

Client Tracking and QA Standards

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1.0 Client Tracking and QA Standards

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

1.1 Connecting Agency Responsibilities:

Connecting Agencies agree to:

1. Acquire and maintain computers, software and network connections necessary for data transmittal to CSP.
2. Assure only trained, designated and CSP certified staff, enter and maintain data, and assure CSB that untrained/unauthorized personnel do not use the 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 connecting 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 the CSP any and all CSP required data elements provided by the client to the agency. If required by law, 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 Project Agreement(s).
7. If the connecting 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 the 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 Connecting Agency Confidentiality Responsibilities:

1. The connecting 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.

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2. The connecting 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 service provided.
3. The connecting 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 connecting 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 connecting agency shall be responsible for the maintenance, accuracy and security of all its emergency assistance records and terminal sites and for the training of agency personnel regarding confidentiality.
6. The connecting 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 connecting agency shall ensure that the data entry is completed in secure areas and each computer is equipped with locking screen savers.
8. The connecting 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 connecting 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 connecting 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 connecting 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 connecting 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

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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 the 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 daily by 9:00am. (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 ID¹).
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. The **only** data variable exception to completeness, with respect to 'Unknown' is the variable "CSB Destination" and **only** for the emergency shelters.
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.

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

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 ServicePoint.

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2. QA procedures must include and agency site 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 with the primary income). 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	CPOA & Emergency Shelters X* = Required for Emergency Shelters ONLY	FDS= Front Door Shelter ONLY	PSH, SPC, TH, VASH	Access Ohio Navigator ONLY	Outreach	Direct Housing (FHC, JPH, Rolling Stock, etc.)	Benefits Partnership	VAEH	Prev. & Financ. Serv. (SFO = Stable Families Only)	SSVF Projects	<small>*This data element is not yet required but will be for the future, projects data sheet to be completed by 10/1/2024</small> PATH Projects	RHY Projects	YWCA = Required for YWCA Diversions ONLY	CPOA = Required for CPOA Diversions ONLY	Clients Required For
2.0 Project Descriptor Data Elements																	Project Applicability
2.1 Organization Identifiers	14																
2.1 (a) Organization ID	14	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.1 (b) Organization Name	14	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2 Project Identifiers	14																
2.2 (a) Project ID	14	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.2 (b) Project Name	14	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.3 Continuum of Care Code	14	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.4 Project Type	15																
2.4 (a) Continuum Project	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.4 (b) Project Type	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.4 (c) Affiliated with Residential Project?	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Services Only Projects
2.4 (d) Project ID(s) of affiliated Residential Project(s)	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Services Only Projects
2.5 Method for Tracking Emergency Shelter Utilization	16																
2.5 (a) Emergency Shelter Tracking Method	16	X							X				X				Emergency Shelter & VAEH Projects Only
2.6 Federal Partner Funding Sources	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2.6 (a) Federal Partner Programs and Components	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6 (b) Grant Identifier	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6 (c) Grant Start Date	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.6 (d) Grant End Date	18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All Projects
2.7 Bed and Unit Inventory Information	18																
2.7 (a) Information Date	19	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (b) Household Type	19	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (c) Bed Type	19	X							X				X				ES & VAEH Projects Only
2.7 (d) Availability	20	X							X				X				ES & VAEH Projects Only
2.7 (e) Bed Inventory	20	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (f) Chronic Homeless Bed Inventory	20		X										X				PSH Projects Only
2.7 (g) Veteran Bed Inventory	20	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (h) Youth Bed Inventory	21	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (i) Youth Bed Age Groups	21	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (j) Unit Inventory	21	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (k) Inventory Start Date	21	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
2.7 (l) Inventory End Date	21	X	X						X		RRH		X				ES, VAEH & Residential Projects Only
3.0 HUD Universal Data Elements																	
3.1 Name	22																
3.1 (a) First	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1 (b) Middle	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1 (c) Last	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1 (d) Suffix	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.1 (e) Name Data Quality NEW	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.2 Social Security Number	22																
3.2 (a) Social Security Number	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.2 (b) SSN Data Quality	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.3 Date of Birth	23																
3.3 (a) Date of Birth	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All

Data Element		Data Dictionary Page Number													Clients Required For
		CPOA & Emergency Shelters X* = Required for Emergency Shelters ONLY	FDS-Front Door Shelter ONLY	PSH, SPC, TH, VASH	Access Ohio Navigator Project	Outreach	Direct Housing (FHC, J2H, Rolling Stock, etc.)	VAEH	Prev. & Financ. Serv. (SFO = Stable Families Only)	SSVF Projects	PATH Projects <small>This data element is not yet required by all for the future projects and should be added to the data dictionary</small>	RHY Projects	YWCA = Required for YWCA Diversion ONLY	CPOA = Required for CPOA Diversion ONLY	
3.0 HUD Universal Data Elements (continued)															
3.3 (b) Date of Birth Type	24	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.4 Race	24	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.5 Ethnicity	25	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.6 Gender	25	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.7 Veteran Status	25	X	X	X	X	X	X	X	X	X	X	X	X	X	All Adults
3.8 Disabling Condition	26	X	X	X	X	X	X	X	X	X	X	X	X	X	All Adults
3.9 Residence Prior to Program Entry															
3.9 (a) Type of Residence	26	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
3.9 (b) If Type of Residence "Other", specify	27	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
3.9 (c) Length of Stay in Previous Place	27	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
3.10 Project Entry Date	28	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.11 Project Exit Date	28	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.12 Destination (Moved from HUD Program Specific Data Elements)	29	X	X	X	X	X	X	X	X	X	X	X	X	X	All
3.13 Personal ID	30	X	X	X	X	X	X	X	X	X	X	X	X	X	All (system generated)
3.14 Household ID	31	X	X	X	X	X	X	X	X	X	X	X	X	X	All (system generated)
3.15 Relationship to Head of Household (Moved from Other Program Specific Data Elements)	31	X*	X	X	X	X	X	X	X	X	X				All
3.16 Client Location NEW															
3.16 (a) Information Date	32	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH
3.16 (b) CoC Code	32	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH (HUD-assigned code)
3.17 Length of Time on Street, in an Emergency Shelter, or Safe Haven NEW															
3.17 (a) Continuously Homeless for at Least One Year	32	X	X	X	X	X			X		X	X	X	X	HoH and Adults
3.17 (b) Number of Times the Client has been Homeless in the Past Three Years	33	X	X	X	X	X			X		X	X	X	X	HoH and Adults
3.17 (c) Total Number of Months Homeless in the Past Three Years	33	X	X	X	X	X			X		X	X	X	X	HoH and Adults
3.17 (d) Total Number of Months Continuously Homeless immediately prior to project entry.	34	X	X	X	X	X			X		X	X	X	X	HoH and Adults
3.17 (e) Status Documented	34	X	X	X	X	X			X		X	X	X	X	HoH and Adults
4.0 HUD Program-Specific Data Elements															
4.1 Housing Status (Moved from Universal Data Elements)	35													X	Adults, only at entry
4.2 Income and Sources															
4.2 (a) Information Date NEW	37	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (b) Income from any source	37	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (c) Earned Income	37	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (c) Monthly Amount	37	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (d) Unemployment Insurance	37	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (d) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (e) Supplemental Security Income (SSI)	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (e) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (f) Social Security Disability Income (SSDI)	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (f) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (g) VA Service-connected Disability Compensation	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults
4.2 (g) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X	X	X	HoH and Adults

