. If a project is only reporting data for clients staying in a portion of its beds, then only that portion of the beds must be counted as participating in HMIS. Non-contributory homeless assistance projects must enter "0" in the HMIS participating beds field.

2.7a Inventory Start Date.
The inventory start date is the date when the bed and unit inventory information first applies. This may represent the date when a change in household type, bed type, availability, bed inventory or unit inventory occurs for a given project.
Required Response Categories:
1. *Inventory Start Date.* Requiring MM/DD/YYYY format.

2.7b Inventory End Date.
The inventory end date is the date when the Bed and Unit Inventory Information as recorded is no longer applicable. This may be due to a change in household type, bed type, availability, bed inventory or unit inventory. For seasonal beds, this should reflect the projected end date for the seasonal bed inventory.
Required Response Categories:
1. *Inventory End Date.* Requiring MM/DD/YYYY format.

2.7c Inventory CoC Code.
The inventory CoC Code identifies the specific continuum in which the inventory is located. For projects that operate in multiple CoCs, inventory must be counted separately for each.
Required Response Categories:
1. *Inventory CoC Code.* Free Text Field. Please use OH-503 for your project(s).

2.7d Household Type.
This data element describes the household type served by beds and units counted in the Bed and Unit Inventory Information data elements. If some or all beds and units are not designated exclusively for a particular type of household, then record the household type most frequently served by the associated beds and units. For purposes of this data element, persons 18 and over are considered adults and persons under 18 are children.
Required Response Categories:
    Record the household type for the associated beds and units as follows:
1. *Households without children.* Beds and units are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults.
2. *Households with children*. Beds and units are intended for households with (at least) one adult and one child.
3. *Households with Only children*. Beds and units are intended for households with an unaccompanied youth under 18 only or households with multiple children only (e.g., juvenile parent and child).

2.7e Bed Type. (ES Only)
The Bed Type describes the type of project beds based on whether beds are: located in a residential homeless assistance project facility (including cots or mats); provided through a voucher with a hotel or motel; other types of beds. Use "Facility-based" for all system beds.
Required Response Categories:
    Record the bed type as follows:
1. *Facility-based.* Beds (including cots or mats) are located in a residential homeless assistance facility dedicated for use by persons who are homeless.
2. *Voucher.* Beds are located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
3. *Other.* Beds are located in a campground, church, or other facility not dedicated for use by persons who are homeless

2.7f Availability. (ES Only)
Describes the availability of beds based on whether beds are available on a planned basis year-round or seasonally (during a defined period of high demand), or on an ad hoc or temporary basis as demand indicates. Consult the Housing Inventory Chart for this number.
Required Response Categories:
    Record the availability as follows:
1. *Year-round.* Beds are available on a year-round basis.
2. *Seasonal (Emergency Shelters Only).* Beds/units are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.
3. *Overflow (Emergency Shelters Only).* Beds/units are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year round or seasonal) bed capacity.

2.7g Bed Inventory.
If Bed Inventory is not blank, enter the number of these beds that are designated for each special population.
Required Response Categories:
1. *Beds Dedicated to Chronically Homeless Veterans.* Integer.
2. *Beds Dedicated to Youth Veterans.* Integer.
3. *Beds Dedicated to Any Other Veteran.* Integer.
4. *Beds Dedicated to Chronically Homeless Youth.* Integer.
5. *Beds Dedicated to Any Other Youth.* Integer.
6. *Beds Dedicated to Any Other Chronically Homeless.* Integer.
7. *Beds Dedicated to Chronically Homeless Veterans.* Integer.
8. *Non-dedicated beds.* Integer.
9. *Total Bed Inventory.* Integer

2.7h Total Unit Inventory.
The unit inventory data element is an integer that tracks the total number of units available for occupancy as of the inventory start date. Projects that do not have a fixed number of units (e.g., a congregate shelter project) may record the bed inventory, the number of residential facilities operated by the project, or the number of rooms used for overnight accommodation as the unit integer. Consult the Housing Inventory Chart for this number.
Required Response Categories:
1. *Unit Inventory.* Integer.

3.0 HUD Universal Data Requirements

3.1 Name.
Rationale: The first, middle, last names, and suffix should be collected to support the unique identification of each person served.
Data Source: Client interview
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All clients served.
Definition and Instructions: Client's legal name. Client hard files should include, to the extent possible, confirmation of legal name with a copy of a picture ID. Sources of appropriate name verification are driver's license, state identification card, school identification card, etc. This information is collected and entered for all clients served that are not currently in the HMIS system. Verification is required for all existing clients.
Required Response Categories:
a. *First Name.* Please enter the client's legal first name.
b. *Last Name.* Please enter the client's legal last name.
c. *Middle Name.* Please enter the client's legal middle name.
d. *Suffix.* Please enter the client's preferred suffix.

3.1b Name Data Quality.
Indicates the quality and reliability of data entered in the name fields.
Required Response Categories:
1. *Full name reported.* Client's legal first and last names have been recorded.
2. *Partial, street name, or code name reported.* An undocumented name which the client goes by has been recorded.
3. *Client doesn't know.*
4. *Client refused.*
5. *Data not collected.* Client was not asked to provide a name.

3.2 Social Security Number
Rationale: The collection of a client's Social Security Number (SSN) and other personal identifying information is required for two important reasons. First unique identifiers are key to producing an accurate, unduplicated local count of homeless persons accessing services. Second, an important Congressional goal is to increase the use of mainstream projects by homeless persons. To achieve this goal, homeless service providers need the SSN along with other personal identifiers in order to access mainstream services for their clients. Client hard files should include, to the extent possible, confirmation of social security number. Sources of appropriate verification are social security card, driver's license, state identification card, school identification card, etc. This information is collected and entered for all new clients served.
Data Source: Client interview
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All clients served.
Definition and Instructions: Record the nine-digit Social Security Number of every new person served that is not currently in the HMIS system. Verification is required for all existing clients, by the last 4 digits of the social security number. Please note that once the SSN has been entered and the client profile created end users will only see the last 4 digits of the SSN and will be unable to edit the SSN.
Required Response Categories:
1. *Social Security Number.* Please enter the nine-digit Social Security Number.

3.2b SSN Data Quality.
Rationale: For internal database processes it is helpful to have an indicator of the quality of data entered in the Social Security Number field.
Data Source: Data Entry Staff
When Collected: Data Entry Staff can determine the correct quality code as pertains to the data entered in the Social Security Number field.
Subjects: All clients served.
Definition and Instructions: Record the relevant quality code for the nine-digit Social Security Number of every person served that is not currently in the HMIS system.
Required Response Categories:
1. *Full SSN Reported.* The complete and accurate nine-digit Social Security Number has been entered.
2. *Approximate or Partial SSN Reported.* Only part of the accurate nine-digit Social Security Number has been entered.
3. *Client Doesn't Know.* The client doesn't know the SSN.
4. *Client Refused.* Client refused to provide the Social Security Number.
5. *Data Not Collected.* The client wasn't asked to provide a SSN.

3.3 Date of Birth
Rationale: The date of birth can be used to calculate the age of persons served at time of project start or at any point in receiving services. It will also support the unique identification of each person served.
Data Source: Client interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All clients served.
Definition and Instructions: Collect the month, day and year of birth for every person served that is not currently in the HMIS system. Verification is required for all existing clients. If a client cannot remember the year of birth, ask the person's age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, communities may record an approximate date of "01" for month and "01" for day since this approximation is best practice among data users. Approximate dates for month and day will allow calculation of a person's age within one year of their actual age.
Required Response Categories:
   1. *Date of Birth.* Please enter the date of birth in the following format MM/DD/YYYY

3.3b Date of Birth Type.
Rationale: For internal database processes it is helpful to have an indicator of the quality of data entered in the Date of Birth field.
Data Source: Data Entry Staff.
When Collected: Data Entry Staff can determine the correct quality code as pertains to the data entered in the Date of Birth field.
Subjects: All clients served.
Definition and Instructions: Record the relevant quality code for the Date of Birth of every person served.
Required Response Categories:
   1. *Full DOB Reported.* The complete and accurate Date of Birth (DOB) has been entered.
   2. *Approximate or Partial DOB Reported.* Only an approximate DOB or part of the accurate DOB has been entered.
   3. *Client Doesn't Know.* The client does not know their date of birth.
   4. *Client Refused.* Client refused to provide their DOB.
   5. *Data not collected.* Client was not asked to provide their DOB.

3.4 Race.

Rationale: Race is used to count the number of homeless persons who identify themselves within five different racial categories.
Data Source: Client interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All clients served.
Definition and Instructions: Collect the self-identified race of each client served that is not currently in the HMIS system. Verification is required for all existing clients. Allow clients to identify multiple racial categories. Staff observations should not be used to collect information on race.
Required Response Categories:

    1. *American Indian, Alaskan Native, or Indigenous.*
    2. *Asian or Asian American.*
    3. *Black, African American, or African.*
    4. *Native Hawaiian or Other Pacific Islander.*
    5. *White.*
    6. *Client Doesn't Know.*
    7. *Client Refused.*
    8. *Data Not Collected.*

3.5 Ethnicity.

Rationale: Ethnicity is used to count the number of homeless persons who identify themselves as Hispanic or Latino.
Data Source: Client interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All clients served.
Definition and Instructions: Collect the self-identified Hispanic or Latino ethnicity of each client served that is not currently in the HMIS system. Verification is required for all existing clients. Staff observations should not be used to collect information on ethnicity.
Required Response Categories:

    1. *Non-Hispanic/Non-Latin(a)(o)(x).*
    2. *Hispanic/Latin(a)(o)(x).*
    4. *Client Doesn't Know.*
    5. *Client Refused.*
    6. *Data Not Collected.*

3.6 Gender.
Rationale: To create separate counts of homeless men, women and transgendered clients served.
Data Source: Client interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All clients served.
Definition and Instructions: Record the gender of each client served that is not currently in the HMIS system. Verification is required for all existing clients. Gender should be assigned based on the client's self-perceived gender identity. Transgender is defined as identification with, or presentation as, a gender that is different from the gender at birth.
HUD Revision Published 09.2016: Replaced "Other" response with "Doesn't identify as male, female, or transgender" and removed "If Other, specify".
HUD Revision Published 06.2017: Wording changed for responses 2, 3, 4.

Required Response Categories:
1. *Female.*
2. *Male.*
3. *Transgender.*
4. *A gender other than singularly female or male.*
5. *Questioning.*
6. *Client Doesn't Know.*
7. *Client Refused.*
8. *Data Not Collected.*

3.7 Veteran Status
Rationale: To determine the number of homeless veterans.
Data Source: Client interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All adults served.
Definition and Instructions: A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

3.8 Does the client have a disabling condition? (Disabling Condition)
Rationale: Disability Condition is needed to help identify clients meeting HUD's definition of chronically homeless and, depending on the source of project funds, may be required to establish client eligibility to be served by the project.
Data Source: Client interview or assessment. Where disability is a statutory or regulatory eligibility criterion, the data source is the evidence required by the funding source.
When Collected: Project Start. If updates to disabilities are reported by the client, these updates should be reflected on the Project Start record. "Does the Client have a Disabling Condition" (Yes/No) should only be answered on the entry assessment. If there is a change during the client's stay in the project, the answer should be changed on the entry assessment. There is only one value per enrollment for this data element.
Subjects: All clients served.
Definition and Instructions: For this data element, a disabling condition means:
(1) a physical, mental, or emotional impairment which is
    (a) expected to be of long-continued and indefinite duration,
    (b) substantially impedes an individual's ability to live independently, and
    (c) of such a nature that such ability could be improved by more suitable housing conditions;
(2) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
(3) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome
Required Response Categories:
    1. *No.*
    2. *Yes.*
    3. *Client Doesn't Know.*
    4. *Client Refused.*
    5. *Data Not Collected.*

3.10 Project Start Date. Located on Program tab of client profile

Rationale: To determine the start of a client's period of project involvement with any CoC project. This data element is needed for reporting purposes for all projects and to measure lengths of stay for residential projects.

Data Source: Recorded by the staff responsible for registering project entrants.

When Collected: Collect once at each project start. System stores collected information and retains for historical purposes.

Subjects: All clients.

Definition and Instructions: Record the month, day, and year of first day of service or project start. For a shelter visit, this date would represent the first day of residence in a shelter project following residence outside of the shelter or in another project. For services, this date may represent the day of project enrollment, the day a service was provided or the first date of a period of continuous participation in a service (e.g. daily, weekly or monthly). There should be a new project start date (and corresponding project exit date) for each period/ episode of service. Therefore, any return to a project after a break in treatment, completion of project, or termination of the project by the user or provider must be recorded as a new project start date. A definition of what constitutes a break in the treatment depends on the project and needs to be defined by project staff. For example, projects that expect to see the same client on a daily (or almost daily) basis may define a break in treatment as one missed day that was not arranged in advance or three consecutive missed days for any reason. Treatment projects that are scheduled less frequently than a daily basis may define a break in treatment as one or more missed weekly sessions.

- **For Street Outreach projects** it is the date of first contact with the client.
- **For Emergency Shelters** it is the night the client first stayed in the shelter.
- **For Transitional Housing** it is the date the client moves into residential project (i.e. first night in residence)
- **For Rapid Rehousing** it is the date on which the client was admitted into the project.
- **For Permanent Supportive Housing** the client should only be entered into HMIS once they are housed. Project Start Date should be back-dated to the date the provider enrolled/completed intake for the client in the program. The Housing Move-In Date should reflect the client's first date occupying the unit.
- **For all other types of services** it is the date the client received first provision of service.

Required Response Categories:
1. *Project Start Date.* Please enter the project start date in the following format MM/DD/YYYY

3.11 Project Exit Date. Located on Program tab of client profile.

Rationale: To determine the end of a period of project involvement for all clients of CoC projects. This data element is required for reporting purposes for all projects and to calculate the lengths of stay in residential projects or the amount of time spent participating in services-only CoC projects.

Data Source: Recorded by the staff responsible for monitoring project utilization or conducting exit interviews.

When Collected: Collect once at each project exit. System stores collected information as "project exit stage" information and retains for historical purpose.

Subjects: All clients.

Definition and Instructions: Record the month, day, and year of the last day of service. The project exit date indicates a client has left the project. For residential projects this is the date of move out. For deceased clients, this is the date of passing.

For services, the exit date may represent the last date a service was provided or the last date of a period of continuous service. For example, if a person has been receiving weekly counseling as part of an ongoing treatment project and either formally terminates his or her involvement or fails to return for counseling, the last date of service is the date of the last counseling session. If a client uses a services for just one day (i.e. starts and stops before midnight of same day, such as an outreach encounter), the entry and exit date would be the same date.

For residential projects that have activities or information the project needs to collect after residential exit a project may have a separate "follow-up" project established or the vendor may develop another way to manage the information.

For some "services-only" projects a record may need to remain open an indefinite period of time and an exit date recorded only when the client completes the service, is no longer in need of the service, has asked to be exited, or has gone missing.

A client with an open record (i.e. project start without a project exit) for a CoC defined "extensive length of time" in a shelter, outreach, or prevention program type may be either automatically exited from the project (exit date = date of auto exit) or may be flagged for user intervention and exit. The CoC must be involved in the determination of "extensive length of time" and to which projects the solution is to be applied. This may be accomplished via program setup functionality that may include a data field in each project's setup/profile to record the period of no client contact after which a client would be flagged for a default exit, or in any other manner the HMIS elects.

For systems that require all shelter clients to reapply for service on a nightly basis, the project can enter the entry and exit date at the same time or can specify an HMIS solution that automatically enters the exit date as the day after the entry date for clients of the overnight project.

If a client is in a project for a single day and has received some service but has not slept in a bed overnight (i.e., starts and stops before midnight of same day) the Project Exit Date may be the same as the Project start Date.

Required Response Categories:

1. *Project Exit Date.* Please enter the project exit date in the following format MM/DD/YYYY

3.12 Destination.

Rationale: Destination is an important outcome measure needed to complete APRs, System Performance Measures for all HUD funded CoC projects and Performance Measurements.

Data Source: Client interview or documentation/notification from other partner agencies that may show evidence of the true exit destination.

When Data are Collected: At project exit.

Subjects: All clients served.

