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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 CSP. 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 CSP.

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

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 CSP any and all CSP 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 CSP data elements.

7. If the partner agency has a more restrictive CSP 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 CSP 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. If the client consents with the electronic data collection, the agency must electronically collect in CSP any and all CSP 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.

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 CSP procedures and policies relating to the collection, storage, retrieval and dissemination of CSP information.

2. The partner agency agrees to limit access to information furnished by the CSP 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 CSP database. All such employees will be required to sign a User Agreement form, which is maintained on file at the agency, 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 CSP database information and attests that such staff is trained in CSP, received CSP Certification and is capable of accessing the CSP 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 CSP **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 ShelterPoint Bed List by 9:00am the following day. (see ShelterPoint Data Entry Procedure)

3. Complete and accurate data for the month must be entered into CSP (Client Profile, HUD-40118 Assessment, HIPAA Assessment, Entry/Exit, ShelterPoint and any other required assessment or sub-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 CSP 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 CSP 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 CSP is **less than 5% of the number of clients served per month or per quarter.**

4. No data incompatible with the project in CSP.

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

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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.

5. Data in CSP 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.

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 CSP Administrator know of any duplicates found.	Monthly	Monthly
4. Pull 10% of paper files and check vs. CSP data to verify data is accurate.	Monthly	Monthly
5. If shelter, then check Bedlist in ShelterPoint to verify accuracy vs. paper shelter list.	Weekly	Weekly
6. If shelter, check Bedlist to verify that number of open cases on your QA report equals number of households on Bedlist.	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 (This data element is not yet required but will be in the future projects)	RHY Projects	USHS	Clients Required For
2.0 Project Descriptor Data Elements															**Project Applicability**
2.1 Organization Information	18														
2.1 (a) Organization ID	18	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.1 (b) Organization Name	18	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.1 (c) Victim Services Provider	28		X	X	X		X			X	X		X		All Projects
2.2 Project Identifiers	18														
2.2 (a) Project ID	18	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (b) Project Name	18	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (c) Operating Start Date	18	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (d) Operating End Date	18	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (e) Continuum Project	19	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (f) Project Type	19	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (g) Affilliated with Residential Project?	19	X	X	X	X	X	X	X	X	X	X		X		All Services Only Projects
2.2 (h) Method for Tracking Emergency Shelter Utilization	19		X							X			X		Emergency Shelters
2.2 (i) Housing Type	19		X	X	X		X			X	X		X		All Projects
2.2 (j) HMIS Participating Project	20	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.2 (k) Target Population	20	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.3 Continuum of Care Code	20	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.3 (a) CoC Code	20		X	X	X		X			X	X		X		All Projects
2.3 (b) Geocode	20		X	X	X		X			X	X		X		All Projects
2.3 (c) Project Street Address	20		X	X	X		X			X	X		X		All Projects
2.3 (d) Project City	21		X	X	X		X			X	X		X		All Projects
2.3 (e) Project State	21		X	X	X		X			X	X		X		All Projects
2.3 (f) Project Zip Code	21		X	X	X		X			X	X		X		All Projects
2.3 (g) Geography Type	21		X	X	X		X			X	X		X		All Projects
2.6 Funding Sources	21														
2.6 (a) Federal Partner Programs and Components	21	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.6 (b) Grant Identifier	22	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.6 (c) Grant Start Date	23	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.6 (d) Grant End Date	23	X	X	X	X	X	X	X	X	X	X		X		All Projects
2.7 Bed and Unit Inventory Information	23														
2.7 (a) Inventory Start Date	24		X	X	X		X		RRH		X		X		ES, VAEH & Residential Projects Only
2.7 (b) Inventory End Date	24		X	X	X		X		RRH		X		X		ES, VAEH & Residential Projects Only
2.7 (c) Inventory CoC Code	24		X	X	X		X		RRH		X		X		ES, VAEH & Residential Projects Only
2.7 (d) Household Type	25		X	X	X		X		RRH		X		X		ES, VAEH & Residential Projects Only
2.7 (e) Bed Type	25		X	X	X		X		RRH		X		X		ES & VAEH Projects Only
2.7 (f) Availability	25		X	X	X		X		RRH		X		X		ES & VAEH Projects Only
2.7 (g) Bed Inventory	26		X	X	X		X		RRH		X		X		ES, VAEH & Residential Projects Only
2.7 (h) Total Unit Inventory	26		X	X	X		X		RRH		X		X		ES, VAEH & Residential Projects Only
3.0 HUD Universal Data Elements															
3.1 Name	27														
3.1 (a) First	27	X	X	X	X	X	X	X	X	X	X		X	X	All
3.1 (b) Middle	27	X	X	X	X	X	X	X	X	X	X		X	X	All
3.1 (c) Last	27	X	X	X	X	X	X	X	X	X	X		X	X	All
3.1 (d) Suffix	27	X	X	X	X	X	X	X	X	X	X		X	X	All
3.1 (e) Name Data Quality	27	X	X	X	X	X	X	X	X	X	X		X	X	All

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 (This data element is not yet required but will be in the future; projects should collect it now)	RHY Projects	USHS	Clients Required For
3.0 HUD Universal Data Elements *(continued)*															
3.2 Social Security Number	28														
3.2 (a) Social Security Number	28	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.2 (b) SSN Data Quality	28	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.3 Date of Birth	29														
3.3 (a) Date of Birth	29	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.3 (b) Date of Birth Type	29	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.4 Race	30	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.5 Ethnicity	30	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.6 Gender	31	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.7 Veteran Status	31	X	X	X	X	X	X	X	X	X	X	X	X	X	All Adults
3.8 Disabling Condition	32	X	X	X	X	X	X	X	X	X	X	X	X		All
3.10 Project Start Date	33	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.11 Project Exit Date	34	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.12 Destination	35	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.15 Relationship to Head of Household	36	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.16 Client Location	36	X	X	X	X	X	X	X	X	X	X	X			All Adults
3.20 Housing Move-In Date	36			X	X		X								All Adults
3.917A Prior Living Situation	37														
3.917A1 Residence Prior to Project Entry	37	X	X			X				X	X				HoH and Adults
3.917A3 Length of Stay in Previous Place	38	X	X			X				X	X				HoH and Adults
3.917A4 Approximate Date Homelessness Started	38	X	X			X				X	X				HoH and Adults
3.917A5 Number of times the client has been on the streets, in ES, or SH in the past three years, including today.	39	X	X			X				X	X				HoH and Adults
3.917A6 Total number of months homeless on the street, in ES, or SH in the past three years	39	X	X			X				X	X				HoH and Adults
3.917B Living Situation	40														
3.917B1 Residence Prior to Project Entry	40			X	X		X	X	X			X			HoH and Adults
3.917B3 Length of Stay in Previous Place	41			X	X		X	X	X			X			HoH and Adults
3.917B4 Did You Stay Less than 90 Days?	41			X	X		X	X	X			X			HoH and Adults
3.917B5 Did You Stay Less than 7 Nights?	41			X	X		X	X	X			X			HoH and Adults
3.917B6 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
3.917B7 Approximate Date Homelessness Started	42			X	X		X	X	X			X			HoH and Adults
3.917B8 Number of times the client has been on the streets, in ES, or SH in the past three years, including today.	43			X	X		X	X	X			X			HoH and Adults
3.917B9 Total 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