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4.0 HUD Program-Specific Data Elements (Continued)																
4.2 Income and Sources (Continued)	38															
4.2 (h) VA NonService-connected Disability Pension	38	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (h) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (i) Private Disability Insurance	38	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (i) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (j) Worker's Compensation	38	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (j) Monthly Amount	38	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (k) Temporary Assistance for Needy Families (TANF)	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (k) Monthly Amount	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (l) General Assistance	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (l) Monthly Amount	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (m) Retirement Income from Social Security	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (m) Monthly Amount	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (n) Pension or retirement income from a former job	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (n) Monthly Amount	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (o) Child Support	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (o) Monthly Amount	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (p) Alimony and other spousal support	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (p) Monthly Amount	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (q) Other source (please specify)	39	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (q) Monthly Amount	40	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (r) If "Other source", then specify	40	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.2 (s) Total Monthly Income from all sources	40	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 Non-Cash Benefits	40															
4.3 (a) Information Date NEW	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (b) Non-cash benefit from any source	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (c) Supplemental Nutrition Program (SNAP, aka Food Stamps)	41	X	X	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)	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (e) TANF Child Care Services	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (f) TANF Transportation Services	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (g) Other TANF-funded Services	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (h) Section 8, public housing, or other ongoing rental assistance	41	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (i) Other Source (Please specify)	42	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (j) Temporary Rental Assistance	42	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.3 (k) If "Other source", then specify	42	X	X	X	X	X	X	X	X	X	X	X				HoH and Adults
4.4 Health Insurance NEW	42															
4.4 (a) Information date	42	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (b) Covered by Health Insurance	42	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (c) MEDICAID	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (d) MEDICARE	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (e) State Children's Health Insurance Program (CHIP)	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (f) Veteran's Administratorion (VA) Medical Services	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (g) Employer-provided Health Insurance	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (h) Health Insurance obtained through COBRA	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (i) Private Pay Health Insurance	43	X	X	X	X	X	X	X	X	X	X	X				All
4.4 (j) State Health Insurance for Adults	43	X	X	X	X	X	X	X	X	X	X	X				All

Data Element		Data Dictionary Page Number	CPOA & Emergency Shelters X* = Required for Emergency Shelters ONLY	FDS- Front Door Shelter ONLY	PSH, SPC, TH, VASH	Access Ohio Navigator Project	Outreach	Direct Housing (FHC, J2H, Rolling Stock, etc.)	VAEH	Prev. & Financ. Serv. (SFO = Stable Families Only)	SSVF Projects	PATH Projects <small>*This data element is not yet required by all for the future projects and should be added to the data dictionary.</small>	RHY Projects	YWCA = Required for YWCA Diversion ONLY CPOA = Required for CPOA Diversion ONLY	Clients Required For
4.0 HUD Program-Specific Data Elements (Continued)															
4.5 Physical Disability	44														
4.5 (a) Information Date NEW	44	X	X	X	X	X					X	X			All
4.5 (b) Physical Disability	44	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.	44	X	X	X	X	X					X	X			All
4.5 (d) Documentation of the disability and severity on file.	45	X	X	X	X	X					X	X			All
4.5 (e) Currently receiving services/treatment for this disability.	45	X	X	X	X	X					X	X			All
4.6 Developmental Disability	45														
4.6 (a) Information Date NEW	45	X	X	X	X	X					X	X			All
4.6 (b) Developmental Disability	45	X	X	X	X	X					X	X			All
4.6 (c) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	45	X	X	X	X	X					X	X			All
4.6 (d) Documentation of the disability and severity on file.	45	X	X	X	X	X					X	X			All
4.6 (e) Currently receiving services/treatment for this disability.	46	X	X	X	X	X					X	X			All
4.7 Chronic Health Condition	46														
4.7 (a) Information Date NEW	46	X	X	X	X	X					X	X			All
4.7 (b) Chronic Health Condition	46	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.	46	X	X	X	X	X					X	X			All
4.7 (d) Documentation of the disability and severity on file.	46	X	X	X	X	X					X	X			All
4.7 (e) Currently receiving services/treatment for this disability.	47	X	X	X	X	X					X	X			All
4.8 HIV/AIDS	47														
4.8 (a) Information Date NEW	47	X	X	X	X	X					X				All
4.8 (b) HIV/AIDS	47	X	X	X	X	X					X				All
4.8 (c) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	47	X	X	X	X	X					X				All
4.8 (d) Documentation of the disability and severity on file.	47	X	X	X	X	X					X				All
4.8 (e) Currently receiving services/treatment for this disability.	47	X	X	X	X	X					X				All
4.9 Mental Health Problem	48														
4.9 (a) Information Date NEW	48	X	X	X	X	X					X	X			All
4.9 (b) Mental Health Problem	48	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.	48	X	X	X	X	X					X	X			All
4.9 (d) Documentation of the disability and severity on file.	48	X	X	X	X	X					X	X			All
4.9 (e) Currently receiving services/treatment for this disability.	48	X	X	X	X	X					X	X			All
4.9 (f) How confirmed? (PATH only)	48										X	X			All