Definition and Instructions: Determine the response value that best describes where the client will be staying after they leave the project. This element can be updated after exit if the agency received additional information regarding the client's true exit destination.

Required Response Categories:

Homeless Situations

1. *Place not meant for habitation.* (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
2. *Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter.*
3. *Safe Haven.*

Institutional Situations

4. *Foster care home or foster care group home.*
5. *Hospital or other residential non-psychiatric medical facility.*
6. *Jail, prison or juvenile detention facility.*
7. *Long-term care facility or nursing home.*
8. *Psychiatric hospital or other psychiatric facility.*
9. *Substance abuse treatment facility or detox center.*

Temporary and Permanent Housing Situations

10. *Residential project or halfway house with no homeless criteria.*
11. *Hotel or motel paid for without emergency shelter voucher.*
12. *Transitional housing for homeless persons (including homeless youth).*
13. *Host Home (non-crisis).*
14. *Staying or living with friends, temporary tenure (e.g., room, apartment, or house).*
15. *Staying or living with family, temporary tenure (e.g., room, apartment, or house).*
16. *Staying or living with family, permanent tenure.*
17. *Staying or living with friends, permanent tenure.*
18. *Moved from one HOPWA funded project to HOPWA PH.*
19. *Moved from one HOPWA funded project to HOPWA TH.*
20. *Rental by client, with GPD TIP housing subsidy.*
21. *Rental by client, with VASH housing subsidy.*
22. *Permanent housing for formerly homeless persons (other than RRH).*
23. *Rental by Client, with RRH or equivalent subsidy.*
24. *Rental by Client, with HVC voucher (tenant or project based).*
25. *Rental by Client in a public housing unit.*
26. *Rental by client, no ongoing housing subsidy.*
27. *Rental by client, with other ongoing housing subsidy.*
28. *Owned by client, with ongoing housing subsidy.*
29. *Owned by client, no ongoing housing subsidy.*

Other Situations

30. *No Exit Interview Completed.*
31. *Other.*
32. *Deceased.*

33. *Client Doesn't Know.*
34. *Client Refused.*
35. *Data Not Collected.*

3.15 Relationship to Head of Household.

Rationale: To collect a more detailed profile of family composition in family projects.
Data Source: Client interview or observations of project staff.
When Data Are Collected: Client interview and/or in the course of client assessment.
Subjects: All clients served.
Definition and Instructions: For each client, record their relationship to the head of household. For head of household, select 'Self'.
Required Response Categories:
1. *Self (head of household).*
2. *Head of household's child.*
3. *Head of household's spouse or partner.*
4. *Head of household's other relation member (other relation to head of household).*
5. *Other: non-relation member*

3.16 Client Location

Rationale: To identify the HUD assigned CoC code for the client's location.
Data Source: Project staff.
When Collected: Upon initial project start and updated as needed thereafter.
Subjects: Head of household.
Definition and Instructions: Use the drop-down menu to indicate the HUD assigned CoC code for the client's location.
Required Response Categories:
1. *OH-503.*

3.20 Housing Move-In Date.

Rationale: To record the date a Permanent Housing client enters housing.
Data Source: Project Staff.
When Collected: At time of entry into housing.
Subjects: Head of households and Adults in PH projects.
Definition and Instructions: A client should only be entered into HMIS once the client is housed. At that time, the Project Start Date should be back-dated to the date the provider completed intake/enrolled the client in the program. The Housing Move-In Date should reflect the client's first date occupying the unit. Housing Move-In Date must be between Project Start Date and Project Exit Date. It may be the same day as the Project Start Date if client moves into housing on the same day they are accepted into the project.
Required Response Categories:
1. Housing Move-In Date. Date Field

3.917 *Prior Living Situation.*

To facilitate data entry and in response to multiple user questions, the element has been split into two sub-elements which use only the fields and responses necessary for the population being asked the question. 3.917A Living Situation is to be used for all persons served by a Street Outreach or Emergency Shelter projects, and 3.917B is to be used for persons in all other HMIS project types.

3.917A Prior Living Situation *For persons entering HMIS Project Type: Street Outreach or Emergency Shelter.*

3.917A1 Type of Residence.

Rationale: To identify where the client slept the night before project entry.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Determine the type of living arrangement the night before entry into the project.
Required Response Categories:
Homeless Situations

1. *Place not meant for habitation.* (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
2. *Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter.*
3. *Safe Haven.*

Institutional Situations

4. *Foster care home or foster care group home.*
5. *Hospital or other residential non-psychiatric medical facility.*
6. *Jail, prison or juvenile detention facility.*
7. *Long-term care facility or nursing home.*
8. *Psychiatric hospital or other psychiatric facility.*
9. *Substance abuse treatment facility or detox center.*

Temporary and Permanent Housing Situations

10. *Residential project or halfway house with no homeless criteria.*
11. *Hotel or motel paid for without emergency shelter voucher.*
12. *Transitional housing for homeless persons (including homeless youth).*
13. *Host Home (non-crisis).*
14. *Staying or living in a friend's room, apartment or house.*
15. *Staying or living with family member's room, apartment or house.*
16. *Rental by client, with GPD TIP housing subsidy.*
17. *Rental by client, with VASH housing subsidy.*
18. *Permanent housing for formerly homeless persons (other than RRH).*
19. *Rental by Client, with RRH or equivalent subsidy.*
20. *Rental by Client, with HVC voucher (tenant or project based).*
21. *Rental by Client in a public housing unit.*
22. *Rental by client, no ongoing housing subsidy.*
23. *Rental by client, with other ongoing housing subsidy.*
24. *Owned by client, with ongoing housing subsidy.*
25. *Owned by client, no ongoing housing subsidy.*

Other Situations

26. *Client Doesn't Know.*
27. *Client Refused.*
28. *Data Not Collected.*

3.917A2 Length of Stay in Prior Living Situation.

Rationale: To identify the duration of occupancy in immediate previous residence and for targeted prevention services, if applicable.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use drop-down menu and determine which category best describes clients' length of stay.
Required Response Categories:
1. *One day or less.*
2. *Two days to one week.*
3. *More than one week, but less than one month.*
4. *One to three months*.
5. *More than three months, but less than one year.*
6. *One year or longer.*
7. *Client Doesn't Know.*
8. *Client Refused.*
9. *Data Not Collected.* Client not asked to provide Length of Stay in Previous Place.

3.917A3 Approximate Date Homelessness Started.

Rationale: To identify chronic homelessness.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Date field.
Required Response Categories:
1. MM/DDD/YYYY.

3.917A4 Regardless of Where They Stayed Last Night - Number of Times the Client Has Been on the Streets, in ES, or SH in the Past Three Years Including Today.

Rationale: To identify chronic homelessness.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use drop-down menu and determine which category best describes clients' situation.
Required Response Categories:
1. One Time.
2. Two Times.
3. Three Times.
4. Four or More Times.
5. Client Doesn't Know.
6. Client Refused.
7. Data Not Collected.

3.917A5 Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years.
Rationale: To identify chronic homelessness.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use drop-down menu and determine which category best describes clients' situation. One day in a month counts for the entire month. For example, if a client becomes homeless on January 31st and is still homeless on February 1st, they are homeless 2 months.
Required Response Categories:
1. One Month (this time is the first month).
2-12.   (integers 2-12).
13. More Than 12 Months.
14. Client Doesn't Know.
15. Client Refused.
16. Data Not Collected.

3.917B Prior Living Situation *For persons entering HMIS Project Type: Transitional Housing, Permanent Housing, Services Only, Homelessness Prevention, or Coordinated Entry Project*

3.917B1 Type of Residence.
Rationale: To identify where the client slept the night before project entry.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Determine the type of living arrangement the night before entry into the project.
HUD Revision 06.2017: Wording changed for response options 3 and 20.
Required Response Categories:
Homeless Situations
1. *Place not meant for habitation.* (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
2. *Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter.*
3. *Safe Haven.*
Institutional Situations
4. *Foster care home or foster care group home.*
5. *Hospital or other residential non-psychiatric medical facility.*
6. *Jail, prison or juvenile detention facility.*
7. *Long-term care facility or nursing home.*
8. *Psychiatric hospital or other psychiatric facility.*
9. *Substance abuse treatment facility or detox center.*
Temporary and Permanent Housing Situations
10. *Residential project or halfway house with no homeless criteria.*
11. *Hotel or motel paid for without emergency shelter voucher.*
12. *Transitional housing for homeless persons (including homeless youth).*

13. *Host Home (non-crisis).*
14. *Staying or living in a friend's room, apartment or house.*
15. *Staying or living with family member's room, apartment or house.*
16. *Rental by client, with GPD TIP housing subsidy.*
17. *Rental by client, with VASH housing subsidy.*
18. *Permanent housing for formerly homeless persons (other than RRH).*
19. *Rental by Client, with RRH or equivalent subsidy.*
20. *Rental by Client, with HVC voucher (tenant or project based).*
21. *Rental by Client in a public housing unit.*
22. *Rental by client, no ongoing housing subsidy.*
23. *Rental by client, with other ongoing housing subsidy.*
24. *Owned by client, with ongoing housing subsidy.*
25. *Owned by client, no ongoing housing subsidy.*

Other Situations
26. *Client Doesn't Know.*
27. *Client Refused.*
28. *Data Not Collected.*

3.917B2 Length of Stay in Prior Living Situation.
Rationale: To identify the duration of occupancy in immediate previous residence and for targeted prevention services, if applicable.
Data Source: Client interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use drop-down menu and determine which category best describes clients' length of stay.
Required Response Categories:
1. *One day or less.*
2. *Two days to one week.*
3. *More than one week, but less than one month.*
4. *One to three months.*
5. *More than three months, but less than one year.*
6. *One year or longer.*
7. *Client Doesn't Know.*
8. *Client Refused.*
9. *Data Not Collected. Client not asked to provide Length of Stay in Previous Place.*

3.917B3 Length of Stay Less than 7 Nights?
Rationale: To identify the duration of occupancy in an institutional situation.
Data Source: System Generated.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Auto-generated based on answer to 3.917B3.
Required Response Categories:
1. *No.*
2. *Yes.*

3.917B4 Did You Stay Less than 90 Days?
Rationale: To identify the duration of occupancy in a transitional or permanent housing situation.
Data Source: System Generated.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Auto-generated based on answer to 3.917B3.
Required Response Categories:
   1. *No.*
   2. *Yes.*

3.917B5 On the Night Before Did You Stay on the Streets, ES, or SH? (If Yes to 3.917B4 or 3.917B5).
Rationale: To identify the client's homeless status prior to an institutional, transitional, or permanent housing situation.
Data Source: Client Interview.
When Collected: Project Start.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Ask if client answered "yes" to either 3.917B4 or 3.917B5.
Required Response Categories:
   1. *No.*
   2. *Yes.*

3.917B6 Approximate Date Homelessness Started.
Rationale: To identify chronic homelessness.
Data Source: Client interview.
When Collected: At any time after the client has been admitted into the project.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Date field.
Required Response Categories:
   1. *MM/DD/YYYY.*

3.917B7 Number of Times the Client Has Been on the Streets, in ES, or SH in the Past Three Years (including today).
Rationale: To identify chronic homelessness.
Data Source: Client interview.
When Collected: At any time after the client has been admitted into the project.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use drop-down menu and determine which category best describes clients' situation.
Required Response Categories:
   1. One Time.
   2. Two Times.
   3. Three Times.
   4. Four or More Times.
   5. Client Doesn't Know.
   6. Client Refused.
   7. Data Not Collected.

3.917B8 Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years.
Rationale: To identify chronic homelessness.
Data Source: Client interview.
When Collected: At any time after the client has been admitted into the project.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use drop-down menu and determine which category best describes clients' situation.
Required Response Categories:
1.   One Month (this time is the first month).
2-12.   (integers 2-12).
13. More Than 12 Months.
14. Client Doesn't Know.
15. Client Refused.
16. Data Not Collected.

4.0 HUD Project-Specific Data Requirements

4.2 Income and Sources.
Rationale: Income and sources of income are important for determining service needs of people at the time of project start, determining whether they are accessing all income sources for which they are eligible, describing the characteristics of the homeless population, and allowing analysis of changes in the composition of income between entry and exit from the project and annual changes prior to project exit. Increase in income is a key performance measure of most federal partner programs.
Data Source: Client Interview or case manager records.
When Collected: At project start, annual assessment, and project exit. Update as income and/or sources change.
Subjects: Head of Household and Adults.
Definition and Instructions Data on Income and Sources collected at project start and project exit are to reflect the information as of the date of entry and exit. Data collected at project start and exit is to be dated the same date as the date of project start and the date of project exit.

An Annual Assessment (i.e. Interim Assessment) is required for all persons residing in the project one year or more. Income and sources must be recorded in the HMIS as an Annual Assessment even if there is no change in either the income or sources.

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.

Updates are required for persons aging into adulthood.

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).

4.2a Information Date.
Required Response Categories:
      1. *Information Date. (Date field)*

4.2b Income from any source?
Required Response Categories:
      1. *No.*
      2. *Yes.*
      3. *Client Doesn't Know*
      4. *Client Refused.*
      5. *Data Not Collected.*

4.2c Earned Income.
Required Response Categories:
      1. *No.*
      2. *Yes.*
      Monthly Amount: *$____.00*

4.2d Unemployment Insurance.
Required Response Categories:
      1. *No.*
      2. *Yes.*
      Monthly Amount: *$____.00*

4.2e Supplemental Security Income (SSI).
Required Response Categories:
      1. *No.*
      2. *Yes.*
      Monthly Amount: *$____.00*

4.2f Social Security Disability Insurance (SSDI).
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2g VA Service-Connected Disability Compensation.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2h VA Non-Service-Connected Disability Pension.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2i Private Disability Insurance.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2j Worker's Compensation.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2kTemporary Assistance for Needy Families (TANF).
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2l General Assistance (GA).
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2m Retirement Income from Social Security.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$_____.00*

4.2n Pension or Retirement Income from a Former Job.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$____.00*

4.2o Child Support.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$____.00*

4.2p Alimony and Other Spousal Support.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$____.00*

4.2q Other Source.
Required Response Categories:
    1. *No.*
    2. *Yes.*
    Monthly Amount: *$____.00*

4.2r If "Other" Source, Specify.
Required Response Categories:
    1. *Specify Source. Unconstrained Text Field*

4.2s Total Monthly Income.
Required Response Categories:
    Total Monthly Amount from All Sources: *$____.00*

4.3 Non-Cash Benefits

Rationale: Non-cash benefits are important to determine whether clients are accessing all mainstream program benefits for which they may be eligible and to develop a more complete picture of their economic circumstances.

Data Source: Client interview and/or case manager records.

When Data Are Collected: At project start, annual assessment, and project exit. Update as Non-cash benefits change.

Subjects: Head of household and adults.

Definition and Instructions: Data on Non-Cash Benefits collected at project start and project exit are to reflect the information as of the date of entry and exit. Data collections for project start and exit information are to be dated the same date as the date of project start and the date of project exit.

An Annual Assessment (i.e. Interim Assessment) is required for all persons residing in the project one year or more. Non-Cash Benefits must be recorded in the HMIS during Annual Assessments even if there is no change in the benefits.

Record whether or not the client is receiving each of the listed benefits. A "Yes" response should be recorded only for current benefits. As an example, if a client received food stamps on the first of the month and expects to receive food stamps again on the first of the next month, record "Yes" for *Supplemental Nutritional Assistance Program (SNAP)*. If a client received food stamps on the first of the month, but is not eligible to receive food stamps on the first of next month, then the client would not be considered to be currently receiving food stamps and "No" should be recorded for *Supplemental Nutritional Assistance Program (SNAP)*. Clients may identify multiple sources of non-cash benefits. Benefits received by a minor child should be assigned to the head of household. In the event that a minor child enters or leaves the household and the non-cash benefits received by the household change as a result, an update to the head of household's record should be entered to reflect that change. Updates are required for persons aging into adulthood.

To reduce data collection and reporting burden, if a client reports no non-cash benefit from any source, no additional data collection is required. If *Non-cash benefit from any source* is "Yes," project staff should ask clients to respond with a "Yes" or "No" for each of the listed benefits.