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 (This data element is not yet retired but will be in the future, projects should report on this data element)	RHY Projects	USHS	Clients Required For
4.0 HUD Program-Specific Data Elements														
4.2 Income and Sources	44													
4.2 (a) Information Date	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (b) Income from any source	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (c) Earned Income	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (c) Monthly Amount	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (d) Unemployment Insurance	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (d) Monthly Amount	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (e) Supplemental Security Income (SSI)	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (e) Monthly Amount	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (f) Social Security Disability Income (SSDI)	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (f) Monthly Amount	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (g) VA Service-connected Disability Compensation	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (g) Monthly Amount	45		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (h) VA NonService-connected Disability Pension	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (h) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (i) Private Disability Insurance	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (i) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (j) Worker's Compensation	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (j) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (k) Temporary Assistance for Needy Families (TANF)	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (k) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (l) General Assistance	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (l) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (m) Retirement Income from Social Security	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (m) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (n) Pension or retirement income from a former job	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (n) Monthly Amount	46		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (o) Child Support	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (o) Monthly Amount	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (p) Alimony and other spousal support	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (p) Monthly Amount	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (q) Other source (please specify)	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (q) Monthly Amount	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (r) If "Other source", then specify	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.2 (s)Total Monthly Income from all sources	47		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 Non-Cash Benefits	48													
4.3 (a) Information Date	48		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (b) Non-cash benefit from any source	48		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (c) Supplemental Nutrition Program (SNAP, aka Food Stamps)	49		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (d) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	49		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (e) TANF Child Care Services	49		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (f) TANF Transportation Services	49		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (g) Other TANF-funded Services	49		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (i) Other Source (Please specify)	49		X	X	X	X	X	X	X	X	X			HoH and Adults
4.3 (k) If "Other source", then specify	49		X	X	X	X	X	X	X	X	X			HoH and Adults

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 (This data element is not yet defined but will be in the future; projects should not be collecting data)	RHY Projects	USHS	Clients Required For
4.0 HUD Program-Specific Data Elements *(continued)*														
4.4 Health Insurance	50													
4.4 (a) Information date	50		X	X	X	X	X	X	X	X	X			All
4.4 (b) Covered by Health Insurance	50		X	X	X	X	X	X	X	X	X			All
4.4 (c) MEDICAID	50		X	X	X	X	X	X	X	X	X			All
4.4 (d) MEDICARE	50		X	X	X	X	X	X	X	X	X			All
4.4 (e) State Children's Health Insurance Program (CHIP)	51		X	X	X	X	X	X	X	X	X			All
4.4 (f) Veteran's Administratorion (VA) Medical Services	51		X	X	X	X	X	X	X	X	X			All
4.4 (g) Employer-provided Health Insurance	51		X	X	X	X	X	X	X	X	X			All
4.4 (h) Health Insurance obtained through COBRA	51		X	X	X	X	X	X	X	X	X			All
4.4 (i) Private Pay Health Insurance	51		X	X	X	X	X	X	X	X	X			All
4.4 (j) State Health Insurance for Adults	51		X	X	X	X	X	X	X	X	X			All
4.4 (k) Reason, if not covered:	51			X										(HOPWA projects only)
4.5 Physical Disability	52													
4.5 (a) Information Date	52		X	X	X	X	X	X	X	X	X			All
4.5 (b) Physical Disability	53		X	X	X	X	X	X	X	X	X			All
4.5 (c) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	53		X	X	X	X	X	X	X	X	X			All
4.6 Developmental Disability	53													
4.6 (a) Information Date	53		X	X	X	X	X	X	X	X	X			All
4.6 (b) Developmental Disability	53		X	X	X	X	X	X	X	X	X			All
4.7 Chronic Health Condition	54													
4.7 (a) Information Date	54		X	X	X	X	X	X	X	X	X			All
4.7 (b) Chronic Health Condition	54		X	X	X	X	X	X	X	X	X			All
4.7 (c) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	54		X	X	X	X	X	X	X	X	X			All
4.8 HIV/AIDS	54													
4.8 (a) Information Date	54		X	X	X	X	X	X	X	X	X			All
4.8 (b) HIV/AIDS	55		X	X	X	X	X	X	X	X	X			All
4.9 Mental Health Problem	55													
4.9 (a) Information Date	55		X	X	X	X	X	X	X	X	X			All
4.9 (b) Mental Health Problem	55		X	X	X	X	X	X	X	X	X			All
4.9 (c) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	55		X	X	X	X	X	X	X	X	X			All
4.10 Substance Abuse	56													
4.10 (a) Information Date	56		X	X	X	X	X	X	X	X	X			All
4.10 (b) Substance Abuse	56		X	X	X	X	X	X	X	X	X			All
4.10 (c) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	56		X	X	X	X	X	X	X	X	X			All
4.11 Domestic Violence	57													
4.11 (a) Information Date	57	X	X	X	X	X	X	X	X	X	X			HoH and Adults
4.11 (b) Domestic violence victim/survivor?	57	X	X	X	X	X	X	X	X	X	X			HoH and Adults
4.11 (c) When experience occurred	57	X	X	X	X	X	X	X	X	X	X			HoH and Adults
4.11 (d) If Yes for Domestic Violence Victim/Survivor, Are You Currently Fleeing?	58	X	X	X	X	X	X	X	X	X	X			HoH and Adults

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 — This data element is not yet retired but will be in the future; projects should continue collecting.
RHY Projects
USHS

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)*														
4.12 Current Living Situation (Outreach)	58													
4.12 (a) Information Date	58	CARR				X				X	Outreach			HoH and Adults
4.12 (b) Current Living Situation	58	CARR				X				X	Outreach			HoH and Adults
4.12 (c) Living Situation Verified by	59	CARR				X				X	Outreach			HoH and Adults
within 14 Days?	59	CARR				X				X	Outreach			HoH and Adults
4.12 (e) Has a Subsequent Residence Been Identified?	59	CARR				X				X	Outreach			HoH and Adults
4.12 (f) Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?	60	CARR				X				X	Outreach			HoH and Adults
4.12 (g) Has the Client Had a Lease or Ownership Interest in a Permanent Housing Unit in the Last 60 Days?	60	CARR				X				X	Outreach			HoH and Adults
4.12 (h) Has the Client moved 2 or More Times in the Last 60 Days?	60	CARR				X				X	Outreach			HoH and Adults
4.12 (i) Location Details	60	CARR				X				X	Outreach			HoH and Adults
4.13 Date of Engagement (Outreach)	61	CARR				X				X	Outreach			HoH and Adults
4.14 Bed-Night Date - Do Not Use	61													All
HOPWA Required Data Elements														
W1 Services Provided	62													
W1.1 Date of Service	62													HoH and Adults
W1.2 Type of Service	62													HoH and Adults
W2 Financial Assistance	62													
W2.1 Date of Financial Assistance	63													HoH and Adults
W2.2 Financial Assistance Type	63													HoH and Adults
W2.3 Financial Assistance Amount	63													HoH and Adults
W3 Medical Assistance - HOPWA	63													
W3.1 Information Date	63													All
W3.2 Receiving Public HIV/AIDS Medical Assistance	63													All
W3.3 If No for "Receiving Public HIV/AIDS Medical Assistance," Reason	63													All
W3.4 Receiving AIDS Drug Assistance Program (ADAP)	64													All
Reason	64													All
W4 T-Cell (CD4) and Viral Load	64													
W4.1 T-Cell (CD4) Count Available	64													All
W4.2 If Yes, then T-Cell Count	64													All
W4.3 How was the Information Obtained	64													All
W4.4 Viral Load Information Available	65													All
W4.5 If Yes, then Viral Load Count	65													All
W4.6 How was the Information Obtained	65													All
W5 Housing Assessment at Exit	65													
W5.1 Housing Assessment at Exit	65													All
W5.2 Subsidy Information *(If "Able to maintain the housing they had at Project start")*	66													All
W5.3 *(If "Moved to New Housing Unit")*	66													All