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4.0 HUD Program-Specific Data Elements (Continued)														
4.9 Mental Health Problem (Continued...)	48													
4.9 (g) Serious Mental Illness (SMI) and, if SMI, how confirmed? (PATH only)	49									X	X			All
4.10 Substance Abuse	49													
4.10 (a) Information Date NEW	49	X	X	X	X	X				X	X			All
4.10 (b) Substance Abuse	49	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.	49	X	X	X	X	X				X	X			All
4.10 (d) Documentation of the disability and severity on file.	49	X	X	X	X	X				X	X			All
4.10 (e) Currently receiving services/treatment for this disability.	49	X	X	X	X	X				X	X			All
4.10 (f) How confirmed? (PATH only)	50									X	X			All
4.11 Domestic Violence	50													
4.11 (a) Information Date NEW	50	X	X	X	X	X								HoH and Adults
4.11 (b) Domestic violence victim/survivor?	50	X	X	X	X	X								HoH and Adults
4.11 (c) When experience occurred	51	X	X	X	X	X								HoH and Adults
4.12 Contact (Outreach)	51													
4.12 (a) Date of Contact	51				X					X				HoH and Adults
4.12 (b) Location of Contact NEW	51				X					X				HoH and Adults
4.13 Date of Engagement (Outreach)	52				X					X				HoH and Adults
4.14 Services Provided	52													
4.14 (a) Services Provided - PATH funded	52													
4.14 (a) Date of Service	52									X				HoH and Adults
4.14 (a) Type of PATH service provided	52									X				HoH and Adults
4.14 (b) Services Provided - RHY funded	53													
4.14 (b) Date of Service	53								X					All Clients receiving services
4.14 (b) Type of RHY service provided	53								X					All Clients receiving services
4.14 (d) Services Provided - SSVF funded	54													
4.14 (d) Date of Service	54								X					All Clients receiving services
4.14 (d) Type of SSVF service provided	54								X					All Clients receiving services
4.14 (d) If "Assistance obtaining VA benefits", specify:	54								X					All Clients receiving services
4.14 (d) If "Assistance obtaining/coordinating other public benefits", specify:	54								X					All Clients receiving services
4.14 (d) If "Direct provision of other public benefits", specify:	54								X					All Clients receiving services
4.15 Financial Assistance Provided	55													
4.15 (b) Financial Assistance - SSVF	55													
4.15 (b) Date of Service	55								X					All Clients receiving Financial services
4.15 (b) SSVF Assistance Amount	55								X					All Clients receiving Financial services
4.15 (b) Type of SSVF Assistance provided	55								X					All Clients receiving Financial services
4.16 Referrals Provided	56													
4.16 (a) Referrals Provided - PATH	56													
4.16 (a) Date of Referral	56									X				HoH and Adults
4.16 (a) Type of Referral	56									X				HoH and Adults
4.16 (a) Referral Outcome	56									X				HoH and Adults
4.16 (b) Referrals Provided - RHY	57													
4.16 (b) Date of Referral	57									X				HoH and Adults

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4.0 HUD Program-Specific Data Elements (Continued)																
4.16 (b) Type of Referral	57											X				HoH and Adults
4.16 (b) Referral Outcome	57											X				HoH and Adults
4.17 Residential Move-In Date (Moved from Other Program Specific Data Elements)																
4.17 (b) Residential Move-In Date	58				X	X					RRH					All
4.18 Housing Assessment Disposition	58	X	X	X	X	X										HoH
4.19 Housing Assessment at Exit	59			?	?	?										All
4.19 (a) If "Able to maintain the housing they had at project entry", provide Subsidy Information:	59			?	?	?			X							All
4.19 (b) If "Moved to new housing unit", provide Subsidy Information:	59			?	?	?			X							All
4.20 PATH Required Data Elements																
4.20 PATH Status	59															
4.20 (a) Date of Status Determination	60											X				HoH and Adults
4.20 (b) Client became Enrolled in PATH?	60											X				HoH and Adults
4.20 (c) If "No", Reason not enrolled:	60											X				HoH and Adults
4.21 Connection with SOAR? NEW	60											X*				HoH and Adults
4.22 - 4.38 RHY Required Data Elements																
4.22 RHY - BCP Status	60												X			All
4.22 (a) Date of Status Determination	60											X				All
4.22 (b) FYSB Youth	60											X				All
4.22 (c) Reason for not providing services (If No for FYSB Youth)	61											X				All
4.23 Sexual Orientation	61											X				HoH & Unaccompanied Youth
4.23 (a) Sexual Orientation	61											X				HoH & Unaccompanied Youth
4.24 Last Grade Completed	61											X				HoH & Unaccompanied Youth
4.24 (a) Last Grade Completed	61											X				HoH & Unaccompanied Youth
4.25 School Status	62											X				HoH & Unaccompanied Youth
4.25 (a) School Status	62											X				HoH & Unaccompanied Youth
4.26 Employment Status	62											X				HoH & Unaccompanied Youth
4.26 (a) Information Date	62											X				HoH & Unaccompanied Youth
4.26 (b) Employed?	62											X				HoH & Unaccompanied Youth
4.26 (c) Type of Employment (If Yes for Employed?)	62											X				HoH & Unaccompanied Youth
4.26 (d) Why Not Employed (If No for Employed?)	62											X				HoH & Unaccompanied Youth
4.27 General Health Status	63											X				HoH & Unaccompanied Youth
4.27 (a) General Health Status	63											X				HoH & Unaccompanied Youth
4.28 Dental Health Status	63											X				HoH & Unaccompanied Youth
4.28 (a) Dental Health Status	63											X				HoH & Unaccompanied Youth
4.29 Mental Health Status	63											X				HoH & Unaccompanied Youth
4.29 (a) Mental Health Status	64											X				HoH & Unaccompanied Youth
4.30 Pregnancy Status	64											X				Females
4.30 (a) Pregnancy Status	64											X				Females
4.30 (b) Due Date (If Yes for Pregnancy Status)	64											X				Females
4.31 Formerly a Ward of Child Welfare/ Foster Care Agency NEW	64											X				HoH & Unaccompanied Youth
4.31 (a) Formerly a Ward of Child Welfare/Foster Care Agency	64											X				HoH & Unaccompanied Youth
4.31 (b) If Yes, Number of Years	64											X				HoH & Unaccompanied Youth