4.3a Information Date.
Required Response Categories:
1. *Information Date. (Date field)*

4.3b Non-Cash Benefits from any Source?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know*
4. *Client Refused.*
5. *Data Not Collected.*

4.3c Supplemental Nutrition Assistance Program (SNAP; previously known as Food Stamps).
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.3d Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.3e TANF Child Care Services.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.3f TANF Transportation Services.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.3g Other TANF-Funded Services.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.3i Other Source.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.3k If "Other" Source, Specify.
Required Response Categories:
    1. *Specify Source. Unconstrained Text Field*

4.4 Health Insurance

Rationale: Health insurance information is important to determine whether clients currently have health insurance coverage and are accessing all mainstream project medical assistance benefits for which they may be eligible, and to ascertain a more complete picture of their economic circumstances.

Data Source: Client interview and/or case manager records.

When Data Are Collected: At project start, annual assessment, and project exit. Update as health insurance changes.

Subjects: All Clients.

Definition and Instructions: Data on Health Insurance collected at project start and project exit are to reflect the information as of the date of entry and exit. Data collections for project start and exit information are to be dated the same date as the date of project start and the date of project exit.

An Annual Assessment(i.e. Interim Assessment) is required for all persons residing in the project one year or more. Health Insurance must be recorded in the HMIS as an Annual Assessment even if there is no change.

Updates are required for persons aging into adulthood.

4.4a Information Date.
Required Response Categories:
1. *Information Date. (Date field)*

4.4b Covered by Health Insurance?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know*
4. *Client Refused.*
5. *Data Not Collected.*

4.4c MEDICAID.
Required Response Categories:
1. *No.*
2. *Yes.*

4.4d MEDICARE.
Required Response Categories:
1. *No.*
2. *Yes.*

4.4e State Children's Health Insurance Program.
Required Response Categories:
1. *No.*
2. *Yes.*

4.4f Veteran's Administration (VA) Medical Services.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.4g Employer-Provided Health Insurance.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.4h Health Insurance Obtained Through COBRA.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.4i Private Pay Health Insurance.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.4j State Health Insurance for Adults.
Required Response Categories:
    1. *No.*
    2. *Yes.*

4.5 – 4.10 Disability Type

Rationale: To count the number of disabled persons served by homeless projects within each specific disability type, determine eligibility for disability benefits, and assess their need for services.
Data Source: Client interview and/or case manager records.
When Collected: At project start, annual review, and project exit. Update if information changes anytime during project stay.
Subjects: All clients.

Definition and Instructions: Data on disability collected at project start, annual review, or project exit are to reflect the information accurate as of the date of entry, review, or exit. Data collections for project start, review, and exit information are to be dated the same date as the date of project start, annual review, or the date of project exit. Data should be reviewed and updated as necessary any time the information has been known to change.

In separate fields, determine (1) if the client has a specific disability type, (2) if the disability is expected to be of long-continued and indefinite duration and impairs the client's ability to live independently. This will affect element 3.8. As a reminder, the Disabling Condition yes/no field (Element 3.8) should only be answered "Yes" if the client has a disabling condition that is long-term and impairs their ability to live independently or if the disabling condition is HIV/AIDS or developmental. However, if a client reports other disabling conditions that do not meet these criteria, we should still document the condition in HMIS under the specific condition type, but answer "No" to the overall Disabling Condition yes/no field. This would be considered a "short-term" disability.

Documentation of the disability and severity on file requirements vary by federal funding program so specific guidance around acceptable documentation will be provided in the Program Specific Manuals.

Special Considerations: Projects should be especially sensitive to the collection of disability information from clients under the age of 18. In households with children accompanied by an adult, children's disabilities should be determined based on an interview with the adult in the household.

4.5 Physical Disability. a physical impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.

4.5a Information Date.
Required Response Categories:
      1. *Information Date. (Date field)*

4.5b Physical Disability?
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.5c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.6 Developmental Disability. a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

4.6a Information Date.
<u>Required Response Categories:</u>
1. *Information Date. (Date field)*

4.6b Developmental Disability?
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.7 Chronic Health Condition. a chronic health condition means a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.

4.7a Information Date.
Required Response Categories:
      1. *Information Date. (Date field)*

4.7b Chronic Health Condition?
Required Response Categories:
      1. *No.*
      2. *Yes.*
      3. *Client Doesn't Know.*
      4. *Client Refused.*
      5. *Data Not Collected.*

4.7c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
Required Response Categories:
      1. *No.*
      2. *Yes.*
      3. *Client Doesn't Know.*
      4. *Client Refused.*
      5. *Data Not Collected.*

4.8 HIV/AIDS. the client has been diagnosed with AIDS or has tested positive for HIV. If the client does not provide the information and it is not contained in case manager records, then this information may not be reported. This information is an eligibility requirement for HOPWA.

4.8a Information Date.
Required Response Categories:
      1. *Information Date. (Date field)*

4.8b HIV/AIDS?
Required Response Categories:
> 1. *No.*
> 2. *Yes.*
> 3. *Client Doesn't Know.*
> 4. *Client Refused.*
> 5. *Data Not Collected.*

4.9 Mental Health Disorder. a mental health disorder may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

4.9a Information Date.
Required Response Categories:
> 1. *Information Date. (Date field)*

4.9b Mental Health Disorder?
Required Response Categories:
> 1. *No.*
> 2. *Yes.*
> 3. *Client Doesn't Know.*
> 4. *Client Refused.*
> 5. *Data Not Collected.*

4.9c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
Required Response Categories:
> 1. *No.*
> 2. *Yes.*
> 3. *Client Doesn't Know.*
> 4. *Client Refused.*
> 5. *Data Not Collected.*

4.10 Substance Use Disorder. a substance use disorder that substantially impedes their ability to live independently.

4.10a Information Date.
Required Response Categories:
> 1. *Information Date. (Date field)*

4.10b Substance Use Disorder?
Required Response Categories:
> 1. *No.*
> 2. *Alcohol Use Disorder.*
> 3. *Drug Use Disorder.*
> 4. *Both Alcohol and Drug Use Disorder.*
> 5. *Client Doesn't Know.*
> 6. *Client Refused.*
> 7. *Data Not Collected.*

4.10c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.11 Domestic Violence. (HIPAA assessment)

Rationale: Ascertaining whether a person is a victim of domestic violence is necessary to provide the person with the appropriate services to prevent further abuse and to treat the physical and psychological injuries from prior abuse. Also, ascertaining that a person may be experiencing domestic violence may be important for the safety of project staff and other clients. At the aggregate level, knowing the size of the population experiencing homelessness that has experienced domestic violence is critical for determining the resources needed to address the problem in this population.
Data Source: Client interview and/or case manager records.
When Data are Collected: At project start. Update if information changes anytime during project stay.
Subjects: Head of household and adults.
Definition and Instructions: Data on Domestic Violence collected at project start are to reflect the information as of the date of entry. Data should be reviewed and updated as necessary any time the information has been known to change.

In separate fields, determine (1) if the client has ever been a victim of domestic violence, and (2), if so, when the client's most recent experience of domestic violence occurred.

4.11a Information Date.
Required Response Categories:
1. *Information Date. (Date field)*

4.11b Domestic Violence Victim/Survivor?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.11c When Experience Occurred.
Required Response Categories:
1. *Within the past three months.*
2. *Three to six months ago. (excluding six months exactly)*
3. *Six months to one year ago. (excluding one year exactly)*
4. *One year ago or more.*
5. *Client Doesn't Know.*
6. *Client Refused.*
7. *Data Not Collected.*

4.11d If Yes for Domestic Violence Victim/Survivor, Are You Currently Fleeing?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.12 Current Living Situation (Outreach)

Rationale: To record each contact with people experiencing homelessness by street outreach and other service projects and to provide information on the number of contacts required to engage the client, as well as to document a currently living situation as needed in any applicable project

Data Source: Project staff.

When Data Are Collected: Occurrence point.

Subjects: Head of household and adults.

Definition and Instructions: A contact is defined as an interaction between a worker and a client. Contacts may range from simple a verbal conversation between the street outreach worker and the client about the client's well-being or needs or may be a referral to service.

4.12a Information Date.
Required Response Categories:
1. *Numerical date field.* Requiring MM/DD/YYYY format.

4.12b Current Living Situation.
Required Response Categories:
Homeless Situations
1. *Place not meant for habitation.* (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
2. *Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter.*
3. *Safe Haven.*
Institutional Situations
4. *Foster care home or foster care group home.*
5. *Hospital or other residential non-psychiatric medical facility.*
6. *Jail, prison or juvenile detention facility.*
7. *Long-term care facility or nursing home.*
8. *Psychiatric hospital or other psychiatric facility.*

9. *Substance abuse treatment facility or detox center.*

Temporary and Permanent Housing Situations

10. *Residential project or halfway house with no homeless criteria.*
11. *Hotel or motel paid for without emergency shelter voucher.*
12. *Transitional housing for homeless persons (including homeless youth).*
13. *Host Home (non-crisis).*
14. *Staying or living in a friend's room, apartment or house.*
15. *Staying or living with family member's room, apartment or house.*
16. *Rental by client, with GPD TIP housing subsidy.*
17. *Rental by client, with VASH housing subsidy.*
18. *Permanent housing for formerly homeless persons (other than RRH).*
19. *Rental by Client, with RRH or equivalent subsidy.*
20. *Rental by Client, with HVC voucher (tenant or project based).*
21. *Rental by Client in a public housing unit.*
22. *Rental by client, no ongoing housing subsidy.*
23. *Rental by client, with other ongoing housing subsidy.*
24. *Owned by client, with ongoing housing subsidy.*
25. *Owned by client, no ongoing housing subsidy.*

Other Situations

26. *Other.*
27. *Worker Unable to Determine.*
28. *Client Doesn't Know.*
29. *Client Refused.*
30. *Data Not Collected.*

4.12c Living Situation Verified by. (Coordinated Entry Projects Only)
When Data Are Collected: For all non-homeless situations in 4.12b.
Required Response Categories:

1. *Select from list of Continuum Projects.*

4.12d Is Client Going to Have to Leave Their Current Living Situation within   14 Days?
When Data Are Collected: For all non-homeless situations in 4.12b.
Required Response Categories:

1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.12e Has a Subsequent Residence Been Identified?
When Data Are Collected: If "Yes" for 4.12d.
Required Response Categories:

1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

4.12f Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?
When Data Are Collected: If "Yes" for 4.12d.
Required Response Categories:
  1. *No.*
  2. *Yes.*
  3. *Client Doesn't Know.*
  4. *Client Refused.*
  5. *Data Not Collected.*

4.12g Has the Client Had a Lease or Ownership Interest in a Permanent Housing Unit in the Last 60 Days?
When Data Are Collected: If "Yes" for 4.12d.
Required Response Categories:
  0. *No.*
  1. *Yes.*
  2. *Client Doesn't Know.*
  3. *Client Refused.*
  4. *Data Not Collected.*

4.12h Has the Client moved 2 or More Times in the Last 60 Days?
When Data Are Collected: If "Yes" for 4.12d.
Required Response Categories:
  0. *No.*
  1. *Yes.*
  2. *Client Doesn't Know.*
  3. *Client Refused.*
  4. *Data Not Collected.*

4.12i Location Details.
Required Response Categories:
  1. *Text Box.*

4.13 Date of Engagement (Outreach).

Rationale: To count the number of homeless persons engaged by street outreach projects and night-by-night shelters.
Data Source: Project staff.
When Data Are Collected: In the course of client assessment.
Subjects: Head of household and adults.
Definition and Instructions: Record the date a client became engaged. Only one date of engagement is allowed between project start and project exit.

Date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The date of engagement should be entered into HMIS at the point that the client has become engaged. It may be on or after the project start date and prior to project exit. If the client exits without becoming engaged the engagement date should be left blank.

For PATH projects only, the date of engagement must occur on or before the date of enrollment (PATH Status 4.20).
Required Response Categories:
Date of Engagement
    1. *Numerical date field.* Requiring MM/DD/YYYY format.

4.14 Bed-Night Date. *– Do Not Use*

Rationale: To indicate the date that a client has utilized a bed in a night-by-night shelter.
Data Source: Case manager records.
When Data are Collected: Occurrence point.
Subjects: All clients served in Emergency Shelter.
Definition and Instructions: There must be a bed night on the Project Start Date into shelter in the format MM/DD/YYYY. Any additional bed night dates must be after the Project Start Date ad before the Project Exit Date.

4.19 Coordinated Entry Assessment.

Rationale: To assess a client's crisis needs and/or housing needs.
Data Source: Case manager records.
When Data are Collected: Occurrence point.
Subjects: All clients.
Definition and Instructions: Complete the Netcare or CARR screening assessment (Crisis Needs Assessment) or the Rapid Rehousing Referral assessment (Housing Needs Assessment).

4.19a Date of Assessment.
Required Response Categories:
    1. *MM/DD/YYYY*

4.19b Assessment Location.
Required Response Categories:
      1. *Homeless Hotline.*
      2. *CARR Team.*
      3. *Outreach Specialist.*
      4. *Emergency Shelter Case Manager.*
      5. *Rapid Rehousing Case Manager.*
      6. *USHS Program Manager.*

4.19c Assessment Type.
Required Response Categories:
      1. *Phone.*
      2. *Virtual.*
      3. *In person.*

4.19d Assessment Level.
Required Response Categories:
      1. *Crisis Needs Assessment.*
      2. *Housing Needs Assessment.*

4.19e Prioritization Status.
Required Response Categories:
      1. *Placed on prioritization list.*
      2. *Not placed on prioritization list.*

4.20 Coordinated Entry Event.

Rationale: To assess a client's crisis needs and/or housing needs.
Data Source: Case manager records.
When Data are Collected: Occurrence point.
Subjects: All clients.
Definition and Instructions: Complete the Netcare or CARR screening assessment (Crisis Needs Assessment) or the Rapid Rehousing Referral assessment (Housing Needs Assessment).

4.20a Date of Event.
Required Response Categories:
      1. *MM/DD/YYYY.*

4.20b Event.
Required Response Categories:
   Access Events
   1. *Referral to Prevention Assistance project.*
   2. *Problem Solving/Diversion/Rapid Resolution intervention or service.*
   3. *Referral to scheduled Coordinated Entry Crisis Needs Assessment.*
   4. *Referral to scheduled Coordinated Entry Housing Needs Assessment.*
   Referral Events
   5. *Referral to post-placement/follow-up case management.*
   6. *Referral to Street Outreach project or services.*
   7. *Referral to Housing Navigation project or services.*
   8. *Referral to Non-continuum services: Ineligible for continuum services.*
   9. *Referral to Non-continuum services: No availability in continuum services.*
   10. *Referral to Emergency Shelter bed opening.*
   11. *Referral to Transitional Housing bed/unit opening*
   12. *Referral to Joint TH-RRH project/unit/resource opening.*
   13. *Referral to RRH project resource opening.*
   14. *Referral to PSH project resource opening.*
   15. *Referral to Other PH project/unit/resource opening.*
   16. *Referral to emergency assistance/flex fund/furniture assistance.*
   17. *Referral to Emergency Housing Voucher (EHV).*
   18. *Referral to a Housing Stability Voucher.*

*4.20c Problem Solving/Diversion/Rapid Resolution intervention or service result –
Client housed/re-housed in a safe alternative.*
Required Response Categories:
   1. *No.*
   2. *Yes.*

*4.20d Referral to post-placement/follow-up case management result – Enrolled in
Aftercare project.*
Required Response Categories:
   1. *No.*
   2. *Yes.*

4.20e Location of Crisis Housing or Permanent Housing Referral.
Required Response Categories:
   1. *Project name/HMIS ID.*

4.20f Referral Result.
Required Response Categories:
   1. *Successful referral: client accepted.*
   2. *Unsuccessful referral: client rejected.*
   3. *Unsuccessful referral: provider rejected.*

4.20g Date of Result.
Required Response Categories:
1. *MM/DD/YYYY.*

HUD-CoC Only Required Elements

C1 Well-being.
Rationale: To assess the clients general mental state.
Data Source: *Client reported.* Recorded by project staff.
When Data are Collected: Project Start, Annual Assessment, and Project Exit.
Subjects: Head of household.