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 (This data element is not yet retired but will be in the future)	RHY Projects	USHS	Clients Required For
PATH Required Data Elements														
P1 Services Provided - PATH Funded	67													
P1.1 Date of Service	67										X			HoH and Adults
P1.2 Type of PATH-Funded Service Provided	67										X			HoH and Adults
P2 Referrals Provided - PATH	67													
P2.1 Date of Referral	67										X			HoH and Adults
P2.2 Referral Type	68										X			HoH and Adults
P2.3 Select Outcome	68										X			HoH and Adults
P3 PATH Status	68													
P3.1 Date of Status Determination	68										X			HoH and Adults
P3.2 Client Became Enrolled in PATH	68										X			HoH and Adults
P3.3 If "No" for Status, Reason Not Enrolled	69										X			HoH and Adults
P4 Connection with SOAR	69									X	X			HoH and Adults
RHY Required Data Elements														
R1 Referral Source	70		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R2 RHY - BCP Status	70													
R2.1 Date of Status Determination	70											X		All
R2.2 Youth Eligible for RHY Services	70											X		All
R2.3 If "No" for Status, Reason Why Services Are Not Funded by BCP Grant	71											X		All
R2.4 If "Yes" for Status, Runaway Youth	71											X		All
R3 Sexual Orientation	71		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R4 Last Grade Completed	72	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	72											X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R6 Employment Status	73													
R6.1 Employed?	73	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	73		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?)	73		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?)	73		X			X	X	X	X	X		X		All Adults and Youth Age 18-24 (Adults only for ES and SO)
R7 General Health Status	74		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R8 Dental Health Status	74		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R9 Mental Health Status	75		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R9.2 Substance Use Status	75		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R10 Pregnancy Status	76													
R10.1 Pregnancy Status	76	X	X	X		X	X	X		X		X		All Females Age 12 and older
R10.2 If "Yes", Due Date	76	X	X	X		X	X	X		X		X		All Females Age 12 and older
R11 Formerly a Ward of Child Welfare/ Foster Care Agency	76											X		
R11.1 Formerly a Ward of Child Welfare/Foster Care Agency	76		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R11.2 If Yes, Number of Years	76		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R11.3 If Less than One Year, Number of Months	76		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R12 Formerly a Ward of Juvenile Justice System	77											X		
R12.1 Formerly a Ward of Juvenile Justice System	77		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R12.2 If Yes, Number of Years	77		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R12.3 If Less than One Year, Number of Months	77		X	X		X	X	X				X		Unaccompanied Youth & Youth Age 18-24

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 (This data element is not yet related but will be in the future; projects…)	RHY Projects	USHS	Clients Required For
RHY Required Data Elements *(continued)*														
R13 Family Critical Issues	77													
R13.1 Unemployment - Family Member	77											X		Unaccompanied Youth & Youth Age 18-24
R13.2 Mental Health Issues - Family Member	77											X		Unaccompanied Youth & Youth Age 18-24
R13.3 Physical Disability - Family Member	78											X		Unaccompanied Youth & Youth Age 18-24
R13.4 Alcohol or Other Drug Abuse - Family Member	78											X		Unaccompanied Youth & Youth Age 18-24
R13.5 Insufficient Income to Support Youth - Family Member	78											X		Unaccompanied Youth & Youth Age 18-24
R13.6 Incarcerated Parent of Youth	78											X		Unaccompanied Youth & Youth Age 18-24
R14 RHY Service Connections	78											X		Unaccompanied Youth & Youth Age 18-24
R15 Commercial Sexual Exploitation	79													
R15.1 Ever Received Anything in Exchange for Sex (e.g. money, food, drugs, shelter).	79		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").	79		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").	79		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").	79		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R16 Labor Exploitation/Trafficking	80													
R16.1 Ever Afraid to Quit/Leave Work Due to Threats of Violence to Yourself, Family, or Friends?	80		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?	80		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").	80		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").	80		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R17 Project Completion Status	81													
R17.1 Project Completion Status	81											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")	81											X		Unaccompanied Youth & Youth Age 18-24
R18 Counseling	81													
R18.1 Counseling Received by Client	81											X		Unaccompanied Youth & Youth Age 18-24
R18.2 If Yes, Identify the Type(s) of Counseling Received	81											X		Unaccompanied Youth & Youth Age 18-24
R18.3 If Yes, Identify the Number of Sessions Received by Exit	82											X		Unaccompanied Youth & Youth Age 18-24
Plan	82											X		Unaccompanied Youth & Youth Age 18-24
R18.5 A Plan is in Place to Start or Continue Counseling After Exit	82											X		Unaccompanied Youth & Youth Age 18-24
R19 Safe and Appropriate Exit	82													
R19.1 Exit Destination Safe – As Determined by the Client	82		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R19.2 Exit Destination Safe – As Determined by the Project/Caseworker	82		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
Project	82		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R19.4 Client Has Permanent Positive Peer Connections Outside of Project	83		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R19.5 Client Has Permanent Positive Community Connections	83		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R20 Aftercare Plans	83													
R20.1 Aftercare Was Provided	83											X		Unaccompanied Youth & Youth Age 18-24
R20.2 If Yes, Identify the Primary Way it Was Provided	83											X		Unaccompanied Youth & Youth Age 18-24
R21 Education Goals	83		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24
R22 Employment Goals	84		X		X	X	X	X				X		Unaccompanied Youth & Youth Age 18-24

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 (This data element is not yet retired but will be in the future, projects...)	RHY Projects	USHS	Clients Required For
VA Required Data Elements														
V1 Veteran's Information	84													
V1.1 Year Entered Military Service (year)	84		X			X		X	X					All Veterans
V1.2 Year Separated from Military Service (year)	84		X			X		X	X					All Veterans
V1.3 Theatre of Operations: World War II	84		X			X		X	X					All Veterans
V1.4 Theatre of Operations: Korean War	85		X			X		X	X					All Veterans
V1.5 Theatre of Operations: Vietnam War	85		X			X		X	X					All Veterans
V1.6 Theatre of Operations: Persian Gulf War (Operation Desert Storm)	85		X			X		X	X					All Veterans
V1.7 Theatre of Operations: Afghanistan (Operation Enduring Freedom)	85		X			X		X	X					All Veterans
V1.8 Theatre of Operations: Iraq (Operation Iraqi Freedom)	85		X			X		X	X					All Veterans
V1.9 Theatre of Operations: Iraq (Operation New Dawn)	86		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)	86		X			X		X	X					All Veterans
V1.11 Branch of the Military	86		X			X		X	X					All Veterans
V1.12 Discharge Status	86		X			X		X	X					All Veterans
V2 Services Provided – SSVF	87													
V2.1 Date of Service	87		X					X	X					HoH and Adults
V2.2 Type of Service	87		X					X	X					HoH and Adults
V2.3 Indicate type if provided "Assistance obtaining VA benefits"	87		X					X	X					HoH and Adults
V2.4 Indicate type if provided "Assistance obtaining/coordinating other public benefits"	87		X					X	X					HoH and Adults
V2.5 Indicate type if provided "Direct provision of other public benefits"	88		X					X	X					HoH and Adults
V2.6 Indicate type if provided "Other (Non-TFA) Supportive Services Approved by VA"	88		X					X	X					HoH and Adults
V3 Financial Assistance – VA	88													
V3.1 Date of Financial Assistance.	88		X					X	X					HoH and Adults
V3.2 Financial Assistance Amount.	88		X					X	X					HoH and Adults
V3.3 Financial Assistance Type.	89		X					X	X					HoH and Adults
V4 Percent of AMI (SSVF Eligibility)	89		X					X	X					HoH and Adults
V6 VAMC Station Number	89		X					X	X					HoH and Adults