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4.22 - 4.38 RHY Required Data Elements (Continued)															
4.31 (c) If Less than One Year, Number of Months	65												X		HoH & Unaccompanied Youth
4.32 Formerly a Ward of Juvenile Justice System	65												X		HoH & Unaccompanied Youth
4.32 (a) Formerly a Ward of Juvenile Justice System	65												X		HoH & Unaccompanied Youth
4.32 (b) If Yes, Number of Years	65												X		HoH & Unaccompanied Youth
4.32 (c) If Less than One Year, Number of Months	65												X		HoH & Unaccompanied Youth
4.33 Young Person's Critical Issues	65												X		HoH & Unaccompanied Youth
4.33 (a) Household Dynamics	65												X		HoH & Unaccompanied Youth
4.33 (b) Sexual Orientation/Gender Identity - Youth	65												X		HoH & Unaccompanied Youth
4.33 (c) Sexual Orientation/Gender Identity - Family Member	65												X		HoH & Unaccompanied Youth
4.33 (d) Housing Issues - Youth	66												X		HoH & Unaccompanied Youth
4.33 (e) Housing Issues - Family Member	66												X		HoH & Unaccompanied Youth
4.33 (f) School or Educational Issues - Youth	66												X		HoH & Unaccompanied Youth
4.33 (g) School or Educational Issues - Family Member	66												X		HoH & Unaccompanied Youth
4.33 (h) Unemployment - Youth	66												X		HoH & Unaccompanied Youth
4.33 (i) Unemployment - Family Member	66												X		HoH & Unaccompanied Youth
4.33 (j) Mental Health Issues - Youth	66												X		HoH & Unaccompanied Youth
4.33 (k) Mental Health Issues - Family Member	66												X		HoH & Unaccompanied Youth
4.33 (l) Health Issues - Youth	66												X		HoH & Unaccompanied Youth
4.33 (m) Health Issues - Family Member	67												X		HoH & Unaccompanied Youth
4.33 (n) Physical Disability - Youth	67												X		HoH & Unaccompanied Youth
4.33 (o) Physical Disability - Family Member	67												X		HoH & Unaccompanied Youth
4.33 (p) Mental Disability - Youth	67												X		HoH & Unaccompanied Youth
4.33 (q) Mental Disability - Family Member	67												X		HoH & Unaccompanied Youth
4.33 (r) Abuse and Neglect - Youth	67												X		HoH & Unaccompanied Youth
4.33 (s) Abuse and Neglect - Family Member	67												X		HoH & Unaccompanied Youth
4.33 (t) Alcohol or other drug abuse - Youth	67												X		HoH & Unaccompanied Youth
4.33 (u) Alcohol or other drug abuse - Family Member	67												X		HoH & Unaccompanied Youth
4.33 (v) Insufficient Income to Support Youth - Family Member	68												X		HoH & Unaccompanied Youth
4.33 (w) Active Military Parent - Family Member	68												X		HoH & Unaccompanied Youth
4.33 (x) Incarcerated Parent of Youth	68												X		HoH & Unaccompanied Youth
4.33 (y) If Yes for Incarcerated Parent, please specify:	68												X		HoH & Unaccompanied Youth
4.34 Referral Source	68												X		HoH & Unaccompanied Youth
4.34 (a) Referral Source	68												X		HoH & Unaccompanied Youth
4.35 Commercial Sexual Exploitation	69												X		HoH & Unaccompanied Youth
months?	69												X		HoH & Unaccompanied Youth
4.35 (b) If Yes for Exchanged for Sex, provide number of times	69												X		HoH & Unaccompanied Youth
4.35 (c) If Yes for Exchanged for Sex, Did Someone Ask/Made You Have Sex?	70												X		HoH & Unaccompanied Youth
4.36 Transitional, Exit-care, and Aftercare Plans and Actions	70												X		HoH & Unaccompanied Youth
agreement	70												X		HoH & Unaccompanied Youth
4.36 (b) Advice about and/or referral to appropriate mainstream assistance programs	70												X		HoH & Unaccompanied Youth
4.36 (c) Placement in appropriate, permanent, stable housing (not a shelter)	70												X		HoH & Unaccompanied Youth