C1.1 Information Date.
Required Response Categories:
1. *MM/DD/YYYY*

C1.2 Client perceives their life has value and worth.
Required Response Categories:
1. *Strongly disagree.*
2. *Somewhat disagree.*
3. *Neither agree nor disagree.*
4. *Somewhat agree.*
5. *Strongly agree.*
6. *Client doesn't know.*
7. *Client refused.*
8. *Data not collected.*

C1.3 Client perceives they have support from others who will listen to problems.
Required Response Categories:
1. *Strongly disagree.*
2. *Somewhat disagree.*
3. *Neither agree nor disagree.*
4. *Somewhat agree.*
5. *Strongly agree.*
6. *Client doesn't know.*
7. *Client refused.*
8. *Data not collected.*

C1.4 Client perceives they have a tendency to bounce back after hard times.
Required Response Categories:
1. *Strongly disagree.*
2. *Somewhat disagree.*
3. *Neither agree nor disagree.*
4. *Somewhat agree.*
5. *Strongly agree.*
6. *Client doesn't know.*
7. *Client refused.*
8. *Data not collected.*

C1.5 Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.
Required Response Categories:
1. *Not at all.*
2. *Once a month.*
3. *Several times a month.*
4. *Several times a week.*
5. *At least every day.*
6. *Client doesn't know.*
7. *Client refused.*
8. *Data not collected.*

C2 Moving On Assistance Provided.

Rationale: To document the type of moving on assistance provided.
Data Source: Recorded by project staff.
When Data are Collected: Occurrence Point.
Subjects: Head of household.

C2.1 Date of Moving On Assistance.
Required Response Categories:
1. *MM/DD/YYYY.*

C2.2 Moving On Assistance.
Required Response Categories:
1. *Subsidized housing application assistance.*
2. *Financial assistance for Moving On (e.g., security deposit, moving expenses).*
3. *Non-financial assistance for Moving On (e.g., housing navigation, transition support).*
4. *Housing referral/placement.*
5. *Other (please specify).*

C3 Youth Education Status.

Rationale: To document the education status of minors.
Data Source: Recorded by project staff.
When Data are Collected: Project Start, Project Exit.
Subjects: Head of household.

C3.1 Information Date.
Required Response Categories:
1. *MM/DD/YYYY.*

C3.2 Current School Enrollment and Attendance.
Required Response Categories:
1. *Not currently enrolled in any school or educational course.*
2. *Currently enrolled but NOT attending regularly (when school or the course is in session).*
3. *Currently enrolled and attending regularly (when school or the course is in session).*
4. *Client doesn't know.*
5. *Client refused.*
6. *Data not collected.*

C3.3 Most Recent Educational Status.
Required Response Categories:
1. *K12: Graduated from high school.*
2. *K12: Obtained GED.*
3. *K12: Dropped out.*
4. *K12: Suspended.*
5. *K12: Expelled.*
6. *Higher education: Pursuing a credential but not currently attending.*
7. *Higher education: Dropped out.*
8. *Higher education: Obtained a credential/degree.*
9. *Client doesn't know.*
10. *Client refused.*
11. *Data not collected.*

C3.4 Current Educational Status.
Required Response Categories:
1. *Pursuing a high school diploma or GED.*
2. *Pursuing Associate's Degree.*
3. *Pursuing Bachelor's Degree.*
4. *Pursuing Graduate Degree.*
5. *Pursuing other post-secondary credential.*
6. *Client doesn't know.*
7. *Client refused.*
8. *Data not collected.*

HOPWA Required Data Elements *- Equitas Health Only*

W1 Services Provided – HOPWA
Rationale: To define and collect HOPWA funded services provided.
Data Source: Recorded by project staff.
When Data are Collected: Occurrence Point.
Subjects: Head of household and adults.

W1.1 Date of Service.
Required Response Categories:
1. *MM/DD/YYYY*

W1.2 Type of Service.
Required Response Categories:
1. Adult Day Care and Personal Assistance.
2. Case Management.
3. Child Care.
4. Criminal Justice/Legal Services.
5. Education.
6. Employment and Training Services.
7. Food/Meals/Nutritional Services.
8. Health/Medical Care.
9. Life Skills Training.
10. Mental Health Care/Counseling.
11. Outreach and/or Engagement.
12. Substance Abuse Services/Treatment.
13. Transportation.
14. Other HOPWA Funded Service.

W2 Financial Assistance – HOPWA
Rationale: To determine the type of financial assistance (including rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel and hotel vouchers) and amount provided during project participation.
Data Source: Recorded by project staff.
When Data are Collected: When financial assistance is provided as a one-time transaction and at least once every three months for participants receiving medium-term rental assistance.
Subjects: All Clients.
Definition and Instructions: Record financial assistance that is provided to a third party for the benefit of project clients. In separate fields record the following financial assistance information: start date for financial assistance, end date of financial assistance, type of financial assistance, and amount of financial assistance. Financial Assistance Provided data should be collected for each member of the household benefiting from financial assistance.

W2.1 Date of Financial Assistance.
Required Response Categories:
1. *MM/DD/YYYY*

W2.2 Financial Assistance Type.
Required Response Categories:
1. *Rental Assistance (Collect for PHP and STRMU and PH-TBRA).*
2. *Security Deposit (Collect for PHP).*
3. *Utility Deposit (Collect for PHP).*
4. *Utility Payments (Collect for PHP and STRMU).*
5. *Mortgage Assistance (Collect for STRMU).*

W2.3 Financial Assistance Amount.
Required Response Categories:
1. Assistance Amount: *$_____.00*

W3 Medical Assistance – HOPWA
Rationale: To determine the type of medical assistance provided during project participation.
Data Source: Recorded by project staff.
When Data are Collected: When medical assistance is provided.
Subjects: All household members with HIV/AIDS.

W3.1 Information Date.
Required Response Categories:
1. *Information Date. MM/DD/YYY*

W3.2 Receiving Public HIV/AIDS Medical Assistance.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

W3.3 If No for "Receiving Public HIV/AIDS Medical Assistance," Reason.
Required Response Categories:
1. *Applied; decision pending.*
2. *Applied; client not eligible.*
3. *Client did not apply.*
4. *Insurance Type N/A for this Client.*
5. *Client Doesn't Know*
6. *Client Refused.*
7. *Data Not Collected.*

W3.4 Receiving AIDS Drug Assistance Program (ADAP).
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

W3.5 If No for "Receiving AIDS Drug Assistance Program (ADAP)," Reason.
Required Response Categories:
1. *Applied; decision pending.*
2. *Applied; client not eligible.*
3. *Client did not apply.*
4. *Insurance Type N/A for this Client.*
5. *Client Doesn't Know*
6. *Client Refused.*
7. *Data Not Collected.*

W3.6 Receiving Ryan White-funded Medical or Dental Assistance.
Required Response Categories:
1. *No.*
2. *Yes.*
5. *Client Doesn't Know.*
6. *Client Refused.*
6. *Data Not Collected.*

W3.7 If No for "Receiving Ryan White-funded Medical or Dental Assistance," Reason.
Required Response Categories:
1. *Applied; decision pending.*
2. *Applied; client not eligible.*
3. *Client did not apply.*
4. *Insurance Type N/A for this Client.*
7. *Client Doesn't Know*
8. *Client Refused.*
8. *Data Not Collected.*

W4 T-Cell (CD4) and Viral Load.
Rationale: To collect T-cell and viral load information if available.
Data Source: Recorded by project staff.
When Data are Collected: Project Start, Update, Annual Assessment, Project Exit.
Subjects: Only clients funded in a HOPWA project presenting with HIV/AIDS.

W4.1 T-Cell (CD4) Count Available.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

W4.2 If Yes, then T-Cell Count.
Required Response Categories:
1. *Integer between 0-1500*

W4.3 How was the Information Obtained.
Required Response Categories:
1. *Medical Report.*
2. *Client Report.*
3. *Other.*

W4.4 Viral Load Information Available.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

W4.5 If Yes, then Viral Load Count.
Required Response Categories:
1. *Integer between 0-999999*

W4.6 How was the Information Obtained?
Required Response Categories:
1. *Medical Report.*
2. *Client Report.*
3. *Other.*

W5 Housing Assessment at Exit

Rationale: To identify whether clients exiting prevention projects have remained stably housed.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: All Clients.
Definition and Instructions: Determine the response value that best describes the client's housing circumstances from project start to project exit.

W5.1 Housing Assessment at Exit.
Required Response Categories:
1. *Able to Maintain the Housing They Had at Project start.*
2. *Moved to a New Housing Unit.*
3. *Moved in with Family/Friends on a Temporary Basis.*
4. *Moved in with Family/Friends on a Permanent Basis.*
5. *Moved to a Transitional or Temporary Housing Facility or Program.*
6. *Client Became Homeless – Moving to a Shelter or Other Place Unfit for Human Habitation.*
7. *Client Went to Jail/Prison.*
8. *Client Doesn't Know.*
9. *Client Refused.*
10. *Client Died.*
11. *Data Not Collected.*

W5.2 Subsidy Information (If "Able to maintain the housing they had at Project start")
Required Response Categories:
1. *Without a Subsidy.*
2. *With the Subsidy They had at Project start.*
3. *With an Ongoing Subsidy Acquired Since Project start.*
4. *Only With Financial Assistance Other Than a Subsidy.*

W5.3 Subsidy Information (If "Moved to New Housing Unit")
Required Response Categories:
1. *With ongoing Subsidy.*
2. *Without an ongoing Subsidy*

W6 Prescribed Anti-Retroviral.
Rationale: To collect information about client's anti-retroviral medications.
Data Source: Recorded by project staff.
When Data are Collected: At project start, update, project exit.
Subjects: All household members with HIV/AIDS.
Definition and Instructions: Pick the response value that defines the client's medication information.

W6.1 Information Date.
Required Response Categories:
1. *MM/DD/YYY.*

W6.2 Has the Participant Been Prescribed Anti-Retroviral Drugs?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused*
5. *Data Not Collected.*

PATH Required Data Elements *- Southeast PATH Only*

P1 Services Provided – PATH Funded.
Rationale: To define and collect PATH funded services provided.
Data Source: Recorded by project staff.
When Data are Collected: Occurrence Point.
Subjects: Head of household and adults.

> *P1.1 Date of Service.*
> Required Response Categories:
> > 1. MM/DD/YYYY

> *P1.2 Type of PATH-Funded Service Provided.*
> Required Response Categories:
> > 1. *Re-engagement.*
> > 2. *Screening.*
> > 3. *Habilitation/Rehabilitation.*
> > 4. *Community Mental Health.*
> > 5. *Substance Use Treatment.*
> > 6. *Case Management.*
> > 7. *Residential Supportive Services.*
> > 8. *Housing – Minor Renovation.*
> > 9. *Housing – Moving Assistance.*
> > 10. *Housing – Eligibility Determination.*
> > 11. *Security Deposits.*
> > 12. *One-time Rent for Eviction Prevention.*
> > 14. *Clinical Assessment.*

P2 Referrals Provided – PATH.
Rationale: To track referrals made by one project to another service or organization and determine the adequacy and success of referrals.
Data Source: Recorded by project staff.
When Data are Collected: At the time a referral is made.
Subjects: All Head of Households and Adults (18 or older)
Required Response Categories: Referrals provided are those that the project provides directly for the benefit of project clients. In separate fields record the following information: referral date and type of referral(s) provided. The data in this element are transactional data; each time there is a referral a record of the referral must be recorded. Multiple types of the same referral may be made over the course of project enrollment. Each referral should have its own outcome response.

> *P2.1 Date of Referral.*
> Required Response Categories:
> > 1. MM/DD/YYYY

P2.2 Referral Type.
Required Response Categories:
1. *Community Mental Health.*
2. *Substance Use Treatment.*
3. *Primary Health/Dental Care.*
4. *Job Training.*
5. *Educational Services.*
6. *Housing Services.*
7. *Permanent Housing.*
8. *Income Assistance.*
9. *Employment Assistance.*
10. *Medical Insurance.*
11. *Temporary Housing*

P2.3 Select Outcome.
Required Response Categories:
1. *Attained.*
2. *Not Attained.*
3. *Unknown.*

P3 PATH Status.

Rationale: To determine the enrollment status for each PATH client in order to count the number of enrolled clients.
Data Source: Recorded by project staff.
When Data are Collected: Update. Collect once at or before exit when enrollment status is determined.
Subjects: Head of household and adults.
Definition and Instructions: A PATH enrollment occurs at the point when a client has formally consented to participate in services provided by the PATH project. PATH projects must report on the number of clients enrolled during each operating year. The date of enrollment may be on or after the project start date and on or after the date of engagement.

Only one PATH status date and response is allowed for each project stay. If a client returns to the project at a later date the previously entered data does not apply and a new response must be entered based on this new project start and project exit date service period.

P3.1 Date of Status Determination.
Required Response Categories:
1. *MM/DD/YYYY*

P3.2 Client Became Enrolled in PATH.
Required Response Categories:
1. *No.*
2. *Yes.*

P3.3 If "No" for Status, Reason Not Enrolled.
Required Response Categories:
1. *Client was found ineligible for PATH.*
2. *Client was not enrolled for other reason(s).*
3. *Unable to locate client.*

P4 Connection with SOAR.
Rationale: To identify persons who are connected to the SSI/SSDI Outreach, Access & Recovery program.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Head of household and adults.
Definition and Instructions: Indicate whether the client has been connected to SOAR.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

RHY Required Data Elements *– Huckleberry House Youth projects, all YHDP projects, and Transition Age Youth in RRH, PSH, TH and Prevention*

R1 Referral Source.
Rationale: To identify the source of referral for incoming clients.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Youth age 18-24.
Definition and Instructions: Choose one response category to indicate the individual or organization through which the client was advised about, sent, or directed to your project.
Required Response Categories:
1. Self-Referral.
2. *Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual.*
3. *Outreach Project.*
4. *Temporary Shelter.*
5. *Residential Project.*
6. *Hotline.*
7. *Child Welfare/CPS.*
8. *Juvenile Justice.*
9. *Law Enforcement/Police.*
10. *Mental Hospital.*
11. *School.*
12. *Other Organization.*
13. *Client Doesn't Know.*
14. *Client Refused.*
15. *Data Not Collected*

R2 RHY – BCP Status.

Rationale: To determine the number of homeless persons eligible for FYSB in RHY BCP-funded emergency shelter projects.
Data Source: Recorded by project staff.
When Data are Collected: In the course of client assessment for purposes of determining eligibility.
Subjects: All RHY clients.
Definition and Instructions: The RHY-BCP status occurs at the point which eligibility for FYSB has been determined. The RHY-BCP status date may be on or after the project start date.

R2.1 Date of Status Determination.
Required Response Categories:
1. *MM/DD/YYYY*

R2.2 Youth Eligible for RHY Services.
Required Response Categories:
1. *No.*
2. *Yes.*

R2.3 If "No" for Status, Reason Why Services Are Not Funded by BCP Grant.
Required Response Categories:
1. *Out of Age Range.*
2. *Ward of the State – Immediate Reunification*
3. *Ward of the Criminal Justice System – Immediate Reunification.*
4. *Other.*

R2.4 If "Yes" for Status, Runaway Youth.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R3 Sexual Orientation.

Rationale: To identify the sexual orientation of transitional age youth served in the system.
Data Source: Self-reported and recorded by project staff.
When Data are Collected: At project start.
Subjects: Youth age 18-24
Definition and Instructions: Choose one response category indicating how the client describes their sexual orientation. Any questions regarding a client's sexual orientation must be voluntary and clients must be informed prior to responding of the voluntary nature of the question and that their refusal to respond will not result in a denial of services.
Required Response Categories:
1. *Heterosexual.*
2. *Gay.*
3. *Lesbian.*
4. *Bisexual.*
5. *Questioning/Unsure.*
6. *Other.*
7. *Client Doesn't Know.*
8. *Client Refused.*
9. *Data Not Collected.*

R4 Last Grade Completed.