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 (This data element is not yet retired but will be in the future, projects...)	RHY Projects	USHS	Clients Required For
VA Required Data Elements (continued)														
V7 SSVF HP Targeting Criteria	90													
Prevent the Household from Entering an Emergency Shelter or Transitional Housing or from Staying in a Place Not Meant for Human Habitation	90		X						X	X				HoH and Adults
V7.2 Current Housing Loss Expected Within…	90		X						X	X				HoH and Adults
V7.3 Current Household Income is $0	90		X						X	X				HoH and Adults
V7.4 Annual Household Gross Income Amount	90		X						X	X				HoH and Adults
and/or Cash Benefits) AND/OR Unavoidable Increase in Non-Discretionary Expenses (e.g., Rent or Medical Expenses) in the Past 6 Months	90		X						X	X				HoH and Adults
V7.6 Major Change in Household Composition (e.g., Death of a Family Member, Separation/Divorce from Adult Partner, Birth of New Child) in the Past 12 Months	91		X						X	X				HoH and Adults
V7.7 Rental Evictions Within the Past 7 Years	91		X						X	X				HoH and Adults
V7.8 Currently at Risk of Losing a Tenant-Based Housing Subsidy or Housing in a Subsidized Building or Unit	91		X						X	X				HoH and Adults
V7.9 History of Literal Homelessness (Street/Shelter/Transitional Housing)	91		X						X	X				HoH and Adults
Mental Health, Substance Use) that Directly Affects Ability to Secure/Maintain Housing	91		X						X	X				HoH and Adults
V7.11 Criminal Record for Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property	91		X						X	X				HoH and Adults
V7.12 Registered Sex Offender	91		X						X	X				HoH and Adults
V7.13 At Least One Dependent Child Under Age 6	92		X						X	X				HoH and Adults
V7.14 Single Parent of Minor Child(ren)	92		X						X	X				HoH and Adults
V7.15 Household Size of 5 or More Requiring at Least 3 Bedrooms (Due to Age/Gender Mix)	92		X						X	X				HoH and Adults
V7.16 Any Veteran in Household Served in Iraq or Afghanistan	92		X						X	X				HoH and Adults
V7.17 Female Veteran	92		X						X	X				HoH and Adults
V7.18 HP Applicant Total Points	92		X						X	X				HoH and Adults
V7.19 Grantee Targeting Threshold Score	92		X						X	X				HoH and Adults
V8 HUD-VASH Voucher Tracking	92													
V8.1 Information Date	92		X						X	X				HoH and Adults
V8.2 Voucher Change	93		X						X	X				HoH and Adults
V9 HUD-VASH Exit Information	93		X						X	X				HoH and Adults
5.0 Other Project-Specific Data Requirements														
5.1 Zip Code of Last Permanent Address (Moved from Universal Data Elements)	94													
5.1 (a) Zip Code	94	X	X	X	X	X	X		X	X	X			All Adults & Unaccompanied Youth
5.1 (b) Zip Data Quality Code	94	X	X	X	X	X	X		X	X	X			All Adults & Unaccompanied Youth
5.2 General Area Location of Previous Residence	94	X	X	X		X	X		X	X				All Adults & Unaccompanied Youth
5.3 Received vocational training?	94	X	X	X		X	X		X					All Adults & Unaccompanied Youth
5.5 Children's Education	95													
5.5 (a) Child Presently attending School?	95		X					X						All Children
5.5 (b) If yes, school type:	95		X					X						All School-age Children
5.5 (c) If no, Date last enrolled in school	95		X					X						All School-age Children
5.5 (d) If child has changed schools, was this planned?	95		X					X						All School-age Children
5.5 (e) Primary reason for change of schools	95							X						All School-age Children
5.5 (f) Reason for change of schools (if Other)	96							X						All School-age Children
5.5 (g) Mobility Outcome	96							X						All School-age Children
5.7 Reason for Leaving	96	X	X	X		X	X	X	X	X	X	X		All

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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 (This data element is not yet retired but will be in the future; projects should continue to collect as usual)	RHY Projects	USHS	Clients Required For
5.0 Other Project-Specific Data Requirements (continued)															
5.8 Services Provided - DCA Referral	97														
5.8 (a) Start Date	97		X	X		X	X								HoH
5.8 (b) End Date	97		X	X		X	X								HoH
5.8 (c) Service Type	97		X	X		X	X								HoH
5.8 (d) Type of Financial Assistance	97		X	X		X	X								HoH
5.8 (e) Amount of Financial Assistance	98		X	X		X	X								HoH
5.8 (f) Service Status	98		X	X		X	X								HoH
5.8 (g) Service Outcome	98		X	X		X	X								HoH
5.9 Household Type (Family Status)	98		X	X		X	X								All
5.10 Head of Household Designation	98		X	X		X	X								All clients in households
5.12 Homelessness Primary Reason	99	X	X	X		X	X			X	X				HoH
5.13 Homelessness Secondary Reason	99	X	X	X		X	X			X	X				HoH
5.15 Monthly Rent and Utilities	100		X	X		X	X	X		X	X				HoH
5.16 Family Shelter Exit Type	100		X												HoH
5.20 Incidents	100														
5.20 (a) Provider	100		X							X					All
5.20 (b) Start Date	101		X							X					All
5.20 (c) End Date	101		X							X					All
5.20 (d) Incident	101		X							X					All
5.20 (e) Incident Code	101		X							X					All
5.20 (f) Ban	101		X							X					All
5.20 (g) Staff Person	101		X							X					All
5.20 (h) Sites Barred From	101		X							X					All
5.20 (i) Notes	101		X							X					All
5.22 Mental Health Linkage	102														
5.22a If linked with a Mental Health Agency, which one?	102	X	X	X		X	X								All Adults
5.22b If Mental Health Linkage is "Other", please specify.	102	X	X	X		X	X								All Adults
6.0 Additional Veteran Data Requirements (Veterans Only)															
6.1 Veteran HOMES Identifier	103		X			X	X			X	X	X			All Veterans
6.2 List Status	103		X			X	X			X	X	X			All Veterans
6.3 List Status Change Date	103		X			X	X			X	X	X			All Veterans
6.4 Date of Last Review/Update on Master List	103		X			X	X			X	X	X			All Veterans
6.5 VHA Eligible?	104		X			X	X			X	X	X			All Veterans
6.6 SSVF Eligible?	104		X			X	X			X	X	X			All Veterans
6.7 Date Permanent Housing Plan (ISHP) Created	104		X			X	X			X	X	X			All Veterans
6.8 Permanent Housing Plan Notes	104		X			X	X			X	X	X			All Veterans
6.9 Client Contact Phone Number	105		X			X	X			X	X	X			All Veterans
6.10 Client Email Address	105		X			X	X			X	X	X			All Veterans
6.11 Date Housing Barrier/Service Need Assessment Completed	105		X			X	X			X	X	X			All Veterans
6.12 Assessment Score	105		X			X	X			X	X	X			All Veterans
6.13 Currently Project Enrollment Type	106		X			X	X			X	X	X			All Veterans
6.14 Date of Move to Transitional Housing, Including GPD	106		X			X	X			X	X	X			All Veterans
6.15 Responsible Provider	106		X			X	X			X	X	X			All Veterans
6.16 Responsible Provider Staff Name	107		X			X	X			X	X	X			All Veterans
6.17 Type of Service Provided (by GPD only)	107		X			X	X			X	X	X			All Veterans in GPD Projects
6.18 Entered to Address a Clinical Need (by GPD only)	107		X			X	X			X	X	X			All Veterans in GPD Projects
6.19 Graduated VASH Voucher	107				X										VASH Clients with a Graduated Voucher Status

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
7.0 Additional CPOA Diversion Data Requirements														VASH Clients with a Graduated Voucher Status
7.1 Number of Adults in Household	108	X												HoH
7.2 Number of Children in Household	108	X												HoH
7.2 (a) 0-2 years	108	X												HoH
7.2 (b) 3-7 years	108	X												HoH
7.2 (c) 8-12 years	108	X												HoH
7.2 (d) 13-17 years	108	X												HoH
7.3 Contact Resolution STAGE 1 (phone contact only)	109	X												HoH
7.3a Stage 1: Contact Resolution After Phone Diversion	109	X												HoH
7.3b Stage 1: Other Shelter or Residential Referrals	109	X												HoH
7.3c Stage 1: If Diverted. Where Will the Applicant Stay Tonight	110	X												HoH
7.3d Stage 1: How Long Can Applicant Expect to Stay There	110	X												HoH
7.3e Stage 1: Other Service Referrals	110	X												HoH
7.4 Contact Resolution STAGE 2 (After Face-to-Face Diversion)	111	X												HoH
7.4a Stage 2: Contact Resolution After Face to Face Diversion	111	X												HoH
7.4b Stage 2: Other Shelter of Residential Referrals	111	X												HoH
7.5 Client acknowledged electronic data collection over the phone.	111	X												HoH
7.6 Sex Offender Status	112	X												HoH
7.6a Are You, or Anyone in Your Household a Registered Sex Offender?	112	X												HoH
7.6b (Are you a) Convicted sex offender?	112	X												HoH
7.6c If Yes, Sex Offender Classification:	112	X												HoH
7.6d Background Check Completed?	112	X												HoH
7.6e Date Last Background Check Completed:	112	X												HoH
7.7 Housing Assessment Disposition	113													
7.7 (a) Assessment Disposition	113	X												HoH
7.7 (b) If "Other", specify	113	X												HoH
7.7 (c) If referred, specify where to	113	X												HoH
7.8 Managed Care Organization	114													
7.8 (a) Do you have health insurance through a Managed Care Organization (MCO)? If so, which one?	114	X												HoH
7.8 (b) If client identified an MCO, please enter the Medicaid # from MITS	114	X												HoH
7.8 (c) Do I have your approval to share this information with your Managed Care Organization?	114	X												HoH
8.0 Additional RRH Data Requirements														
8.1 YMCA RRH Case Manager First and Last Name	115					YMCA								All
8.2 YMCA RRH Assignment Date	115					YMCA								All
8.3 YMCA RRH Pathway	115					YMCA								All
8.4 Housing Approval	115	X				X								HoH in Family projects
8.5 Anticipated Date of Housing Move-In	116	X				X								HoH in Family projects
8.6 Housing Progress Summary	116	X				X								HoH in Family projects
8.7 Exit Summary	116	X				X								HoH in Family projects