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4.22 - 4.38 RHY Required Data Elements (Continued)																
4.36 (d) Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter	70												X			HoH & Unaccompanied Youth
4.36 (e) Exit counseling	71												X			HoH & Unaccompanied Youth
4.36 (f) A course of further follow-up treatment or services	71												X			HoH & Unaccompanied Youth
4.36 Transitional, Exit-care, and Aftercare Plans and Actions (Continued)	71												X			HoH & Unaccompanied Youth
4.36 (g) A follow-up meeting or series of staff/youth meetings or contacts has been scheduled	71												X			HoH & Unaccompanied Youth
4.36 (h) A "package" of such things as maps, information about local shelters and resources	71												X			HoH & Unaccompanied Youth
4.36 (i) Other	71												X			HoH & Unaccompanied Youth
4.37 Project Completion Status	71												X			HoH & Unaccompanied Youth
4.37 (a) Project Completion Status	72												X			HoH & Unaccompanied Youth
4.37 (b) If Youth voluntarily left early, select the major reason	72												X			HoH & Unaccompanied Youth
4.37 (c) If Youth was expelled or otherwise involuntarily discharged from project, select the major reason	72												X			HoH & Unaccompanied Youth
4.38 Family Reunification achieved	72												X			HoH & Unaccompanied Youth
4.38 (a) Family Reunification Achieved	72												X			HoH & Unaccompanied Youth
4.39 HOPWA Required Data Element																
Not collected in CSP (Medical assistance)																
4.40 RHSP Required Data Element																
Not collected in CSP (Worst Housing Situation)																
4.41 VA Required Data Elements																
4.41 Veteran's Information	73										X					All Veterans
4.41 (a) Year Entered Military Service	73	X*									X					All Veterans
4.41 (b) Year Separated From Military Service	73	X*									X					All Veterans
4.41 (c) Theatre of Operations	73										X					All Veterans
4.41 (d) World War II	73										X					All Veterans
4.41 (e) Korean War	73										X					All Veterans
4.41 (f) Vietnam War	73										X					All Veterans
4.41 (g) Persian Gulf War (Operation Desert Storm)	73										X					All Veterans
4.41 (h) Afghanistan (Operation Enduring Freedom)	73										X					All Veterans
4.41 (i) Iraq (Operation Iraqi Freedom)	74										X					All Veterans
4.41 (j) Iraq (Operation New Dawn)	74										X					All Veterans
4.41 (k) Other Peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	74										X					All Veterans
4.41 (l) Branch of the Military	74										X					All Veterans
4.41 (m) Discharge Status	74										X					All Veterans
4.42 Percent of AMI	74										X					HoH
4.43 Last Permanent Address	75										X					HoH & Adults
4.43 (a) Street Address	75										X					HoH & Adults
4.43 (b) City	75										X					HoH & Adults
4.43 (c) State	75										X					HoH & Adults
4.43 (d) Zip Code	75										X					HoH & Adults
4.43 (e) Address data quality	75										X					HoH & Adults

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5.0 Other Project-Specific Data Requirements																
5.1 Zip Code of Last Permanent Address (Moved from Universal Data Elements)	76															
5.1 (a) Zip Code	76	X	X	X	X	X	X	X	X	X		X				All Adults & Unaccompanied Youth
5.1 (b) Zip Data Quality Code	76	X	X	X	X	X	X	X	X	X		X				All Adults & Unaccompanied Youth
5.2 Employment Status	76															
5.2 (a) Employed	76	X	X	X	X	X	X	X	X	X		X	X	X		All Adults & Unaccompanied Youth
5.2 (b) Avg. number of hours worked/week	77		X	X		X				X						All Adults & Unaccompanied Youth
5.2 (c) Employment Tenure	77		X	X		X				X		X				All Adults & Unaccompanied Youth
5.2 (d) If not employed, is the client looking for work	77		X	X		X				X						All Adults & Unaccompanied Youth
5.3 Education (Adult)	77															
5.3 (a) Currently in School	77		X	X		X				X						All Adults & Unaccompanied Youth
5.3 (b) Highest level of School Completed	77	X	X	X	X	X		X	X			X				All Adults & Unaccompanied Youth
5.3 (c) Received vocational training?	78	X	X	X	X	X		X	X							All Adults & Unaccompanied Youth
5.3 (d) Degrees Earned	78	X	X	X	X	X		X	X							All Adults & Unaccompanied Youth
5.4 Pregnancy Status	78															
5.4 (a) Pregnant?	79	X	X										X			All females of child bearing age
5.4 (b) If yes, indicate projected due date	79		X										X			All females of child bearing age
5.5 Children's Education	79															
5.5 (a) Child Presently attending School?	79		X							SFO						All Children
5.5 (b) If yes, school type:	79									SFO						All School-age Children
5.5 (c) If no, Date last enrolled in school	80		X							SFO						All School-age Children
5.5 (d) If child has changed schools, was this planned?	80		X							SFO						All School-age Children
5.5 (e) Primary reason for change of schools	80									SFO						All School-age Children
5.5 (f) Reason for change of schools (if Other)	80									SFO						All School-age Children
5.5 (g) Mobility Outcome	80									SFO						All School-age Children
5.6 Housing Stability Follow-up	80															
5.6 (a) Is client stable in housing 6 months after exit?	80									SFO						HoH
5.6 (b) Date of 6 month assessment:	81									SFO						HoH
5.7 Reason for Leaving	81	X	X	X	X	X	X	X	X	X	X	X				All
5.8 Services Provided	81															
5.8 (a) Start Date	81											X				HoH
5.8 (b) End Date	82											X				HoH
5.8 (c) Service Type	82											X				HoH
5.9 Household Type (Family Status)	82	X*	X		X	X				X						All
5.10 Head of Household Designation	82	X*	X		X	X				X						All clients in households
5.11 Is client Critical Access to Housing Eligible?	83		X		X											All
5.12 Homelessness Primary Reason	83	X	X	X	X	X		X				X				HoH
5.13 Homelessness Secondary Reason	83	X	X	X	X	X		X				X				HoH
5.14 General Area Location of Previous Residence	84	X	X	X	X	X		X								HoH
5.15 Monthly Rent and Utilities	84	X*	X	X	X	X		X	X			X				HoH
5.16 YWCA Family Center Exit Type	84	X*														HoH
5.17 Nature of Housing Crisis - Primary	85									X						HoH
5.18 Nature of Housing Crisis - Secondary	85									X						HoH