Rationale: To identify the educational attainment.
Data Source: Self-reported and recorded by project staff.
When Data are Collected: At project start.
Subjects: Head of household and Youth age 18-24.
Definition and Instructions: Choose one response category describing the last grade level completed by the client.
Required Response Categories:
1. *Less Than Grade 5.*
2. *Grades 5 - 6.*
3. *Grades 7 - 8.*
4. *Grades 9 - 11.*
5. *Grade 12/High School Diploma.*
6. *School Program Does Not Have Grade Levels.*
7. *GED.*
8. *Some College.*
9. *Associate's Degree.*
10. *Bachelor's Degree.*
11. *Graduate Degree.*
12. *Vocational Certification.*
13. *Client Doesn't Know.*
14. *Client Refused.*
15. *Data Not Collected.*

R5 School Status.

Rationale: To identify the educational status.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Head of household and Youth age 18-24.
Definition and Instructions: Choose one response category describing the client's school status. If the client is currently in school and school is not in session at the time of the client's project start, this question pertains to the school year just completed.
Required Response Categories:
1. *Attending School Regularly.*
2. *Attending School Irregularly.*
3. *Graduated From High School.*
4. *Obtained GED.*
5. *Dropped Out.*
6. *Suspended.*
7. *Expelled.*
8. *Client Doesn't Know.*
9. *Client Refused.*
10. *Data Not Collected.*

R6 Employment Status.

Rationale: To assess client's employment status and need for employment services.
Data Source: Client interview.
When Data Are Collected: At project start and project exit.
Subjects: Head of household and Youth age 18-24.
Definition and Instructions: Enter the date that the information was collected from the client or to which the information is relevant. For example, if information is collected several days after project start, it may be entered using an *Information date* that is the same as the entry date as long as the information accurately reflects the client's income as of the entry date. Select the response category that most accurately reflects the client's employment status.

R6.1 Employed?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R6.2 Average Number of Hours Worked Per Week.
Required Response Categories:
1. *Unconstrained text field.*

R6.3 *Type of Employment (if "Yes" for Employed?).*
Required Response Categories:
1. *Full-time.*
2. *Part-time.*
3. *Seasonal/sporadic (including day labor). Youth is employed occasionally, with periods of unemployment. This includes summer or holiday-specific employment.*

R6.4 *Why Not Employed (if "No" for Employed?).*
Required Response Categories:
1. *Looking For Work. Youth is not employed and is actively looking for work.*
2. *Unable to Work. Youth is not employed because he or she is unable to work due to a physical disability, a developmental disability, or an illness.*
3. *Not Looking For Work. Youth is not employed and is not looking for employment.*

R7 General Health Status.

Rationale: Information on general health status is a first step to identifying what types of health services a client may need. This element permits comparison between homeless youth to other youth their age.
Data Source: Self-reported and recorded by project staff.
When Data are Collected: At project start and project exit.
Subjects: Youth age 18-24.
Definition and Instructions: Ask the youth to select one of the response options and record the option selected by the youth.
Required Response Categories:
1. *Excellent.*
2. *Very Good.*
3. *Good.*
4. *Fair.*
5. *Poor.*
6. *Client Doesn't Know.*
7. *Client Refused.*
8. *Data Not Collected.*

R8 Dental Health Status.

Rationale: To assess client's dental health status. This element permits comparison between homeless youth to other youth their age.
Data Source: Self-reported and recorded by project staff.
When Data are Collected: At project start and project exit.
Subjects: Youth age 18-24.
Definition and Instructions: Ask the youth to select one of the response options.
Required Response Categories:
1. *Excellent.*
2. *Very Good.*
3. *Good.*
4. *Fair.*
5. *Poor.*
6. *Client Doesn't Know.*
7. *Client Refused.*
8. *Data Not Collected.*

R9 Mental Health Status.

Rationale: To assess client's mental health status at exit. This element permits comparison between homeless youth to other youth their age.
Data Source: Self-reported and recorded by project staff.
When Data are Collected: At project start and project exit.
Subjects: Youth age 18-24.
Definition and Instructions: Ask the youth to select one of the response options and record the option selected by the youth.
Required Response Categories:
1. *Excellent.*
2. *Very Good.*
3. *Good.*
4. *Fair.*
5. *Poor.*
6. *Client Doesn't Know.*
7. *Client Refused.*
8. *Data Not Collected.*

R9.2 Substance Use Status.

Rationale: To assess client's substance use frequency at exit. This element permits comparison between homeless youth to other youth their age.
Data Source: Self-reported and recorded by project staff.
When Data are Collected: At project start and project exit.
Subjects: Youth age 18-24.
Definition and Instructions: Ask the youth to select one of the response options and record the option selected by the youth.
Required Response Categories:
1. *No use within last 6 months.*
2. *Single use within last 6 months.*
3. *Persistent use within last 6 months.*
4. *Dependence.*
5. *Severe Use/dependence.*
6. *Client Doesn't Know.*
7. *Client Refused.*
8. *Data Not Collected.*

R10 Pregnancy Status.

Rationale: To determine the number of pregnant clients entering continuum projects and to determine eligibility for benefits and need for services.
Data Source: Recorded by project staff.
When Data are Collected: At project start and update.
Subjects: Head of Household and Adults.
Definition and Instructions: In separate fields, indicate if a client is pregnant and, if so, the due date. If exact date is unknown, projects are encouraged to record as much of the date as known.

R10.1 Pregnancy Status.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R10.2 If "Yes", Due Date.
Required Response Categories:
1. *MM/DD/YYYY.*

R11 Formerly a Ward of Child Welfare/Foster Care Agency.

Rationale: To identify clients with child welfare or foster care histories.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Youth age 18-24.
Definition and Instructions: Choose one response category to indicate whether the client was formerly the responsibility of the child welfare or foster care agency.

R11.1 Formerly a Ward of Child Welfare/Foster Care Agency.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R11.2 If "Yes", Number of Years.
Required Response Categories:
1. *Less Than One Year.*
2. *1 to 2 Years.*
3. *3 to 5 or More Years.*

R11.3 If Less Than a Year, How Many Months.
Required Response Categories:
1. *Integer between 1-11*

R12 Formerly a Ward of Juvenile Justice System.

Rationale: To identify clients with juvenile justice histories.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Youth age 18-24.
Definition and Instructions: Choose one response category to indicate whether the client was formerly the responsibility of the juvenile justice system.

R12.1 Formerly a Ward of Juvenile Justice System.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R12.2 If "Yes", Number of Years.
Required Response Categories:
1. *Less Than One Year.*
2. *1 to 2 Years.*
3. *3 to 5 or More Years.*

R12.3 If Less Than a Year, How Many Months.
Required Response Categories:
1. *Integer between 1-11.*

R13 Family Critical Issues.

Rationale: To identify issues faced by youth in RHY programs.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Head of household and youth age 18 or older in RHY projects.
Definition and Instructions: Choose appropriate response categories to identify the young person's critical issues, as identified by staff and the young person.

R13.1 Unemployment – Family Member.
Required Response Categories:
1. *No.*
2. *Yes.*

R13.2 Mental Health Disorder – Family Member.
Required Response Categories:
1. *No.*
2. *Yes.*

R13.3 Physical Disability – Family Member.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*

R13.4 Alcohol or Substance Use Disorder – Family Member.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*

R13.5 Insufficient Income to Support Youth – Family Member.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*

R13.6 Incarcerated Parent of Youth.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*

R14 RHY Service Connections.
<u>Rationale:</u> To identify service connections for youth in RHY programs.
<u>Data Source:</u> Recorded by project staff.
<u>When Data are Collected:</u> At first service.
<u>Subjects:</u> Head of household and youth age 18 or older in RHY projects.
<u>Definition and Instructions:</u> Data is collected once per service at the time of the first provision of service. If service benefits entire household, it may be recorded solely for the Head of Household.
<u>Required Response Categories:</u>
1. Community Service/Service Learning (CSL)
2. Education
3. Employment and/or Training Services
4. Criminal Justice/Legal Services
5. Life Skills Training
6. Parenting Education for Youth with Children
7. Post-Natal Care for Mother
8. Pre-Natal Care
9. Health/Medical Care
10. Substance Use Disorder Treatment
11. Substance User Disorder Ed/Prevention Services
12. Home-based Services
13. Post-Natal Newborn Care (Wellness Exams; Immunizations)
14. STD Testing
15. Street-based Services

R15 Commercial Sexual Exploitation/Sex Trafficking.
<u>Rationale:</u> To assess the extent of sexual exploitation among homeless youth.
<u>Data Source:</u> Recorded by project staff.
<u>When Data are Collected:</u> At project exit.
<u>Subjects:</u> Youth age 18-24.
<u>Definition and Instructions</u>: Indicate if the client has been commercially exploited for sex prior to entering the project. If so, indicate the number of times and whether the client was asked or made to do so.

> ### *R15.1 Ever Received Anything in Exchange for Sex (e.g. money, food, drugs, shelter).*
> <u>Required Response Categories:</u>
>   1. *No.*
>   2. *Yes.*
>   3. *Client Doesn't Know.*
>   4. *Client Refused.*
>   5. *Data Not Collected.*
>
> ### *R15.2 In the Last Three Months* (If "Yes" for "Ever Received Anything in Exchange for Sex").
> <u>Required Response Categories:</u>
>   1. *No.*
>   2. *Yes.*
>   3. *Client Doesn't Know.*
>   4. *Client Refused.*
>   5. Data Not Collected.
>
> ### *R15.3 How Many Times?* (If "Yes" for "Ever Received Anything in Exchange for Sex").
> <u>Required Response Categories:</u>
>   1. *1 - 3.*
>   2. *4 - 7.*
>   3. *8 – 11.*
>   4. *12 or More.*
>   5. *Client Doesn't Know.*
>   6. *Client Refused.*
>   7. Data Not Collected.
>
> ### *R15.4 Ever Made/Persuaded/Force to Have Sex in Exchange for Something?* (If "Yes" for "Ever Received Anything in Exchange for Sex").
> <u>Required Response Categories:</u>
>   1. *No.*
>   2. *Yes.*
>   3. *Client Doesn't Know.*
>   4. *Client Refused.*
>   5. *Data Not Collected.*

R16 Labor Exploitation/Trafficking.
Rationale: To assess the extent of labor exploitation among homeless youth.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Youth age 18-24.
Definition and Instructions: Indicate if the client has been commercially exploited for labor prior to project start. If so, indicate the number of times and if the client was asked or made to do so.

R16.1 Ever Afraid to Quit/Leave Work Due to Threats of Violence to Yourself, Family, or Friends?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R16.2 Ever Promised Work Where Work or Payment was Different Than You Expected?
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R16.3 Felt Forced, Coerced, Pressured or Tricked into Continuing the Job? (If "Yes" for Either "Workplace Violence Threats" OR "Workplace Promise Difference").
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R16.4 In the Last 3 Months? (If "Yes" for Either "Workplace Violence Threats" OR "Workplace Promise Difference").
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R17 Project Completion Status.

Rationale: To identify whether the youth completed the project or exited without completion.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Head of household and youth age 18 or older in RHY projects.
Definition and Instructions: *:* Choose one response category that describes the youth's project completion status. If the youth left early, was expelled or was otherwise involuntarily discharged from the project, choose the primary reason for leaving.

R17.1 Project Completion Status.
Required Response Categories:
1. *Completed Project.*
2. *Youth Voluntarily Left Early.*
3. *Youth Was Expelled or Otherwise Involuntarily Discharged From Project.*

R17.2 Primary Reason *(*If "Youth Was Expelled or Otherwise Involuntarily Discharged From Project" for "Project Completion Status")
Required Response Categories:
1. *Criminal Activity/Destruction of Property/Violence.*
2. *Non-compliance with Project Rules.*
3. *Non-payment of Rent/Occupancy Charge.*
4. *Reached Maximum Time Allowed by Project.*
5. *Project Terminated.*
6. *Unknown/Disappeared.*

R18 Counseling.

Rationale: To identify whether the youth counseling during project participation.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Head of household and youth age 18 or older in RHY projects.
Definition and Instructions*:* Choose one response category that describes the youth's counseling situation during project participation.

R18.1 Counseling Received by Client.
Required Response Categories:
1. *Completed Project.*
2. *Yes.*

R18.2 If Yes, Identify the Type(s) of Counseling Received.
Required Response Categories:
1. *Individual.*
2. *Family.*
3. *Group – Including Peer Counseling.*

R18.3 If Yes, Identify the Number of Sessions Received by Exit.
Required Response Categories:
1. *Integers (1 – 48+).*

R18.4 Total Number of Sessions Planned in Youth's Treatment or Service Plan.
Required Response Categories:
1. *Integers (1 – 48+).*

R18.5 A Plan is in Place to Start or Continue Counseling After Exit.
Required Response Categories:
1. *No.*
2. *Yes.*

R19 Safe and Appropriate Exit.
Rationale: To identify whether the youth is exiting to a safe situation.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Youth age 18-24.
Definition and Instructions*:* Choose one response category that describes the youth's exit situation.

R19.1 Exit Destination Safe – As Determined by the Client.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R19.2 Exit Destination Safe – As Determined by the Project/Caseworker.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Worker Does Not Know.*

R19.3 Client Has Permanent Positive Adult Connections Outside of Project.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Worker Does Not Know.*

R19.4 Client Has Permanent Positive Peer Connections Outside of Project.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Worker Does Not Know.*

R19.5 Client Has Permanent Positive Community Connections Outside of Project.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Worker Does Not Know.*

R20 Aftercare Plans.

Rationale: To identify the extent of aftercare plans and actions which were afforded to RHY clients.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Head of household and youth age 18 or older in RHY projects.
Definition and Instructions: *:* Record a response for all plans and actions listed.

R20.1 Aftercare Was Provided.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Refused.*

R20.2 If Yes, Identify the Primary Way it Was Provided.
Required Response Categories:
1. *Via Email/Social Media.*
2. *Via Telephone.*
3. *In Person: One-on-One.*
4. *In Person: Group.*

R21 Education Goals.

Rationale: To identify whether education goals set for RHY clients are met at project exit.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Youth age 18-24.
Definition and Instructions: *:* Record a response for all plans and actions listed.
Required Response Categories:
1. *Met.*
2. *Not Met.*
3. *Partially Met.*
4. *Client Doesn't Know.*
5. *Client Refused.*
6. *Data Not Collected.*

R22 Employment Goals.
Rationale: To identify whether employment goals set for RHY clients are met at project exit.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: Youth age 18-24.
Definition and Instructions: *: Record a response for all plans and actions listed.
Required Response Categories:
1. *Met.*
2. *Not Met.*
3. *Partially Met.*
4. *Client Doesn't Know.*
5. *Client Refused.*
6. *Data Not Collected.*

VA Required Data Elements *– SSVF, VAEH and GPD Projects*

V1 Veteran's Information.
Rationale: To collect a detailed profile of veterans experiencing homelessness and to help identify clients who may be eligible for VA projects and benefits.
Data Source: Recorded by project staff.
When Data are Collected: At client record creation or at the first project start entered by a project collecting this data element.
Subjects: All Veterans.
Definition and Instructions: In separate fields, record the years in which the client entered / separated from military service, experience in theatres of operations, branch of service, and discharge status. For veterans who served in more than one branch of the military, select the branch in which the veteran spent the most time. In the event that a client's discharge status is upgraded during enrollment, the record should be edited to reflect the change.