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 (This data element is not yet related but will be in the future, projects...)	RHY Projects	USHS	Clients Required For
9.0 USHS Data Requirements														
9.1 Transition Age Youth	116												X	All Clients in USHS Pool
9.2 Responsible Provider	117												X	All Clients in USHS Pool
9.3 USHS Assessment Invitation	117													
9.3a Date Invited to Submit Assessment	117												X	All Clients in USHS Pool
9.3b Date Assessment Submitted	117												X	All Clients in USHS Pool
9.4 USHS File Invitation	118													
9.4a Invited to Submit File	118												X	All Clients in USHS Pool
9.4b Date Invited to Submit File	118												X	All Clients in USHS Pool
9.4c Date USHS File Submitted	118												X	All Clients in USHS Pool
9.4d Date File Reviewed	118												X	All Clients in USHS Pool
9.4e File Complete	118												X	All Clients in USHS Pool
9.5 Case Manager Email	118												X	All Clients in USHS Pool
9.6 Priority Pool	119												X	All Clients in USHS Pool
9.7 Date Entered into USHS Pool	119												X	All Clients in USHS Pool
9.8 USHS Status	119													
9.8a Current Status	119												X	All Clients in USHS Pool
9.8b If Inactive, Reason	119												X	All Clients in USHS Pool
9.8c Status Update Date	119												X	All Clients in USHS Pool
9.9 Program Referral 1	120													
9.9a Program Referred To (1)	120												X	All Clients in USHS Pool
9.9b Date Referred to Housing (1)	120												X	All Clients in USHS Pool
9.9c Result of Referral (1)	120												X	All Clients in USHS Pool
9.10 Program Referral 2	120													
9.9a Program Referred To (2)	120												X	All Clients in USHS Pool
9.9b Date Referred to Housing (2)	120												X	All Clients in USHS Pool
9.9c Result of Referral (2)	120												X	All Clients in USHS Pool
9.11 File Expiration Date	121												X	All Clients in USHS Pool
9.12 Result of Application	121												X	All Clients in USHS Pool
9.13 Housing Program	121												X	All Clients in USHS Pool
9.14 Date Client Housed	121												X	All Clients in USHS Pool

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

2.3 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: ESG – Emergency Shelter (operating and/or essential services).*
11. *HUD: ESG – Homelessness Prevention.*
12. *HUD: ESG – Rapid Re-Housing.*
13. *HUD: ESG – Street Outreach.*
14. *HUD: Rural Housing Stability Assistance Program.*
15. *HUD: HOPWA – Hotel/Motel Vouchers.*
16. *HUD: HOPWA – Housing Information.*
17. *HUD: HOPWA – Permanent Housing (facility based or TBRA).*
18. *HUD: HOPWA – Permanent Housing Placement.*
19. *HUD: HOPWA –Short-Term Rent, Mortgage, Utility Assistance.*
20. *HUD: HOPWA –Short Term Supportive Facility.*
21. *HUD: HOPWA – Transitional Housing (facility based or TBRA).*
22. *HUD: HUD/VASH.*
23. *HUD: Pay for Success.*
24. *HUD: Public and Indian Housing (PIH) Programs.*
25. *HHS: PATH – Street outreach & Supportive Services Only.*
26. *HHS: RHY – Basic Center Program (prevention and shelter).*
27. *HHS: RHY – Maternity Group Homes for Pregnant and Parenting Youth.*
28. *HHS: RHY –Transitional Living Program.*
29. *HHS: RHY – Street Outreach Project.*
30. *HHS: RHY – Demonstration Project.*
31. *VA: CRS Contract Residential Services.*
32. *VA: Community Contract Safe Haven Program.*
33. *VA: Supportive Services for Veteran Families.*
34. *VA: Grant and Per Diem – Bridge Housing.*
35. *VA: Grant and Per Diem – Low Demand.*
36. *VA: Grant Per Diem – Hospital to Housing.*
37. *VA: Grant Per Diem – Clinical Treatment.*
38. *VA: Grant Per Diem – Service Intensive Transitional Housing.*
39. *VA: Grant Per Diem – Transition in Place.*
40. *VA: Grant Per Diem – Case Management/Housing Retention.*
41. *N/A.*
42. *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 first name, legal last name, legal middle initial, and suffix. 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 CSP 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.
The Name Data Quality indicates the quality and reliability of the 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

<u>Rationale:</u> 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.

<u>Data Source:</u> Client interview

<u>When Collected:</u> Upon initial project start or as soon as possible thereafter.

<u>Subjects:</u> All clients served.

<u>Definition and Instructions:</u> Record the nine-digit Social Security Number of every new person served that is not currently in the CSP 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.

<u>Required Response Categories:</u>

1. ***Social Security Number.*** Please enter the nine-digit Social Security Number.

3.2b SSN Data Quality.

<u>Rationale:</u> For internal database processes it is helpful to have an indicator of the quality of data entered in the Social Security Number field.

<u>Data Source:</u> Data Entry Staff

<u>When Collected:</u> Data Entry Staff can determine the correct quality code as pertains to the data entered in the Social Security Number field.

<u>Subjects:</u> All clients served.

<u>Definition and Instructions:</u> Record the relevant quality code for the nine-digit Social Security Number of every person served that is not currently in the CSP system.

<u>Required Response Categories:</u>

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 CSP 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.

<u>Rationale:</u> Race is used to count the number of homeless persons who identify themselves within five different racial categories.

<u>Data Source:</u> Client interview.

<u>When Collected:</u> Upon initial project start or as soon as possible thereafter.

<u>Subjects:</u> All clients served.

<u>Definition and Instructions:</u> Collect the self-identified race of each client served that is not currently in the CSP 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.

<u>Required Response Categories:</u>

1. ***American Indian or Alaskan Native.*** a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
2. ***Asian.*** a person having origins on any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
3. ***Black or African American.*** a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
4. ***Native Hawaiian or Other Pacific Islander.*** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
5. ***White.*** a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
6. ***Client Doesn't Know.*** a person who has no idea what their racial background is.
7. ***Client Refused.*** a person vehemently declines to indicate a racial category.
8. ***Data Not Collected.*** Client was not asked to indicate their race.

3.5 Ethnicity.

<u>Rationale:</u> Ethnicity is used to count the number of homeless persons who identify themselves as Hispanic or Latino.

<u>Data Source:</u> Client interview.

<u>When Collected:</u> Upon initial project start or as soon as possible thereafter.

<u>Subjects:</u> All clients served.

<u>Definition and Instructions:</u> Collect the self-identified Hispanic or Latino ethnicity of each client served that is not currently in the CSP system. Verification is required for all existing clients. Staff observations should not be used to collect information on ethnicity.

<u>Required Response Categories:</u>

1. ***Non-Hispanic/Non-Latino.*** a person who does <u>not</u> identify as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.
2. ***Hispanic/Latino.*** a person who identifies as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.
4. ***Client Doesn't Know.*** a person who has no idea what their ethnic background is.
5. ***Client Refused.*** a person vehemently declines to indicate an ethnic category.
6. ***Data Not Collected.*** Client was not asked to indicate an ethnic category

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 CSP 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. ***Trans Female (MTF or Male to Female).***
4. ***Trans Male (FTM or Female to Male).***
5. ***Gender Non-Conforming (i.e. not exclusively male or female).***
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 EntryExit record Entry screen.