Data Element		Data Dictionary Page Number	CPOA & Emergency Shelters X* = Required for Emergency Shelters ONLY	FDS=Front Door Shelter ONLY	PSH, SPC, TH, VASH	Access Ohio Navigator Project	Outreach	Direct Housing (FHC, J2H, Rolling Stock, etc.)	VAEH	Prev. & Financ. Serv. (SFO = Stable Families Only)	SSVF Projects	PATH Projects <small>*This data element is not yet required by all for the future projects and should be added to the data dictionary</small>	RHY Projects	YWCA = Required for YWCA Diversion ONLY	CPOA = Required for CPOA Diversion ONLY	Clients Required For
5.0 Other Project-Specific Data Requirements (Continued)																
5.20 Incidents	86	FDS														
5.20 (a) Provider	87	FDS	X													All
5.20 (b) Start Date	87	FDS	X													All
5.20 (c) End Date	87	FDS	X													All
5.20 (d) Incident	87	FDS	X													All
5.20 (e) Incident Code	87	FDS	X													All
5.20 (f) Ban	87	FDS	X													All
5.20 (g) Staff Person	87	FDS	X													All
5.20 (h) Sites Barred From	87	FDS	X													All
5.20 (i) Notes	87	FDS	X													All
5.21 Veteran Information	88															
4.41 (l) Branch of the Military (copied from VA required)	74	X*								X						All Veterans
4.41 (m) Discharge Status (copied from VA required)	74	CPOA		X	X				X	X				CPOA		All Veterans
4.41 (a) Year Entered Military Service (copied from VA required)	73	X*								X						All Veterans
4.41 (b) Year Separated From Military Service (copied from VA required)	73	X*								X						All Veterans
5.21 (a) Are you currently enrolled at the Columbus VA?	88	X*		X	X			X	X	X						All Veterans
5.21 (b) Have you ever been enrolled at a VA Medical Center or Hospital?	88	X*		X	X			X	X	X						All Veterans
5.21 (c) If yes, which one(s)?	88	X*		X	X			X	X	X						All Veterans
5.21 (d) VA Eligibility:	88	X*		X	X			X	X	X						All Veterans
5.22 Mental Health Linkage	89															
5.22a If linked with a Mental Health Agency, which one?	89	X		X												All
5.22b If Mental Health Linkage is "Other", please specify.	89	X		X												All
6.0 Additional Benefits Partnership Data Requirements																
6.1 Referred by	90							X								All
6.2 Application Start Date	90							X								All
6.3 Application Completion Date	90							X								All
6.4 Application Submission Date	91							X								All
6.5 Application Status	91							X								All
6.6 Benefits Requested	91							X								All
6.7 Case Number	92							X								All
6.8 Resolution Date	92							X								All
6.9 Resolution Type	92							X								All
7.0 Additional YWCA & CPOA Diversion Data Requirements																
7.1 Type (of Entry/Exit)	93												X			All
7.2 Number of Adults in Household	93												YWCA			All
7.3 Number of Children in Household	93												YWCA			All
7.3 (a) 0-2 years	94												YWCA			All
7.3 (b) 3-7 years	94												YWCA			All
7.3 (c) 8-12 years	94												YWCA			All
7.3 (d) 13-17 years	94												YWCA			All

Data Element		Data Dictionary Page Number	CPOA & Emergency Shelters X* = Required for Emergency Shelters ONLY	FDS-From Door Shelter ONLY	PSH, SPC, TH, VASH	Access Ohio Navigator Project	Outreach	Direct Housing (FHC, J2H, Rolling Stock, etc.)	Benefits Partnership	VAEH	Prev. & Financ. Serv. (SFO = Stable Families Only)	SSVF Projects	PATH Projects <small>*This data element is not yet required by all for the future projects and listed to better understand the field</small>	RHY Projects	YWCA = Required for YWCA Diversion ONLY	CPOA = Required for CPOA Diversion ONLY	Clients Required For
7.0 Additional YWCA & CPOA Diversion Data Requirements (Continued)																	
7.4 Mode of Contact	94														X		All
7.5 Entry Date (Date of contact)	94														X		All
7.6 Contact Resolution	94														X		All
7.7 If Diverted, Diverted To	95														X		All
7.8 Client acknowledged electronic data collection over the phone.	95														CPOA		All
7.9 Sex Offender Status	95																
7.9 (a) Convicted sex offender?	96		CPOA														All Admitted and Waitlisted clients
7.9 (b) If yes, SO classification:	96		CPOA														All Admitted and Waitlisted clients
7.9 (c) Background check completed?	96		CPOA														All Admitted and Waitlisted clients
7.9 (d) Date last Background check completed:	96		CPOA														All Admitted and Waitlisted clients
7.10 Type of Shelter Assignment (if not Diverted) <i>NEW</i>	96		CPOA														All Admitted and Waitlisted clients
8.0 Additional Navigator Data Requirements	97																
8.1 Navigator First and Last Name	97				X												All
8.2 Navigator Assignment Date	97				X												All
8.3 Navigator Pathway <i>NEW</i>	97				X												All
8.4 Birth certificate available?	97				X												All
8.5 State ID available?	98				X												All
8.6 Social Security Card available?	98				X												All
8.7 Marital Status	98				X												All
8.8 Children in Household	99				X												All
8.9 Client Legal Information	99				X												All
8.9 (a) Do you have any previous felonies?	99				X												All
8.9 (b) If yes, enter date of most recent conviction	99				X												All
8.9 (c) Exact number of evictions	99				X												All
8.9 (d) Date of most recent eviction	100				X												All
8.10 Alcohol & Other Drug Services	100				X												All
8.10 (a) AOD referral date	100				X												All
8.10 (b) AOD enrollment date	100				X												All
8.10 (c) Name of AOD provider	100				X												All
8.11 Mental Health Services	100				X												All
8.11 (a) MH referral date	100				X												All
8.11 (b) Name of MH provider	100				X												All
8.11 (c) MH enrollment date	101				X												All
8.12 Franklin County Dept. of Jobs & Family Services	101				X												All
8.12 (a) FCDJFS benefits referral date	101				X												All
8.12 (b) FCDJFS benefits start date	101				X												All
8.13 Social Security Benefits	101				X												All
8.13 (a) SSA benefits referral date	101				X												All
8.13 (b) SSA benefits start date	101				X												All
8.14 Veteran Benefits	101				X												All
8.14 (a) VA benefits referral date	102				X												All
8.14 (b) VA benefits start date	102				X												All
8.15 Supported Employment Options	102				X												All
8.15 (a) Supported Employment Options referral date	102				X												All
8.15 (b) Supported Employment Options Provider	102				X												All