V1.1 Year Entered Military Service (year).
Required Response Categories:
1. *YYYY*

V1.2 Year Separated from Military Service (year).
Required Response Categories:
1. *YYYY*

V1.3 Theatre of Operations: World War II.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.4 Theatre of Operations: Korean War.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.5 Theatre of Operations: Vietnam War.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.6 Theatre of Operations: Persian Gulf War (Operation Desert Storm).
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.7 Theatre of Operations: Afghanistan (Operation Enduring Freedom).
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.8 Theatre of Operations: Iraq (Operation Iraqi Freedom).
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.9 Theatre of Operations: Iraq (Operation New Dawn).
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V1.10 Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo).
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

V.11 Branch of the Military.
Required Response Categories:
1. *Army.*
2. *Air Force.*
3. *Navy.*
4. *Marines.*
5. *Coast Guard.*
6. *Client Doesn't Know.*
7. *Client Refused.*
8. *Data Not Collected.*

V1.12 Discharge Status.
Required Response Categories:
1. *Honorable.*
2. *General, under honorable conditions.*
3. *Under other than honorable conditions (OTH).*
4. *Bad Conduct.*
5. *Dishonorable.*
6. *Uncharacterized.*
7. *Client Doesn't Know.*
8. *Client Refused.*
10. *Data Not Collected.*

V2 Services Provided – SSVF.
Rationale: To define and collect VA funded services provided.
Data Source: Recorded by project staff.
When Data are Collected: Occurrence Point.
Subjects: Head of household and adults.
Required Response Categories:

V2.1 Date of Service.
Required Response Categories:
1. *MM/DD/YYYY*

V2.2 Type of Service.
Required Response Categories:
1. *Outreach services.*
2. *Case Management Services.*
3. *Assistance Obtaining VA Benefits.*
4. *Assistance Obtaining/Coordinating Other Public Benefits.*
5. *Direct Provision of Other Public Benefits.*
6. *Extended Shallow Subsidy.*
7. *Returning Home.*
8. *Rapid Resolution.*
9. *Other (non-TFA) Supportive Service Approved by VA.*

V2.3 Indicate type if provided "Assistance obtaining VA benefits".
Required Response Categories:
1. *VA Vocational and Rehabilitation Counseling.*
2. *Employment and Training Services.*
3. *Educational Assistance.*
4. *Health Care Services.*

V2.4 Indicate type if provided "Assistance obtaining/coordinating other public benefits".
Required Response Categories:
1. *Health Care Services.*
2. *Daily Living Services.*
3. *Personal Financial Planning Services.*
4. *Transportation Services.*
5. *Income Support Services.*
6. *Fiduciary and Representative Payee Services.*
7. *Legal Services – Child Support.*
8. *Legal Services – Eviction Prevention.*
9. *Legal Services – Outstanding Fines and Penalties.*
10. *Legal Services – Restore/Acquire Driver's License.*
11. *Legal Services – Other.*
12. *Child Care.*
13. *Housing Counseling.*

V2.5 Indicate type if provided "Direct provision of other public benefits".
Required Response Categories:
1. *Personal Financial Planning Services.*
2. *Transportation Services.*
3. *Income Support Services.*
4. *Fiduciary and Representative Payee Services.*
5. *Legal Services – Child Support.*
6. *Legal Services – Eviction Prevention.*
7. *Legal Services – Outstanding Fines and Penalties.*
8. *Legal Services – Restore/Acquire Driver's License.*
9. *Legal Services – Other.*
10. *Child Care.*
11. *Housing Counseling.*

> V2.6 *Indicate type if provided "Other (Non-TFA) Supportive Services Approved by VA".*
> Required Response Categories:
> 1. *Type. Text Box.*

V3 Financial Assistance – SSVF

Rationale: To determine the type of financial assistance (including rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel and hotel vouchers) and amount provided during project participation.
Data Source: Recorded by project staff.
When Data are Collected: When financial assistance is provided as a one-time transaction and at least once every three months for participants receiving medium-term rental assistance.
Subjects: All Clients.
Definition and Instructions: Record financial assistance that is provided to a third party for the benefit of project clients. In separate fields record the following financial assistance information: start date for financial assistance, end date of financial assistance, type of financial assistance, and amount of financial assistance. Financial Assistance Provided data should be collected for each member of the household benefiting from financial assistance.
Required Response Categories:

> V3.1 *Date of Financial Assistance.*
> Required Response Categories:
> 1. *MM/DD/YYYY*

> V3.2 *Financial Assistance Amount.*
> Required Response Categories:
> 1. Assistance Amount: *$_____.00*

> V3.3 *Financial Assistance Type.*
> Required Response Categories:
> 1. *Rental Assistance.*
> 2. *Security Deposit.*
> 3. *Utility Deposit.*
> 4. *Utility Fee Payment Assistance.*
> 5. *Moving Costs.*
> 8. *Transportation Services: Tokens/Vouchers.*
> 9. *Transportation Services: Vehicle Repair/Maintenance.*
> 10. *Child Care.*
> 12. *General Housing Stability Assistance.*
> 14. *Emergency Housing Assistance.*
> 15. *Extended Shallow Subsidy – Rental Assistance.*
> 16. Food Assistance.

V4 Percent of AMI (SSVF Eligibility).

Rationale: To document eligibility for SSVF programs.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: All households.
Definition and Instructions: Indicate household income as a percentage of area median income (AMI), as published annually by HUD (http://www.huduser.org).
Required Response Categories:
1. *Less than 30%.*
2. *30% to 50%.*
3. *Greater than 50%.*

V6 VAMC Station Number.

Rationale: To record the VA medical center for persons experiencing homelessness or persons at-risk of homelessness.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Head of household and Adults.
Definition and Instructions: Select the valid 8 digit alphanumerical VAMC code from the drop down list.
Required Response Categories:
1. *Drop down list*

V7 SSVF HP Targeting Criteria.

Rationale: To record the results of SSVF Homelessness Prevention Stage 2 Targeting Criteria Screening.
Data Source: Recorded by project staff.
When Data are Collected: At project start.
Subjects: Head of household and Adults.
Definition and Instructions: Answer the following questions to determine HP eligibility.

V7.1 Housing Loss Expected Within...
Required Response Categories:
1. *0-6 days.*
2. *7-13 days.*
3. *14-21 days.*
4. *More than 21 days.*

V7.2 Current Household Income.
Required Response Categories:
1. *$0 (i.e., not employed, not receiving cash benefits, no other current income).*
2. *1-14% of Area Median Income (AMI) for household size.*
3. *15-30% of AMI for household size.*
4. *More than 30% of AMI for household size.*

V7.3 History of literal homelessness (Street/shelter/transitional housing).
Required Response Categories:
1. *Most recent episode occurred within the last year.*
2. *Most recent episode occurred more than one year ago.*
3. *None.*

V7.4 Head of Household is not a current leaseholder.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.5 Head of Household never been a leaseholder.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.6 Currently at Risk of Losing a Tenant-Based Housing Subsidy or Housing in a Subsidized Building or Unit.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.7 Rental Evictions Within the Past 7 Years.
Required Response Categories:
1. *No Prior Rental Evictions.*
2. *1 Prior Rental Eviction.*
3. *2 or more Prior Rental Evictions.*

V7.8 Criminal Record for Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.9 Incarcerated as adult (any adult in household).
Required Response Categories:
1. *Not incarcerated.*
2. *Incarcerated once.*
3. *Incarcerated two or more times.*

V7.10 Discharged from jail or prison within last six months after incarceration of 90 days or more (adults).
Required Response Categories:
1. *No.*
2. *Yes.*

V7.11 Registered Sex Offender.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.12 Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.13 Currently pregnant (any household member).
Required Response Categories:
1. *No.*
2. *Yes.*

V7.14 Single Parent of Minor Child(ren).
Required Response Categories:
1. *No.*
2. *Yes.*

V7.15 Household includes one or more young children (age six or under), or a child who requires significant care.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.16 Household Size of 5 or More Requiring at Least 3 Bedrooms (Due to Age/Gender Mix).
Required Response Categories:
1. *No.*
2. *Yes.*

V7.17 Household includes one or more members of an overrepresented population in the homeless system when compared to the general population.
Required Response Categories:
1. *No.*
2. *Yes.*

V7.18 HP Applicant Total Points.
Required Response Categories:
1. *Integer.*

V7.19 Grantee Targeting Threshold Score.
Required Response Categories:
1. *Integer.*

V8 HUD-VASH Voucher Tracking.
Rationale: To record the status of HUD-VASH vouchers.
Data Source: Recorded by project staff.
When Data are Collected: Occurrence point/update.
Subjects: Head of household/Veteran.
Definition and Instructions: Indicate the voucher status and change date.

V8.1 Information Date.
Required Response Categories:
1. *Date Field.*

V8.2 Voucher Change.
Required Response Categories:
1. *Referral Pack Forwarded to PHA.*
2. *Voucher Denied by PHA.*
3. *Voucher Issued by PHA.*
4. *Voucher Revoked or Expired.*
5. *Voucher in Use – Veteran Moved into Housing.*
6. *Voucher was Ported Locally.*
7. *Voucher was Administratively Absorbed by New PHA.*
8. *Voucher was Converted to Housing Choice Voucher.*
9. *Veteran Exited – Voucher was Returned.*
10. *Veteran Exited – Family Maintained Voucher.*
11. *Veteran Exited – Prior to Ever Receiving a Voucher.*
12. *Other.*

V9 HUD-VASH Exit Information.
Rationale: To record the reason for a client's exit from case management.
Data Source: Recorded by project staff.
When Data are Collected: At Project Exit
Subjects: Head of household/Veteran.
Definition and Instructions: From the drop-down list select the client's reason for project exit.
Required Response Categories:
1. *Accomplished Goals and/or Obtained Services and No Longer Needs CM.*
2. *Transferred to Another HUD-VASH Program Site.*
3. *Found/Chose Other Housing.*
4. *Did Not Comply with HUD-VASH CM.*
5. *Eviction and/or Other Housing Related Issues.*
6. *Unhappy with HUD-VASH Housing.*
7. *No Longer Financially Eligible for HUD-VASH Voucher.*
8. *No Longer Interested in Participating in this Program.*
9. *Veteran Cannot be Located.*
10. *Veteran Too Ill to Participate at this Time.*
11. *Veteran is Incarcerated.*
12. *Veteran is Deceased.*
13. *Other.*

5.0 Other Project-Specific Data Requirements

5.1 Zip Code of Last Permanent Address

Rationale: To identify the former geographic location of persons experiencing homelessness.
Data Source: Client Interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Use the drop-down menu to indicate the five-digit zip code of the apartment, room or house where the client last lived for 90 days or more.

5.1a Zip Code of Last Permanent Address.
Required Response Categories:
1. *Five-digit numerical field/ drop-down menu of local zip codes*

5.1b Zip Code Data Quality. (Record the relevant quality code for the five-digit Zip Code of Last Permanent Address.)
Required Response Categories:
1. *Full or Partial Zip Code Reported.* The entire or part of the accurate five-digit Zip Code of Last Permanent Address has been entered.
2. *Don't Know.* The Zip Code of Last Permanent Address does not exist or is unattainable.
3. *Refused.* Client refused to provide the Zip Code of Last Permanent Address.

5.2 General Area Location of Previous Residence.

Rationale: To report on the areas of prior residence for project and community planning.
Data Source: Client interview.
When Collected: Upon initial project start or as soon as possible thereafter.
Subjects: All adults and unaccompanied youth served.
Definition and Instructions: Indicate whether the client's last permanent residence was within or outside Franklin County and/or the city of Columbus, or Ohio.
Required Response Categories:
1. *Within Franklin County (outside city – Columbus).*
2. *Outside Franklin County (outside city – Columbus).*
3. *Outside Franklin County (within city – Columbus).*
4. *Within Franklin County (within city – Columbus).*
5. *Outside of Ohio.*
6. *Don't Know.* Despite best efforts, General Area Location of Previous Residence was unattainable.

5.4 Reason for Leaving.
Rationale: Reasons for leaving is used, in part, to identify the barriers and issues clients face in completing a project or staying in a residential facility, which may affect their ability to achieve economic self-sufficiency.
Data Source: Recorded by project staff.
When Data are Collected: At project exit.
Subjects: All clients served.
Definition and Instructions: Identify the reason why the client left the project. If a client left for multiple reasons, record only the primary reason.
Required Response Categories:
1. *Left for a housing opportunity before completing project*
2. *Completed project*
3. *Non-payment of rent/occupancy charge*
4. *Non-compliance with project*
5. *Criminal activity/destruction of property/violence*
6. *Medical Reason*
7. *Reached maximum time allowed by project*
8. *Needs could not be met by project*
9. *Disagreement with rules/ persons*
10. *Death*
11. *Unknown/disappeared*
12. *Other*

5.5 Household Type. *(Family Status)* {Only for projects that serve families}
Rationale: To collect information on the basic family composition and for planning purposes.
Data Source: Client interview or observations of project staff.
When Data Are Collected: Client interview and/or in the course of client assessment.
Subjects: All clients served.
Definition and Instructions: For each client, record the basic composition of the family.
Required Response Categories:
1. *Single Parent with Children*
2. *Couple with Children* (1 of the guardians is noncustodial)
3. *Two Parent Family* (both guardians are custodial)
4. *Noncustodial Caregivers with Children*
5. *Grandparent with Grandchildren*
6. *Other*

5.6 Head of Household Designation. {Only for projects that serve families}
Rationale: To determine family unit and for appropriate grouping of households.
Data Source: Client interview or observations of project staff.
When Data Are Collected: Client interview and/or in the course of client assessment.
Subjects: All clients served.
Definition and Instructions: For each client, record their head of household designation. For head of household, select 'Yes'.
Required Response Categories:
1. *No*
2. *Yes*

5.7 Homelessness Primary Reason.
Rationale: To identify the primary reason homelessness occurred.
Data Source: Client interview.
When Data Are Collected: Client interview and/or in the course of client assessment.
Subjects: Head of household.
Definition and Instructions: For each client, determine the primary cause of homelessness.
Required Response Categories:
1. *Addiction*
2. *Divorce*
3. *Domestic Violence*
4. *Evicted*
5. *Family/ Personal Illness*
6. *Fire*
7. *Jail/Prison*
8. *Moved to Seek Work*
9. *Unable to Pay Rent or Mortgage*
10. *Relationship Problems*
11. *Substandard Housing*
12. *Unemployment*
13. *Other*

5.9 Monthly Rent and Utilities.
Rationale: To identify the household's housing affordability at exit from the project.
Data Source: Client interview or project staff.
When Data Are Collected: Client interview at exit from the project.
Subjects: Head of household.
Definition and Instructions: Enter the household's portion of the monthly rent and utilities (if known). DO NOT enter any subsidy portion of the rent or utilities, only the household's share.
Required Response Categories:
1. Monthly Rent and Utilities: *Numerical data field, please enter the monthly rent and utilities*

5.11 Mental Health Linkage.
Rationale: To determine a client's mental health linkage status at entry.
Data Source: Client interview.
When Data are Collected: In the course of client assessment.
Subjects: All clients.
Definition and Instructions: Indicate which mental health agency the client is currently linked with or if the client is not currently linked. If response category chosen is "Other" indicate the client's linkage agency in the text box.

> *5.112a If Linked with a Mental Health Agency, Which One?*
> Required Response Categories:
> 1. *Access Ohio.*
> 2. *Amethyst, Inc.*
> 3. *ARC of Ohio.*
> 4. *Concord Counseling Services.*
> 5. *Huckleberry House.*
> 6. *Nationwide Children's Hospital Behavioral Health Services.*
> 7. *North Central Mental Health (NCMH).*
> 8. *OSU Star House.*
> 9. *Southeast, Inc.*
> 10. *Syntero at Dublin Counseling Center.*
> 11. *Syntero at Northwest Counseling Services.*
> 12. *TBI Network.*
> 13. *Other (Please specify below).*
> 14. *Not Currently Linked.*

> *5.11b If Mental Health Linkage is "Other", Please Specify.*
> Required Response Categories:
> 1. *Unconstrained Text Field.*

6.0 Additional Veteran Data Requirements

The following fields are required for all veteran clients entering into the HMIS system and are collected on the Veterans Permanent Housing Assessment.