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** it is the date the client signs the unit lease.
- **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 EntryExit record Exit screen.

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 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 clients 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: 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. With this separation and clarification, the definition of chronic homelessness as identified in the final rule in the Federal Register published December 5, 2015 is able to be fully reported through an HMIS.

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

3.917A1 Residence Prior to Project Start.

Rationale: To identify the type of residence just prior to project admission.
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.*

3.917A3 Length of Stay in Previous Place.

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.

3.917A4 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. **Approximate Date Homelessness Started.** Date Field.

3.917A5 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.

<u>Rationale:</u> To identify chronic homelessness.
<u>Data Source:</u> Client interview.
<u>When Collected:</u> Project Start.
<u>Subjects:</u> All adults and unaccompanied youth served.
<u>Definition and Instructions:</u> Use drop-down menu and determine which category best describes clients' situation.
<u>Required Response Categories:</u>
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.

3.917A6 Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years.

<u>Rationale:</u> To identify chronic homelessness.
<u>Data Source:</u> Client interview.
<u>When Collected:</u> Project Start.
<u>Subjects:</u> All adults and unaccompanied youth served.
<u>Definition and Instructions:</u> 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.
<u>Required Response Categories:</u>
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 Residence Prior to Project Start.
Rationale: To identify the type of residence just prior to project admission.
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.*

3.917B3 Length of Stay in Previous Place.
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.

3.917B4 Did You Stay Less than 90 Days? *For Institutional Situations Only.*
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.*

3.917B5 Did You Stay Less than 7 Nights? *For Transitional & Permanent Housing Situations Only.*
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*

3.917B6 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 the client if they answered "yes" to either 3.917B4 or 3.917B5.
Required Response Categories:
1. *No.*
2. *Yes*

3.917B7 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. Aproximated Date Homelessness Started. Date Field.

3.917B8 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: 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.

3.917B9 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: 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**

4.2k Temporary 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

<u>Rationale:</u> 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.

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

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

<u>Subjects:</u> Head of household and adults.

<u>Definition and Instructions:</u> 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 <u>each</u> of the listed benefits.

4.3a Information Date.
<u>Required Response Categories:</u>
1. *Information Date.* (Date field)

4.3b Non-Cash Benefits from any Source?
<u>Required Response Categories:</u>
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.*

Columbus ServicePoint (CSP)

4.5 – 4.10 Disability Type (*HIPAA assessment*)

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. If the answer to the this filed is "Yes" then the answer to element 3.8 should be "Yes" (3) if there is documentation of the disability on file, and (4) if the client is currently receiving services or treatment for this disability or received services or treatment prior to exiting the project.

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.

HUD Revision 06.2017: Documentation of the disability and severity on file and Currently receiving services/treatment for this disability questions removed. PATH How Confirmed question for mental health and substance abuse removed.

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

4.6b Developmental Disability?
Required Response Categories:
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 Problem. a mental health problem 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 Problem?
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 Abuse. a substance abuse problem that substantially impedes their ability to live independently.

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

4.10b Substance Abuse Problem?
Required Response Categories:
1. *No.*
2. *Alcohol abuse.*
3. Drug Abuse.
4. *Both Alcohol and Drug Abuse.*
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.

HOPWA Required Data Elements *- Equitas Health Only*

Rationale: To define and collect data elements specific to HOPWA projects.
Data Source: Recorded by project staff.
When Data are Collected: Occurrence Point.
Subjects: Head of household and adults.

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.*

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**

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.**

Columbus ServicePoint (CSP)

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 interspersed with employment. 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 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 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.

<u>Rationale:</u> To determine the number of pregnant women entering continuum projects and to determine eligibility for benefits and need for services.

<u>Data Source:</u> Recorded by project staff.

<u>When Data are Collected:</u> At project start and update.

<u>Subjects:</u> All females age 12 and older.

<u>Definition and Instructions:</u> 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.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

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

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

<u>Rationale:</u> To identify clients with child welfare or foster care histories.

<u>Data Source:</u> Recorded by project staff.

<u>When Data are Collected:</u> At project start.

<u>Subjects:</u> Youth age 18-24.

<u>Definition and Instructions:</u> 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.
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Client Doesn't Know.*
4. *Client Refused.*
5. *Data Not Collected.*

R11.2 If "Yes", Number of Years.
<u>Required Response Categories:</u>
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.
<u>Required Response Categories:</u>
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 Issues – Family Member.
Required Response Categories:
1. *No.*
2. *Yes.*

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

R13.4 Alcohol or Other Drug Abuse – Family Member.
Required Response Categories:
1. *No.*
2. *Yes.*

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

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

R14 RHY Service Connections.
Rationale: To identify service connections for youth in RHY programs.
Data Source: Recorded by project staff.
When Data are Collected: At first service.
Subjects: Head of household and youth age 18 or older in RHY projects.
Definition and Instructions: 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.
Required Response Categories:
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 Abuse Training
11. Substance Abuse 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.

Rationale: To assess the extent of sexual 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 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).
Required Response Categories:
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").
Required Response Categories:
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").
Required Response Categories:
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").
Required Response Categories:
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 – VA
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.*
11. *General Housing Stability Assistance – Emergency Supplies.*
12. *General Housing Stability Assistance – Other.*
13. *Emergency Housing Assistance.*
14. *Extended Shallow Subsidy – Rental 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 Referred by Coordinated Entry or a Homeless Assistance Provider to Prevent the Household from Entering an Emergency Shelter or Transitional Housing or from Staying in a Place Not Meant for Human Habitation.*
> Required Response Categories:
> 1. *No (0 points).*
> 2. *Yes.*

> ### *V7.2 Current Housing Loss Expected Within…*
> Required Response Categories:
> 1. *0-6 days.*
> 2. *7-13 days.*
> 3. *14-21 days.*
> 4. *More than 21 days (0 points)*

> ### *V7.3 Current Household Income is $0.*
> Required Response Categories:
> 1. *No (0 points).*
> 2. *Yes.*

> ### *V7.4 Annual Household Gross Income Amount.*
> Required Response Categories:
> 1. *0-14% of Area Median Income (AMI) for Household Size.*
> 2. *15-30% of AMI for Household Size.*
> 3. *More than 30% AMI for Household Size (0 points).*

> ### *V7.5 Sudden and Significant Decrease in Cash Income (Employment and/or Cash Benefits) AND/OR Unavoidable Increase in Non-Discretionary Expenses (e.g., Rent or Medical Expenses) in the Past 6 Months.*
> Required Response Categories:
> 1. *No (0 points).*
> 2. *Yes.*

V7.6 Major Change in Household Composition (e.g., Death of a Family Member, Separation/Divorce from Adult Partner, Birth of New Child) in the Past 12 Months.

Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.7 Rental Evictions Within the Past 7 Years.

Required Response Categories:
1. *4 or More Prior Rental Evictions.*
2. *2-3 Prior Rental Evictions.*
3. *1 Prior Rental Eviction.*
4. *No Prior Rental Evictions.*

V7.8 Currently at Risk of Losing a Tenant-Based Housing Subsidy or Housing in a Subsidized Building or Unit.

Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.9 History of Literal Homelessness (Street/Shelter/Transitional Housing).

Required Response Categories:
1. *4 or More Times or Total of at Least 12 Months in Past Three Years.*
2. *2-3 Times in Past Three Years.*
3. *1 Time in Past Three Years.*
4. *None (0 points).*

V7.10 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 (0 points).*
2. *Yes.*

V7.11 Criminal Record for Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property.

Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.12 Registered Sex Offender.

Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.13 At Least One Dependent Child Under Age 6.
Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.14 Single Parent of Minor Child(ren).
Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.15 Household Size of 5 or More Requiring at Least 3 Bedrooms (Due to Age/Gender Mix).
Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.16 Any Veteran in Household Served in Iraq or Afghanistan.
Required Response Categories:
1. *No (0 points).*
2. *Yes.*

V7.17 Female Veteran.
Required Response Categories:
1. *No (0 points).*
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.