Data Element		Data Dictionary Page Number	CPOA & Emergency Shelters X* = Required for Emergency Shelters ONLY	FDS=Front Door Shelter ONLY	PSH, SPC, TH, VASH	Access Ohio Navigator Project	Outreach	Direct Housing (FHC, J2H, Rolling Stock, etc.)	Benefits Partnership	VAEH	Prev. & Financ. Serv. (SFO = Stable Families Only)	SSVF Projects	PATH Projects <small>*This data element is not yet required by all of the future projects and listed to better understand</small>	RHY Projects	YWCA = Required for YWCA Diversion ONLY CPOA = Required for CPOA Diversion ONLY	Clients Required For
8.0 Additional Navigator Data Requirements (Continued)	97															
8.16 Employment Referral	102				X											All
8.16 (a) Employment referral date	102				X											All
8.16 (b) Employment Provider	102				X											All
8.17 Premature Termination of Services	102				X											All
8.17 (a) Date of premature termination of services	103				X											All
8.17 (b) Reason for premature termination of services	103				X											All

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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. While not all of these elements are newly required elements, this is the first time they been required that they be collected via CSP.

2.1 Organization Identifiers

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 (if applicable) and on the HUD APR (and, if applicable, QPR) for projects receiving HUD homeless assistance or HPRP homelessness prevention funding.

Data Source: HMIS Lead Agency.

2.2 Project Identifiers

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 (if applicable), on the HUD APR for projects receiving HUD homeless assistance funding and on the HUD QPR for projects receiving HPRP funding.

Data Source: HMIS Lead Agency.

2.3 Continuum of Care Code.

Rationale: To associate each CoC Project with a CoC for HUD reporting purposes.

Data Source: Partner Agency.

When Data are Collected: The CoC number is collected once for each CoC Project but must be reviewed annually and updated if there are changes to the CoC.

Subjects: All projects.

Definitions and Instructions: Each CoC Project is assigned a designated HUD CoC number. This has been changed to a sub-assessment format to enable projects to show that they serve more than one CoC, if applicable. Except for some Veterans Administration projects, this system serves primarily OH-503.

Required Response Categories:

1. **HUD-assigned CoC Number.** Free Text Field. Please use OH-503 for your project(s).

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2. **Start Date.** Date field, enter the date the project began serving in this CoC.
3. **End Date.** Date field, enter the date the project stopped serving in this CoC.

2.4 Project Type

2.4a Continuum Project.

Rationale: To indicate whether each Project is a CoC partner.

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.

Required Response Categories:

0. **No.**
1. **Yes.**

2.4b Project Type.

Rationale: To associate each CoC Project with the specific type of service offered.

Data Source: Partner Agency.

When Data are Collected: This data element is collected once for each CoC Project but it must be reviewed annually and updated when project types change.

Subjects: All projects.

Definitions and Instructions: Select the *one* response category that best describes the project. If multiple distinct services (e.g., emergency shelter and follow-up rental assistance) are offered, each component should be treated as a separate project in the HMIS.

Required Response Categories:

1. **Emergency Shelter.**
2. **Transitional Housing.**
3. **PH - Permanent Supportive Housing.(disability required for entry)**
4. **Street Outreach.**
5. **RETIRED**
6. **Services Only.**
7. **Other.**
8. **Safe Haven.**
9. **PH – Housing Only.**
10. **PH – Housing with Services. (no disability required for entry)**
11. **Day Shelter**
12. **Homelessness Prevention**
13. **PH - Rapid Re-Housing.**
14. **Coordinated Assessment.**

2.4c 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.

Data Source: Partner Agency.

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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.

Required Response Categories:

0. **No.**
1. **Yes.**

2.4d Project ID(s) of residential project(s) affiliated with SSO. (If Yes for “Affiliated with a residential project.”)

Rationale: To indicate with which residential projects the services only project is affiliated.

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:

Required Response Categories:

1. **Project ID(s).** Free Text Field. (?)

2.5 Method for Tracking Emergency Shelter Utilization.

Rationale: Collect at initial setup, review/update no less than annually. System stores collected method and retains for historical purposes. Updates expected if the project changes models.

Data Source: Partner Agency.

When Data are Collected: Annually.

Subjects: All emergency shelter projects.

Definitions and Instructions: Record the method used to track the actual nights that a client stays in a project.

Required Response Categories:

1. **Entry/Exit Date.**
2. **Night-by-night.**

2.6 Federal Partner Funding Sources

2.6a Federal Partner Programs and Components.

Rationale: Collect at initial setup, review/update no less than annually. System stores collected method and retains for historical purposes. Updates expected if the project changes models.

Data Source: Partner Agency.

When Data are Collected: Annually.

Subjects: All emergency shelter projects.

Definitions and Instructions: Record the method used to track the actual nights that a client stays in a project.