6.1 Veteran HOMES Identifier.
Rationale: This is the client identifying number within the Veteran Affairs internal database.
Data Source: Recorded by VA staff.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Record the identifier linked to the veteran within the HOMES system.
Required Response Categories:
1. *Unconstrained Text Field.*

6.2 List Status.

Rationale: To determine the status of the veteran within the HMIS system as it pertains to the Active Veteran List.
Data Source: Updated by VA staff.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: VA staff will update this status as it changes.
Required Response Categories:
   1. *Active – ES/TH.*
   1. *Active – Unsheltered.*
   2. *Inactive – (Non-permanent Housing).*
   3. *Inactive – (Permanent Housing).*
   4. *Inactive – (Unknown/Missing).*

6.3 List Status Change Date.

Rationale: To determine the date on which the veteran's list status changed.
Data Source: Recorded by VA staff when updating the List Status field.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the month, day, and year of the day when the List Status field was last updated.
Required Response Categories:
   1. *List Status Change Date.* MM/DD/YYYY

6.4 Date of Last Review/Update on Master List.

Rationale: To determine the date of veteran's last case review.
Data Source: Recorded by the staff responsible for completing the review.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the month, day, and year of the last case review.
Required Response Categories:
   1. *Date of Last Review/Update on Master List.* MM/DD/YYYY

6.5 VHA Eligible?

Rationale: To identify if a veteran is eligible for services through the Veteran Health Administration.
Data Source: Recorded by VA staff.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Select from the appropriate option from the drop-down menu.
Required Response Categories:
   1. *No.*
   2. *Yes.*
   3. *Unconfirmed*

6.6 SSVF Eligible?
Rationale: To identify if a veteran is eligible for SSVF services.
Data Source: Recorded by VA staff.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Select from the appropriate option from the drop-down menu.
Required Response Categories:
  4. *No.*
  5. *Yes.*
  6. *Unconfirmed*

6.7 Date Permanent Housing Plan (IHSP) Created.
Rationale: To determine the date of client's housing plan/track was identified.
Data Source: Recorded by the staff responsible for completing the assessment.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the month, day, and year of plan creation.
Required Response Categories:
  1. *Date Permanent Housing Plan (ISHP) Created*. MM/DD/YYYY

6.8 Permanent Housing Plan Notes.
Rationale: To record details related to the client's Permanent Housing Plan.
Data Source: Recorded by the staff responsible for creating the housing plan.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Record details of the client's housing plan.
Required Response Categories:
  1. *Free Text Box.*

6.9 Client Contact Phone Number.
Rationale: To indicate the best phone number to reach the client.
Data Source: Recorded by the staff responsible for completing the assessment.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Record the client's best contact number.
Required Response Categories:
  1. *Unconstrained Text Field.* 10 digits

6.10 Client Email Address.
Rationale: To indicate the best email address to reach the client.
Data Source: Recorded by the staff responsible for completing the assessment.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Record the client's best contact email.
Required Response Categories:
  1. *Unconstrained Text Field.*

6.11 Date Housing Barrier/Service Need Assessment Completed.
Rationale: To determine the date client's Housing Barrier Assessment was completed.
Data Source: Recorded by the staff responsible for completing the assessment.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the month, day, and year of assessment completion.
Required Response Categories:
1. *Date Housing Barrier/Service Need Assessment Completed*. MM/DD/YYYY

6.12 Assessment Score.
Rationale: To determine which services a client is eligible for based on a VA administered assessment
Data Source: Recorded by VA staff responsible for completing the assessment.
When Collected: At Entry
Subjects: All veterans.
Definition and Instructions: Record the client's assessment score
Required Response Categories:
1. *Number Field.* 2 digits

6.13 Current Project Enrollment Type.
Rationale: To indicate current project type serving the client.
Data Source: Recorded by the staff responsible for completing the assessment.
When Collected: Upon availability.
Subjects: All veterans.
Definition and Instructions: Record the client's current project type from the drop-down menu.
Required Response Categories:
1. *Emergency Shelter.*
2. *Transitional Housing.*
3. *Street Outreach.*
4. *Not Currently Enrolled in a Project.*
5. *Other.*

6.14 Date of Move to Transitional Housing, Including GPD.
Rationale: To determine the date of client's entry into Transitional Housing.
Data Source: Recorded by the staff responsible for completing the assessment.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the month, day, and year of client move in.
Required Response Categories:
1. *Date of Move to Transitional Housing, Including GPD*. MM/DD/YYYY

6.15 Responsible Provider.
Rationale: To determine the provider that is currently providing services to the client.
Data Source: Recorded by the staff responsible for completing/updating the assessment.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the provider currently serving the client.
Required Response Categories:
1. *GPD – VOAGO*
2. *HUD – VASH- VA*
3. *RRH Case Manager – YMCA*
4. *Outreach – Maryhaven*
5. *Outreach – HCHV*
6. *SSVF – LSS*
7. *SSVF – VOAGO*
8. *VAEH – LSS*
9. *VAEH - VOAGO*

6.16 Responsible Provider Staff Name.
Rationale: To determine the staff member that is currently providing services to the client.
Data Source: Recorded by the staff responsible for completing/updating the assessment.
When Collected: Upon date availability.
Subjects: All veterans.
Definition and Instructions: Record the staff member's name currently serving the client.
Required Response Categories:
1. *Unconstrained Text Field.*

6.17 Type of Service Provided. (by GPD only)
Rationale: To determine the services provided by GPD program.
Data Source: Recorded by the staff responsible for completing/updating the assessment.
When Collected: Upon date availability.
Subjects: All veterans in GPD programs.
Definition and Instructions: Select the services provided from the drop-down menu.
Required Response Categories:
1. *Service-intensive transitional housing.*
2. *Short-term bridge housing.*

6.18 Entered to Address a Clinical Need. (by GPD only)
Rationale: To determine if the client has a clinical need.
Data Source: Recorded by the staff responsible for completing/updating the assessment.
When Collected: Upon date availability.
Subjects: All veterans in GPD programs.
Required Response Categories:
1. *No.*
2. *Yes.*

6.19 Graduated VASH Voucher?
Rationale: To determine if a VASH client is in "graduated" status, meaning they are no longer receiving case management.
Data Source: Recorded by VA staff.
When Collected: When client enters graduated status.
Subjects: All VASH clients with a graduated voucher status.
Required Response Categories:
    3. *No.*
    4. *Yes.*

6.20 Chart in CPRS?
Rationale: To document if the client's information is in the Veteran CPRS data system.
Data Source: Recorded by VA staff.
When Collected: Project Start. Update as needed.
Subjects: All VASH clients with a graduated voucher status.
Required Response Categories:
    1. *No.*
    2. *Yes.*

6.20 Chart in HOMES?
Rationale: To document if the client's information is in the Veteran HOMES data system.
Data Source: Recorded by VA staff.
When Collected: Project Start. Update as needed.
Subjects: All VASH clients with a graduated voucher status.
Required Response Categories:
    1. *No.*
    2. *Yes.*

7.0 Additional Coordinated Entry Data Requirements

Required for Coordinated Entry Projects Only
While the following data elements are required only for the CPOA projects, these are not the only data elements required for the projects; please see the Quick Reference Guide for Required Data Elements for the complete list of data elements required for these projects. It is important to note that if the client is NOT diverted, the Netcare – CPOA project also collects the data for and completes the HUD Universal Data Elements (excluding income, non-cash benefits and health insurance information) as well as these CPOA data requirements.

7.1 Number of Adults in Household. (EntryExit) Family Diversion ONLY
Rationale: To determine the number of adults in each household that contacts CPOA.
Data Source: Client Interview.
When Collected: In the course of household triage.
Subjects: All clients.
Definition and Instructions: Record the number of adults that are part of the household.
Required Response Categories:
    1. *Adults in Household.* Please enter the number of adults in the household.

7.2 Number of Children in Household. (EntryExit) Family Diversion ONLY

Rationale: To determine the number of children and their ages in each household that contacts CPOA.
Data Source: Client Interview.
When Collected: In the course of household triage.
Subjects: All clients.
Definition and Instructions: Record the number of children that are part of the household and the number in each of the available age category.
Required Response Categories:

1. *Number of Children in Household.* Please enter the number of children in the household.
    a. *0-2 years.* Enter the number of children within the age range.
    b. *3-7 years.* Enter the number of children within the age range.
    c. *8-12 years.* Enter the number of children within the age range.
    d. *13-17 years.* Enter the number of children within the age range.

7.3 Contact Resolution STAGE 1 (phone contact only).

Rationale: To determine the resolution of the household's initial phone contact with CPOA.
Data Source: Client Interview and triage.
When Collected: In the course of household triage.
Subjects: All clients.
Definition and Instructions: Record the resolution of the client's contact.

7.3a Stage 1: Contact Resolution After Phone Diversion.
Required Response Categories:

1. *No Disposition/Unknown: Call Incomplete or Client Did Not Call Back.*
2. *Need Shelter Tonight*
3. *Need Shelter Tonight: More Appropriately Served and/or Prefer Other Shelter or Residential Option.*
4. *Need Shelter Tonight: Currently in Shelter; Advised to Remain There or Call Back Once Discharged.*
5. *Need Shelter Tonight [Single Adults Only]: Waitlisted due to No Homeless Shelter Space.*
6. *Need Shelter Tonight: Service Restricted; Referred to Other Option(s).*
7. *Do Not Need Shelter Tonight: At Risk of Literal Homelessness Within Next 7 Days.*
8. *Do Not Need Shelter Tonight: At Risk of Literal Homelessness in more than 7 Days.*

7.3b Stage 1: Other Shelter or Residential Referrals.
<u>Required Response Categories:</u>
1. *CHOICES.*
2. *Huckleberry House.*
3. *Mental Health Services/Netcare.*
4. *Alcohol/Drug Treatment Facility.*
5. *Veterans Emergency Shelter.*
6. *Hospital Facility.*
7. *Other In-County Shelter or Facility [Identify Below].*
8. *Out-of-County Shelter of Facility [Identify Below].*
9. *No Other Shelter or Residential Referral Provided.*
10. *Client Refused.*
11. *Not Applicable.*

7.3c Stage 1: If Diverted. Where Will the Applicant Stay Tonight.
<u>Required Response Categories:</u>
1. *Rental by Applicant with No Ongoing Subsidy.*
2. *Rental by Applicant with Ongoing Subsidy.*
3. *Friend or Family Member.*
4. *Home They Own.*
5. *Hotel/Motel with Own Resources (Other Than Assistance Voucher).*
6. *Hospital or Other Residential Non-Psychiatric Facility.*
7. *Psychiatric Hospital or Other Psychiatric Facility.*
8. *Substance Abuse Treatment Facility or Detox Center.*
9. *Jail, Prison or Juvenile Detention Facility.*
10. *Foster Care Home or Foster Care Group.*
11. *Long-term Care Facility or Nursing Home.*
12. *Client Doesn't Know.*
13. *Client Refused.*
14. *Not Applicable.*

7.3d Stage 1: How Long Can Applicant Expect to Stay There.
<u>Required Response Categories:</u>
1. *One Night.*
2. *Two Night to One Week.*
3. *More Than One Week, but Less Than One Month.*
4. *One to Three Months.*
5. *More Than Three Months.*
6. *Not Applicable.*

7.3e Stage 1: Other Service Referrals.
Required Response Categories:
1. *CIS Stable Families.*
2. *FC DJFS/PRC.*
3. *FC DJFS/Other*
4. *FC Children Services.*
5. *HOCO 211.*
6. *Mediation Services (Columbus Urban League of Community Mediation Services).*
7. *Legal Aid.*
8. *Other Rental Assistance (Identify Below).*
9. *Other Utility Assistance (Identify Below).*
10. *Other (Identify Below).*
11. *No Service Referrals Provided.*
12. *Client Refused.*
13. *Not Applicable.*

7.4 Contact Resolution STAGE 2 (After Face to Face Diversion).

Rationale: To determine the resolution of the household's initial phone contact with CPOA.
Applicable only to family diversion
Data Source: Client Interview and triage.
When Collected: In the course of household triage.
Subjects: All clients.
Definition and Instructions: Record the resolution of the client's contact.

7.4a Stage 2: Contact Resolution After Face to Face Diversion.
Required Response Categories:
1. *No Disposition/Unknown: No-Show, Did Not Complete Appointment.*
2. *Need Shelter Tonight: Intake/Admission.*
3. *Do not Need Shelter: At Risk of Literal Homelessness within Next 7 Days.*
4. *Do Not Need Shelter: At Risk of Literal Homelessness in More than 7 Days.*

7.4b Stage 2: Other Shelter of Residential Referrals.
Required Response Categories:
1. *CHOICES.*
2. *Huckleberry House.*
3. *Mental Health Services/Netcare.*
4. *Alcohol/Drug Treatment Facility.*
5. *Veterans Emergency Shelter.*
6. *Hospital Facility.*
7. *Other In-County Shelter or Facility [Identify Below].*
8. *Out-of-County Shelter of Facility [Identify Below].*
9. *No Other Shelter or Residential Referral Provided.*
10. *Client Refused.*
11. *Not Applicable.*

7.5 Client acknowledged electronic data collection over the phone.

Rationale: To capture the client's acknowledgement that the data being collected is being entered into an electronic database.
Data Source: Client triage interview.
When Collected: In the course of client triage.
Subjects: All clients.
Definition and Instructions: Record the client's response when asked if they understand the data being collected is entered into an electronic database.
Required Response Categories:
1. *Yes*
2. *No*

7.6 Sex Offender Status.

Rationale: To determine the client's sex offender status, which is used to determine which shelter the individual is eligible for.
Data Source: Client triage interview and/or local or national background check.
When Collected: In the course of client triage.
Subjects: All clients.
Definition and Instructions: Record the client's status as reported via self-report and background check, if the reports conflict, record the more restrictive status unless the client can provide conclusive documentation.

7.6a Are You, or Anyone in Your Household a Registered Sex Offender?
Required Response Categories:
1. *No.*
2. *Other Adult(s)*
3. *Self*

7.6b (Are you a) Convicted sex offender?
Required Response Categories:
1. *No.*
2. *Yes.*

7.6c If Yes, Sex Offender Classification:
Required Response Categories:
1. *Tier I.*
2. *Tier II.*
3. *Tier III.*
4. *(PreAWA) Sexually Oriented Offender.*
5. *(PreAWA) Habitual Sex Offender without Notification.*
6. *(PreAWA) Habitual Sex Offender with Notification.*
7. *(PreAWA) Sexual Predator*
8. *(PreAWA) Aggravated Sexually Oriented Offense.*
9. *(PreAWA) Child Victim Offender.*
10. *(PreAWA) Child Victim Predator.*

7.6d Background Check Completed?
Required Response Categories:
1. *Local (Free).*
2. *National (Paid).*
3. *Both (Local and National).*
4. *(NA (Client Diverted or not Homeless, call interrupted, etc.)*

7.6e Date Last Background Check Completed:
Required Response Categories:
1. *MM/DD/YYYY*

7.7 Managed Care Organization.
Rationale: To determine if the client has health insurance through a Managed Care Organization (MCO) and if so, which one.
Data Source: Recorded by Coordinated Entry staff.
When Data are Collected: At project start.
Subjects: Head of household.
Definition and Instructions: Indicate if the client is linked with an MCO and specify which one.

7.7a Do you have health insurance through a Managed Care Organization (MCO)? If so, which one?
Required Response Categories:
1. *Buckeye Community Health Plan.*
2. *Molina Healthcare of Ohio.*
3. *United Healthcare of Ohio.*
4. *CareSource Paramount Advantage.*
5. *Client Doesn't Know.*
6. *Client Refused.*
7. *Data Not Collected.*

7.7b If client identified an MCO, please enter the Medicaid # from MITS.
Required Response Categories:
1. *Text; unconstrained text field.*

7.7c Do I have your approval to share this information with your Managed Care Organization?
Required Response Categories:
1. *No.*
2. *Yes.*

7.8 Rental Details
Rationale: To document information about a client's rental payments and eviction status to determine if homeless prevention is a viable resource.
Data Source: Recorded by Coordinated Entry staff.
When Data are Collected: At project start.
Subjects: Head of household.

7.8a Behind on Rent.
Required Response Categories:
1. *No.*
2. *Yes.*

7.8b Monthly Rent Cost.
Required Response Categories:
1. *Dollar Amount.*

7.8c Past Due Balance.
Required Response Categories:
1. *Dollar Amount.*

7.8d If eviction, has the process started and is the landlord willing to stop the process?
Required Response Categories:
1. *No.*
2. *Yes.*

7.8e No you need to leave within a certain timeframe?
Required Response Categories:
1. *Text Field.*

7.8f What stage of the moving process are you in?
Required Response Categories:
1. *Text Field.*

8.0 Additional RRH Data Requirements

The following fields are collected during a client's referral to the Rapid Rehousing Pool. The intention of all elements is to assess and score the client's specific needs in order to create a prioritized list for client's seeking housing. Some data elements are duplicative of previously listed elements, but are listed here with specific wording found on the RRH assessment.