5.3 Received vocational training?
Required Response Categories:
   1. *No*
   2. *Yes*
   3. *Don't Know*
   4. *Refused*

5.5 Children's Education
<u>Rationale:</u> To determine if homeless children and youth have the same access to free, public education, including public preschool education, that is provided to other children and youth. It can also serve as an important outcome measure. These questions were developed in consultation with the U.S. Department of Education.
<u>Data Source:</u> Client interview or case manager records.
<u>When Data Are Collected:</u> In the course of client assessment, nearest to project start, at project exit and at least once annually during project enrollment, if the period between project start and exit exceeds one year.
<u>Subjects:</u> All children between 5 and 17 years of age.
<u>Definition and Instructions:</u> For each child, determine in separate fields: (1) If the child is currently enrolled in school; (2) if the child is currently enrolled, the name of the school; (3) if the child is currently enrolled, the type school; (4) if the child is not currently enrolled in school, what date was the child last enrolled in school

5.5a Presently attending school?
<u>Required Response Categories:</u>
1. *No*
2. *Yes*
3. *Don't Know*
4. *Refused*

5.5c If not enrolled, last date of enrollment?
<u>Required Response Categories:</u>
1. *MM/DD/YYYY*

5.5d If child has changed schools, was this planned?
<u>Required Response Categories:</u>
1. *No.*
2. *Yes.*
3. *Don't Know.*
4. *Refused.*

5.5e Primary reason for change of schools?
<u>Required Response Categories:</u>
1. *Behavior Issues.*
2. *Moved out of county.*
3. *Moved out of state.*
4. *Moved to a better school district (Franklin County).*
5. *Moved to a better neighborhood.*
6. *Moved to more affordable housing (Franklin County).*
7. *Natural Progression (elementary to middle; middle to high).*
8. *Other (please specify).*

5.5f Reason for change of schools (if other).
Required Response Categories:
1. *Unconstrained text field.*

5.5g Mobility Outcome.
Required Response Categories:
1. *Remained stable in school of origin.*
2. *Planned supported transfer.*
3. *Unplanned, disruptive move.*
4. *Not applicable.*

5.7 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*

5.8 Services Provided – DCA Referrals

Rationale: To determine the services provided during a project stay and any resulting outcomes. Some funders may want information on service receipt as a performance measure. Service receipt may also be useful in identifying service gaps in a community.

Data Source: Case manager records.

When Data are Collected: In the course of client assessment at least every continuous year the client is in the project and at exit from the project. Projects that service clients for less than 1 year can opt to capture the service data once, using the client's exit date (capture one instance of the service at client's exit, even though client might have received multiples of the same service during the stay) or backdate services.

Subjects: All clients served.

Definition and Instructions: For each service encounter, three types of information must be determined and recorded in three separate fields. Record ''start date'' of service and "end date" of service as MM/DD/YYYY. Record ''type of service'' as one of the service types listed below.

5.8a Start Date of Service.
Required Response Categories:
1. *MM/DD/YYYY*

5.8b End Date of Service.
Required Response Categories:
1. *MM/DD/YYYY*

5.8c Service Type.
Required Response Categories:
1. *Adult Day Programs (PH-0320).*
2. *Case/Care Management (PH-1000).*
3. *Consumer Assistance Protection (DD).*
4. *Counseling Settings (RF).*
5. *Criminal Justice and Legal Services (F)*
6. *Education (H).*
7. *Employment (ND).*
8. *Health Care (L).*
9. *Housing Search and Information (BH-3900).*
10. *Material Goods (BM).*
11. *Outreach Programs (TJ-6500.6300).*
12. *Personal Enrichment (PH-6200).*
13. *Temporary Financial Assistance (NT).*

5.8d Type of Financial Assistance. *If 5.8c is Temporary Financial Assistance.*
Required Response Categories:
a. *Rental Assistance.*
b. *Security Deposit Assistance.*
c. *Utility Assistance.*

5.8e Amount of Financial Assistance. *If 5.8c is Temporary Financial Assistance.*
Required Response Categories:
     1. Assistance Amount: ***$____.00***

5.8f Service Status.
Required Response Categories:
     1. **Closed.**
     2. **Identified.**
     3. **In Progress.**

5.8g Service Outcome.
Required Response Categories:
     1. **Fully Met.**
     2. **Partially Met.**
     3. **Not Met.**
     4. **Service Pending.**

5.9 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**

5.10 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**

5.12 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*

5.13 Homelessness Secondary Reason.

Rationale: To identify the secondary reason homelessness occurred, if applicable.
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 secondary cause of homelessness, if none please select "No Secondary Reason for 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. *No Secondary Reason for Homelessness*
14. *Other*

5.15 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*

5.16 Family Shelter Exit Type.

Rationale: To facilitate better reporting of Family Center exit types.
Data Source: Project staff.
When Data Are Collected: Course of client case management/ exit interview.
Subjects: Head of household.
Definition and Instructions: Indicate the type of exit client is making from the Family Center Project.
Required Response Categories:
1. *Transition DCA (lease)*
2. *Rapid Re-housing (TSA, VOA, HFF)*
3. *Job2Housing (J2H)*
4. *Kinship Care (KCP)*
5. *Other Permanent Housing (lease)*
6. *Family/Friends (non-lease)*
7. *Permanent Supportive Housing (PSH)*
8. *Unknown*
9. *Other*

5.20 Incidents

Rationale: This requirement is for both CPOA and all ES/PSH/SPC/TH/VASH projects. CPOA and Shelters will utilize incidents to indicate whether a specific client is restricted or banned from a shelter due to past altercations.
PSH/SPC/TH/VASH will utilize incidents to indicate whether a specific client served by their project still has housing, is under eviction, or has been evicted.
Data Source: Project staff.
When Data Are Collected: At project start, any time the client's status changes, and at exit.
Subjects: Head of household
Definition and Instructions: Create an incident sub-assessment record and indicate in separate fields, the following items:

5.20a Provider.
Required Response Categories:
1. *Click "My Provider", or if you're not Entering Data As the correct provider, use the LookUp button to select the appropriate project.*

5.20b Start Date.
Required Response Categories:
    1. *MM/DD/YYYY*

5.20c End Date.
Required Response Categories:
    1. *MM/DD/YYYY*

5.20d Incident.
Required Response Categories:
    1. Involuntary Exit: Health/Safety (select Incident code; notes required)
    2. Involuntary Exit: Other (select Incident code; notes required)
    3. Shelter to Shelter Transfer (select Incident code; notes required)
    4. Veteran Information (select Incident code; notes optional)

5.20e Incident Code.
Required Response Categories:
    1. Health/Safety: Assault
    2. Health/Safety: Drugs
    3. Health/Safety: Harrassment
    4. Health/Safety: Property Damage
    5. Health/Safety: Weapons on property
    6. Health/Safety: Other
    7. Non-Health/Safety
    8. VAEH Eligible
    9. Not VAEH Eligible
    10. Veteran Status Negative – No active duty

5.20f Ban.
Required Response Categories:
    1. *No.*
    2. *Yes.*

5.20g Staff Person.
Required Response Categories:
    1. *Unconstrained text field.*

5.20h Sites barred from.
Required Response Categories:
    1. *Unconstrained text field.*

5.20i Notes.
Required Response Categories:
    1. *Unconstrained text field.*

5.22 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.

5.22a If Linked with a Mental Health Agency, Which One?
Required Response Categories:
1. *Access Ohio.*
2. *Amethyst, Inc.*
3. *ARC of Ohio.*
4. *Columbus Area Integrated Health Services (CAIHS).*
5. *Concord Counseling Services.*
6. *Huckleberry House.*
7. *Nationwide Children's Hospital Behavioral Health Services.*
8. *North Central Mental Health (NCMH).*
9. *OSU Star House.*
10. *Southeast, Inc.*
11. *Syntero at Dublin Counseling Center.*
12. *Syntero at Northwest Counseling Services.*
13. *TBI Network.*
14. *Other (Please specify below).*
15. *Not Currently Linked.*

5.22b 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.**
   3. **Active – Unsheltered.**
   4. **Inactive – (Non-permanent Housing).**
   5. **Inactive – (Permanent Housing).**
   6. **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. *Yes*
2. *No*
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:
1. **Yes**
2. **No**
3. **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: From the drop-down menu, 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 from the provider 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. *Yes.*
2. *No.*

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:
1. *Yes.*
2. *No.*

7.0 Additional Coordinated Entry Data Requirements

Required for Coordinated Entry Projects Only

All required data elements beyond the basic profile information (Name, SSN, DOB) are located on the EntryExit for these projects. All fields on the EntryExit Entry screen are required. Note: 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-40118 Assessment (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.