8.1 Case Manager Email.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *Text Field.*

8.2 Emergency Shelter.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *Pick from a list of current Emergency Shelter Programs.*

8.3 Head of Household Email Address.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *Text Field.*

8.4 Head of Household Cell Phone Number.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *Text Field.*

8.5 Entry Date to Referring Agency.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *Date Field.*

8.6 Amount of time homeless (in months) in last 12 months.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *Text Field.*

8.7a Client/family member is Disabled.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
     1. *No.*
     2. *Yes.*

8.7b How many disabling conditions does the client/family members have that are severe ad persistent?
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *1-11.*

8.8a Has the client experienced physical, emotional, and/or sexual abuse in the last 6 months?
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.8b Last Occurrence of Domestic Violence.
Subjects: Single Adults Head of Household.
Required Response Categories:
1. *Currently Fleeing.*
2. *Within 1-3 Months.*
3. *Within 4-6 Months.*

8.9 Client has 2 or more severe service needs.
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.10 How many felonies does the client have?
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *1-11.*

8.11 How many evictions does the client have?
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *1-11.*

8.12a Client has income.
Subjects: Single Adults Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client doesn't know.*
4. *Client refused.*
5. *Data not collected.*

8.12b Family monthly income.
Subjects: Family Head of Household.
Required Response Categories:
1. *No Income.*
2. *$1-$500*
3. *$501-1000.*
4. *Over $1000.*

8.13 Client is a youth aged 18-24.
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.14 Client/family member is currently pregnant.
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client doesn't know.*
4. *Client refused.*
5. *Data not collected.*

8.15 Client has lost stable housing because of violence in the home.
Subjects: Single Adults Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.16 Client has lost stable housing because of violence in the home.
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.17 Client has lost stable housing because of unhealthy or abusive relationships.
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.18 Client has lost stable housing because of differences in religious or cultural beliefs.
Subjects: Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.19 Since becoming homeless, client has been exploited, attacked, beaten, or robbed.
<u>Subjects:</u> Family Head of Household.
<u>Required Response Categories:</u>
    1. *No.*
    2. *Yes.*

8.20 Client is unsafely housed (experiencing human trafficking, violence, or exploitation).
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
    1. *No.*
    2. *Yes.*

8.21 Client is a Veteran not eligible for SSVF services.
<u>Subjects:</u> Single Adults Head of Household.
<u>Required Response Categories:</u>
    1. *No.*
    2. *Yes.*

8.22 Client had involvement with the juvenile justice system.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
    1. *No.*
    2. *Yes.*
    3. *Client doesn't know.*
    4. *Client refused.*
    5. *Data not collected.*

8.23 Client had involvement with the foster care system/children services.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
    1. *No.*
    2. *Yes.*
    3. *Client doesn't know.*
    4. *Client refused.*
    5. *Data not collected.*

8.24 Client identifies with the LGBTQIA+ community.
<u>Subjects:</u> Single Adults and Family Head of Household.
<u>Required Response Categories:</u>
    1. *No.*
    2. *Yes.*
    3. *Client doesn't know.*
    4. *Client refused.*
    5. *Data not collected.*

8.25 Client has no high school diploma.
Subjects: Single Adults and Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.26 Client currently in school.
Subjects: Single Adults Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.27a Client is a parenting youth.
Subjects: Single Adults Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.27b Number of children.
Subjects: Single Adults Head of Household.
Required Response Categories:
1. *1 – 6 or more.*

8.28 Client is interested in job training, help finding a job, or other employment-related help.
Subjects: Family Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*

8.29a How many jobs has the client had in the past 2 years.
Subjects: Family Head of Household.
Required Response Categories:
1. *0 – 6+*

8.29b In the past 2 years, what is the longest stretch of time the client held the same job.
Subjects: Family Head of Household.
Required Response Categories:
1. *0-3 months.*
2. *3-5 months.*
3. *6+ months.*

8.30 Does the family have any pets or service animals?
Subjects: Family Head of Household.
Required Response Categories:
    1. *No.*
    2. *Yes.*

8.31 Does the family have 3 or more children currently in their care?
Subjects: Family Head of Household.
Required Response Categories:
    1. *No.*
    2. *Yes.*

8.32 What is the minimum number of bedrooms needed?
Subjects: Family Head of Household.
Required Response Categories:
    1. *1 – 6+.*

8.33a Does the family owe money to one or more prior landlords?
Subjects: Family Head of Household.
Required Response Categories:
    1. *No.*
    2. *Yes.*

8.33b Past Due Rent Balance.
Subjects: Family Head of Household.
Required Response Categories:
    1. *Dollar Amount.*

8.34a Does the family owe money on any utilities?
Subjects: Family Head of Household.
Required Response Categories:
    1. *No.*
    2. *Yes.*

8.34b Past Due Utility Balance.
Subjects: Family Head of Household.
Required Response Categories:
    2. *Dollar Amount.*

9.0 Additional Prevention Data Requirements

9.1 Rental Evictions.
<u>Rationale:</u> To collect information about a client's eviction history to determine housing barriers.
<u>Data Source:</u> Client reported. Project staff.
<u>When Collected:</u> At Project Start.
<u>Subjects:</u> Head of Household.

9.1a Have You Ever Been Evicted?
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*

9.1b Evicted Within the Past 12 Months.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*

9.1c Rental Evictions Within the Past 7 Years.
<u>Required Response Categories:</u>
1. *4 or more prior rental evictions.*
2. *2-3 prior rental evictions.*
3. *1 prior rental eviction.*
4. *No prior rental eviction.*

9.2 Felony Criminal History.
<u>Rationale:</u> To collect information about a client's criminal history to determine housing barriers.
<u>Data Source:</u> Client reported. Project staff.
<u>When Collected:</u> At Project Start.
<u>Subjects:</u> Head of Household.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

9.3 Child Protective Services Involvement.
Rationale: To document if Child Protective Services are involved in a client's case.
Data Source: Client reported. Project staff.
When Collected: At Project Start.
Subjects: Head of Household.
Required Response Categories:
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

10.0 USHS Data Requirements

10.1 Transition Age Youth.
Rationale: Indicates is a USHS Pool client is between the ages of 18-24.
Data Source: Project staff.
When Collected: At project start.
Subjects: All clients.
Required Response Categories:
1. *No.*
2. *Yes.*

10.2 Responsible Provider.
Rationale: Indicates the partner agency currently responsible for the USHS Pool client's housing plan.
Data Source: Project staff.
When Collected: At project start.
Subjects: All clients.
Required Response Categories:
1. *Pick from a list of current providers.*

10.3 USHS Assessment Invitation.
Rationale: Indicates the dates a client is invited and submits a USHS vulnerability assessment.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.

10.3a Date Invited to Submit Assessment.
Required Response Categories:
1. *MM/DD/YYYY.*

10.3b Date Assessment Submitted.
Required Response Categories:
1. *MM/DD/YYYY.*

10.4 USHS File Invitation.
Rationale: Indicates the dates and status around a client's submitted USHS application.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.

10.4a Invited to Submit File.
Required Response Categories:
1. No.
2. Yes.

10.4b Date Invited to Submit File.
Required Response Categories:
1. MM/DD/YYYY.

10.4c Date USHS File Submitted.
Required Response Categories:
1. MM/DD/YYYY.

10.4d Date File Reviewed.
Required Response Categories:
1. MM/DD/YYYY.

10.4e File Complete.
Required Response Categories:
1. No.
2. Yes.

10.5 Case Manager Email.
Rationale: Indicates the email contact for the USHS Pool client's case manager.
Data Source: Project staff.
When Collected: At project start.
Subjects: All clients.
Required Response Categories:
1. Unconstrained text field.

10.6 Priority Pool.
Rationale: Indicates the USHS Pool client's priority level.
Data Source: Project staff.
When Collected: At project start.
Subjects: All clients.
Required Response Categories:
1. *HUD Chronic Homelessness.*
2. *Long Period of Episodic Homelessness and Severe Service Needs.*
3. *Homeless with Severe Service Needs.*
4. *Homeless without Severe Service Needs – Low Priority.*
5. *Homeless Coming from Transitional Housing – Lowest Prioirty.*
6. *Transfer.*
7. *Non-Homeless – USHS Not Responsible for Selection.*

10.7 Date Entered into USHS Pool.
Rationale: Indicates the date a client is officially entered into the USHS Pool.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.
Required Response Categories:
1. *MM/DD/YYYY.*

10.8 USHS Status.
Rationale: Indicates the USHS Pool client's status and status updates.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.

10.8a Current Status.
Required Response Categories:
1. *Active – invited to submit assessment.*
2. *Active – invited to submit file.*
3. *Active – in review.*
4. *Active – incomplete.*
5. *Active – in pool.*
6. *Active – in referral.*
7. *Inactive.*

10.8b If Inactive, Reason.
Required Response Categories:
1. *Unconstrained text field.*

10.8c Status Update Date.
Required Response Categories:
1. *MM/DD/YYYY.*

10.9 Program Referral 1.
Rationale: Indicates the USHS Pool client's program referral and outcome.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.

10.9a Program Referred To (1).
Required Response Categories:
1. Select from list of current PSH projects.

10.9b Date Referred to Housing (1).
Required Response Categories:
1. MM/DD/YYYY.

10.9c Result of Referral (1).
Required Response Categories:
1. Denied by Housing Provider.
2. Refused by Applicant.
3. Accepted.
4. Pending.

10.10 Program Referral 2.
Rationale: Indicates the USHS Pool client's program referral and outcome.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.

10.10a Program Referred To (2).
Required Response Categories:
1. Select from list of current PSH projects.

10.10b Date Referred to Housing (2).
Required Response Categories:
1. MM/DD/YYYY.

10.10c Result of Referral (2).
Required Response Categories:
1. Denied by Housing Provider.
2. Refused by Applicant.
3. Accepted.
4. Pending.

10.11 File Expiration Date.
Rationale: Indicates the date a client's USHS application expires without action.
Data Source: Project staff.
When Collected: At occurrence.
Subjects: All clients.
Required Response Categories:
1. *MM/DD/YYYY.*

10.12 Result of Application.
Rationale: Indicates the final result of a client's USHS application.
Data Source: Project staff.
When Collected: At project exit.
Subjects: All clients.
Required Response Categories:
1. *Never Referred.*
2. *Unable to be housed at this Time.*
3. *Successfully Housed via USHS.*

10.13 Housing Program.
Rationale: Indicates the housing program the USHS client is accepted into.
Data Source: Project staff.
When Collected: At project exit.
Subjects: All clients.
Required Response Categories:
1. *Select from list of current PSH projects.*

10.14 Date Client Housed.
Rationale: Indicates the date a USHS client enters a PSH housing program.
Data Source: Project staff.
When Collected: At project exit.
Subjects: All clients.
Required Response Categories:
1. *MM/DD/YYYY.*

10.15 Physical Health.
Rationale: Indicates the client's physical healthy quality for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
1. *No Impairment [A].*
2. *Minor or temporary health problems [B].*
3. *Stable significant medical or physical issue(s), or chronic medical condition(s) that is being managed [C].*
4. *Chronic medical condition(s) that is not well-managed or significant physical impairment(s) [D].*
5. *Totally neglectful of physical health, extremely impaired by condition(s), serious health condition(s) [E].*

10.16 Mental, Behavioral and Developmental Health.
Rationale: Indicates the client's mental, behavioral, and developmental healthy quality for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
1. *No MH issues [A].*
2. *Mild MH issues [B].*
3. *Moderate MH issues [C].*
4. *High MH issues [D].*
5. *Severe MH issues [E].*

10.17 Substance Use.
Rationale: Indicates the client's substance use for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
1. *No or non-problematic substance use [A].*
2. *Mild substance use [B].*
3. *Moderate substance use [C].*
4. *High substance use [D].*
5. *Severe substance use [E].*

10.18 High Utilization of Crisis or Emergency Services to Meet Basic Needs.
Rationale: Indicates the client's dependence on system resources for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
1. *No utilization [A].*
2. *Mild utilization [C].*
3. *Moderate utilization [F].*
4. *High utilization [G].*
5. *Severe utilization [H].*

10.19 Vulnerability to Victimization.
Rationale: Indicates the client's victimization vulnerability for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
1. *No evidence of vulnerability [A].*
2. *Evidence of mild vulnerability[C].*
3. *Evidence of moderate vulnerability [F].*
4. *Evidence of high vulnerability [G].*
5. *Evidence of severe vulnerability [H].*

10.20 *Vulnerability to Illness or Death.*
Rationale: Indicates the client's vulnerability to illness or death for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
> *1. Has none of the identified risk factors [A].*
> *2. Has 1 of the identified risk factors [C].*
> *3. Has 2 of the identified risk factors [F].*
> *4. Has 3 of the identified risk factors [G].*
> *5. Has 4 or more of the identified risk factors [H].*

10.21 *Barriers to Housing/Risk of Continued Homelessness.*
Rationale: Indicates the client's barriers to sustainable housing for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
> *1. Has none of the identified risk factors [A].*
> *2. Has 1 of the identified risk factors [C].*
> *3. Has 2 of the identified risk factors [F].*
> *4. Has 3 of the identified risk factors [G].*
> *5. Has 4 or more of the identified risk factors [H].*

10.22 *Other Risk Factors Determined by The Community That Are Based on Severity of Service Needs.*
Rationale: Indicates the client's other community-identified risk factors for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories:
> *1. Has none of the identified risk factors [A].*
> *2. Has 1 of the identified risk factors [C].*
> *3. Has 2 of the identified risk factors [F].*
> *4. Has 3 of the identified risk factors [G].*
> *5. Has 4 or more of the identified risk factors [H].*

10.23 Special Populations.
Rationale: Indicates if the client is part of targeted special populations for USHS prioritization.
Data Source: Project staff.
When Collected: During Severity of Service Needs Assessment.
Subjects: All clients.
Required Response Categories (check all that apply):
1. *Homeless for the past 12 months without a break.*
2. *Has 4 episodes of homelessness with 3 years totaling at least 12 months.*
3. *Veteran.*
4. *Transition Age Youth.*
5. *Fleeing Domestic Violence.*
6. *Invited via Case Conference.*
7. *None of the Above.*

11.0 DCA Data Requirements

11.1 DCA Need Provider.
Rationale: To document the agency that submitted the DCA request.
Data Source: Project staff.
When Collected: At project start.
Subjects: Head of Household.
Required Response Categories:
1. *Select from a picklist of current providers.*

11.2 Household Size.
Rationale: To document the household size of the family requesting DCA assistance.
Data Source: Project staff.
When Collected: At project start.
Subjects: Head of Household.
Required Response Categories:
1. *Integer.*

11.3 Household Income.
Rationale: To document the total income of the family requesting DCA assistance.
Data Source: Project staff.
When Collected: At project start.
Subjects: Head of Household.
Required Response Categories:
1. *Dollar Amount.*

11.4 Unit Zip Code.
Rationale: To document the zip code in which the DCA unit resides.
Data Source: Project staff.
When Collected: At project start.
Subjects: Head of Household.
Required Response Categories:
1. *Integer.*

11.5 DCA Status.
<u>Rationale:</u> To document the current status of the DCA request.
<u>Data Source:</u> Project staff.
<u>When Collected:</u> At project start. Update as needed.
<u>Subjects:</u> Head of Household.
<u>Required Response Categories:</u>
1. *Identified.*
2. *In Process.*
3. *Complete.*
4. *Denied.*
5. *Void.*

11.6 DCA Services.
<u>Rationale:</u> To document the financial transaction for DCA fulfillment.
<u>Data Source:</u> Project staff.
<u>When Collected:</u> Service occurrence.
<u>Subjects:</u> Head of Household.

11.6a Start Date.
<u>Required Response Categories:</u>
1. *MM/DD/YYYY.*

11.6b Expense Date.
<u>Required Response Categories:</u>
1. *MM/DD/YYYY.*

11.6c Type of Financial Assistance.
<u>Required Response Categories:</u>
1. *Rental Assistance.*
2. *Past Due Rental Assistance.*
3. *Security Deposit Assistance.*
4. *Utility Assistance.*
5. *Past Due Utility Assistance.*
6. *Rental Application Fees.*

11.6d Amount of Financial Assistance.
<u>Required Response Categories:</u>
1. *Dollar Amount.*

11.6e Funding Source.
<u>Required Response Categories:</u>zip
1. *Pick from a list of current funding sources.*

11.6f Vendor.
<u>Required Response Categories:</u>
1. *Text Field.*