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.*

7.3c Stage 1: If Diverted. Where Will the Applicant Stay Tonight.

Required Response Categories:
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.

Required Response Categories:
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).

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

7.4a Stage 2: Contact Resolution After Face to Face Diversion.
<u>Required Response Categories:</u>
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.
<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.*

7.5 Client acknowledged electronic data collection over the phone.
<u>Rationale:</u> To capture the client's acknowledgement that the data being collected is being entered into an electronic database.
<u>Data Source:</u> Client triage interview.
<u>When Collected:</u> In the course of client triage.
<u>Subjects:</u> All clients.
<u>Definition and Instructions:</u> Record the client's response when asked if they understand the data being collected is entered into an electronic database.
<u>Required Response Categories:</u>
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 Housing Assessment Disposition.

Rationale: To track client disposition following a brief assessment of critical housing needs. This data element may be used as part of a coordinated assessment system. The disposition response categories represent the different types of continuum projects or other community assistance to which a client may be referred upon presenting to a coordinated assessment project or related point of contact with a request for assistance to address a housing a crisis.

Data Source: Recorded by project staff.

When Data are Collected: At project exit (or update as required based on model).

Subjects: Head of household.

Definition and Instructions: Indicate the appropriate disposition of the client following a housing crisis assessment once at or before project exit.

7.7a Assessment Disposition.

Required Response Categories:

1. *Referred to Emergency Shelter/Safe Haven.*
2. *Referred to Transitional Housing.*
3. *Referred to Rapid Rehousing.*
4. *Referred to Permanent Supportive Housing.*
5. *Referred to Homelessness Prevention.*
6. *Referred to Street Outreach.*
7. *Referred to Other Continuum Project Type.*
8. *Referred to a Homeless Diversion Program.*
9. *Unable to Refer/Accept Within Continuum; Ineligible for Continuum Projects.*
10. *Unable to Refer/Accept Within Continuum; Continuum Services Unavailable.*
11. *Referred to Other Community Project (Non-Continuum).*
12. *Applicant Declined Referral/Acceptance.*
13. *Applicant Terminated Assessment Prior to Completion.*
14. *Other (Specify).*

7.7b If "Other", Specify.

Required Response Categories:

1. *Text; unconstrained text field.*

7.7c If referred, specify where to.

Required Response Categories:

1. *Text; unconstrained text field.*

7.8 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.

7.8a 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.*

7.8b If client identified an MCO, please enter the Medicaid # from MITS.
Required Response Categories:
1. *Text; unconstrained text field.*

7.8c Do I have your approval to share this information with your Managed Care Organization?
Required Response Categories:
1. *No.*
2. *Yes.*

8.0 Additional RRH Data Requirements

8.1 YMCA RRH Case Manager First and Last Name.
Rationale: Indicates which staff member is working with the specific client.
Data Source: Project staff.
When Collected: At project start.
Subjects: All clients.
Definition and Instructions: The staff member who is assigned to the client should enter their first and last name.
Required Response Categories:
1. **Unconstrained text field.**

8.2 YMCA RRH Case Manager Assignment Date.
Rationale: Indicates the date a staff member was assigned to the specific client.
Data Source: Project staff.
When Collected: At project start.
Subjects: All clients.
Definition and Instructions: The staff member who is assigned to the client should enter the date of assignment.
Required Response Categories:
1. *MM/DD/YYYY.*

8.3 YMCA RRH Pathway.
Rationale: Indicates the pathway which best fits the client's current situation.
Data Source: Project staff.
When Collected: At project start and any time the client's pathway changes.
Subjects: All clients.
Definition and Instructions: The YMCA RRH staff member who is assigned to the client should enter the appropriate pathway as indicated by assessment.
Required Response Categories:
1. *Pregnant.*
2. *Veteran.*
3. *Transition Age Youth.*
4. *Disabled.*
5. *Severe Service Need.*

8.4 Housing Approval.
Rationale: Indicates whether the family has been approved for a housing unit.
Data Source: Project staff.
When Collected: At occurrence point.
Subjects: Heads of Household in family RRH or ES projects.
Definition and Instructions: Answer at project start and update accordingly.
Required Response Categories:
1. *Yes.*
2. *No.*

8.5 Date of Anticipated Housing Move-In.
Rationale: Indicates the date a family expects to move into their new housing unit.
Data Source: Project staff.
When Collected: At occurrence point.
Subjects: Heads of Household in family RRH or ES projects.
Definition and Instructions: Answer at project start and update accordingly.
Required Response Categories:
    1. **MM/DD/YYYY.**

8.6 Housing Progress Summary.
Rationale: A space for notes on the family's progress with re-housing.
Data Source: Project staff.
When Collected: At occurrence point.
Subjects: Heads of Household in family RRH or ES projects.
Definition and Instructions: Answer at project start and update accordingly.
Required Response Categories:
    1. **Unconstrained text box.**

8.7 Exit Summary.
Rationale: A space for notes on the family's status at project exit.
Data Source: Project staff.
When Collected: At occurrence point.
Subjects: Heads of Household in family RRH or ES projects.
Definition and Instructions: Answer at project start and update accordingly.
Required Response Categories:
    1. **Unconstrained text box.**

9.0 USHS Data Requirements

9.1 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. **Yes.**
    2. **No.**

9.2 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. **ADAMH Provider.**
2. **Rapid Rehousing Provider.**
3. **LSS-ES**
4. **LSS-SSVF**
5. **Maryhaven-EC**
6. **Maryhaven-Outreach**
7. **SE-ES**
8. **SE PATH Outreach**
9. **SE PATH SS**
10. **USHS PSH-Transfer**
11. **VA-Outreach**
12. **VOA-ES**
13. **VOA-GPD**
14. **VOA-SSF**
15. **VOA-VAEH**
16. **YMCA-ES**
17. **YMCA-FS**
18. **YMCA-RRH**
19. **YWCA-FC**

9.3 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.

9.3a Date Invited to Submit Assessment.
Required Response Categories:
1. **MM/DD/YYYY.**

9.3b Date Assessment Submitted.
Required Response Categories:
1. **MM/DD/YYYY.**

9.4 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.

9.4a Invited to Submit File.
Required Response Categories:
1. Yes.
2. No.

9.4b Date Invited to Submit File.
Required Response Categories:
1. MM/DD/YYYY.

9.4c Date USHS File Submitted.
Required Response Categories:
1. MM/DD/YYYY.

9.4d Date File Reviewed.
Required Response Categories:
1. MM/DD/YYYY.

9.4e File Complete.
Required Response Categories:
1. Yes.
2. No.

9.5 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.

9.6 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.*

9.7 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.*

9.8 USHS Status.

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

9.8a 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.*

9.8b If Inactive, Reason.
Required Response Categories:
1. *Unconstrained text field.*

9.8c Status Update Date.
Required Response Categories:
1. *MM/DD/YYYY.*

9.9 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.

9.9a Program Referred To (1).
Required Response Categories:
    1. **Select from list of current PSH projects.**

9.9b Date Referred to Housing (1).
Required Response Categories:
    1. *MM/DD/YYYY.*

9.9c Result of Referral (1).
Required Response Categories:
    1. **Denied by Housing Provider.**
    2. **Refused by Applicant.**
    3. **Accepted.**
    4. **Pending.**

9.10 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.

9.10a Program Referred To (2).
Required Response Categories:
    1. **Select from list of current PSH projects.**

9.10b Date Referred to Housing (2).
Required Response Categories:
    1. **MM/DD/YYYY.**

9.10c Result of Referral (2).
Required Response Categories:
    1. **Denied by Housing Provider.**
    2. **Refused by Applicant.**
    3. **Accepted.**
    4. **Pending.**

Columbus ServicePoint (CSP)

9.11 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.*

9.12 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.*

9.13 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.*

9.14 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.*