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.**

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5. HUD: CoC – Transitional Housing.
6. HUD: CoC – Safe Haven.
7. HUD: CoC – Single Room Occupancy (SRO).
8. HUD: ESG – Emergency Shelter (operating and/or essential services).
9. HUD: ESG – Homelessness Prevention.
10. HUD: ESG – Rapid Re-Housing.
11. HUD: ESG – Street Outreach.
12. HUD: Rural Housing Stability Assistance Program.
13. HUD: HOPWA – Hotel/Motel Vouchers.
14. HUD: HOPWA – Housing Information.
15. HUD: HOPWA – Permanent Housing (facility based or TBRA).
16. HUD: HOPWA – Permanent Housing Placement.
17. HUD: HOPWA –Short-Term Rent, Mortgage, Utility Assistance.
18. HUD: HOPWA –Short Term Supportive Facility.
19. HUD: HOPWA – Transitional Housing (facility based or TBRA).
20. HUD: HUD/VASH.
21. HHS: PATH – Street outreach & Supportive Services Only.
22. HHS: RHY – Basic Center Program (prevention and shelter).
23. HHS: RHY – Maternity Group Homes for Pregnant and Parenting Youth.
24. HHS: RHY –Transitional Living Program.
25. HHS: RHY – Street Outreach Project.
26. HHS: RHY – Demonstration Project.
27. VA: Community Contract Emergency Housing.
28. VA: Community Contract Residential Treatment Program.
29. VA: Domiciliary Care.
30. VA: Community Contract Safe Haven Program.
31. VA: Grant and Per Diem Program.
32. VA: Compensated Work Therapy Transitional Residence.
33. VA: Supportive Services for Veteran Families.

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.

Required Response Categories:

2. **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.

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Required Response Categories:

3. ***Grant Start Date.***

2.6c 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.

Required Response Categories:

4. ***Grant End Date.***

2.7 Bed and Unit Inventory Information. (Sub-assessment)

Rationale: To record inventory information for each residential CoC Project in order to produce Housing Inventory data for the CoC application and the AHAR.

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.

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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 (see Section 1.4 for definitions) must enter “0” in the HMIS participating beds field.

2.7a Information Date.

This data element records the date the data is effective.

Required Response Categories:

1. ***Information Date.*** Date field

2.7b 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 only, or households with multiple children only (e.g., juvenile parent and child).

2.7c 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.

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

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2.7d 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.

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.

2.7e Bed Inventory.

The bed inventory data element is an integer that tracks the total number of beds available for occupancy as of the inventory start date. Projects that serve a mixed population without a fixed number of beds per household type should divide the beds based on average utilization. For example, a project has 100 beds that could be used by either households without children or households with children. If one-half of the households are without children on an average night, then the project enters two separate Bed and Inventory Records for the 50 beds for households without children and for the 50 beds for households with children. Projects that only have units (no fixed number of beds) can use a multiplier factor to estimate the number of beds. Our CoC uses a multiplier of 2 for the family units.

Required Response Categories:

1. **Bed Inventory.** Unconstrained Numeric Field

2.7f Chronic Homeless Bed Inventory. (PSH Projects Only)

If Bed Inventory is not blank, enter the number of these beds that are designated for Chronically Homeless clients. The chronic homeless bed inventory data element is an integer that tracks the total number of beds available for occupancy for chronically homeless persons as of the inventory start date. The number of beds for chronically homeless persons is a subset of the total permanent supportive housing bed inventory for a given project and must be equal to or less than the total bed inventory.

Required Response Categories:

1. **Chronic Homeless Bed Inventory.** Unconstrained Numeric Field

2.7g Veteran Bed Inventory.

If Bed Inventory is not blank, enter the number of these beds that are designated for Veteran clients. The Veteran bed inventory data element is an integer that tracks the total number of beds available for occupancy for Veterans as of the inventory start date. The number of beds for Veterans is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory.

Required Response Categories:

1. **Veteran Bed Inventory.** Unconstrained Numeric Field

2.7h Youth Bed Inventory.

If Bed Inventory is not blank, enter the number of these beds that are designated for Youths. The Youth bed inventory data element is an integer that tracks the total number of beds available for occupancy for Youths as of the inventory start date. The number of beds for Youths is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory.

Required Response Categories:

1. **Youth Bed Inventory.** Unconstrained Numeric Field

2.7i Of the Youth Beds, what number are dedicated to.

If Youth Bed Inventory is not blank, enter the number of these beds that are dedicated to each age category given.

Required Response Categories:

1. **Only under age 18.** Unconstrained Numeric Field
2. **Only ages 18 to 24.** Unconstrained Numeric Field
3. **Only under age 24.(both of the above)** Unconstrained Numeric Field

2.7j 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.

Required Response Categories:

1. **Unit Inventory.** Unconstrained Numeric Field

2.7k Inventory Start Date. (Optional field)

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.

2.7l Inventory End Date. (Optional field)

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.

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 entry 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.

3.1e 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 name 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

3.2a Social Security Number

Rationale: The collection of a client's Social Security Number (SSN) and other personal identifying information is required for two important reasons. First unique identifiers are key to producing an accurate, unduplicated local count of homeless persons accessing services. Second, an important Congressional goal is to increase the use of mainstream projects by homeless persons. To achieve this goal, homeless service providers need the SSN along with other personal identifiers in order to access mainstream services for their clients. Client hard files should include, to the extent possible, confirmation of social security number. Sources of appropriate verification are social security card, driver's license, state identification card, school identification card, etc. This information is collected and entered for all new clients served.

Data Source: Client interview

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When Collected: Upon initial project entry or as soon as possible thereafter.

Subjects: All clients served.

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

Required Response Categories:

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

3.2b SSN Data Quality.

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

Data Source: Data Entry Staff

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

Subjects: All clients served.

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

Required Response Categories:

1. **Full SSN Reported.** The complete and accurate nine-digit Social Security Number has been entered.
2. **Approximate or Partial SSN Reported.** Only part of the accurate nine-digit Social Security Number has been entered.
3. **Client Doesn't Know.** The client doesn't know the SSN.
4. **Client Refused.** Client refused to provide the Social Security Number.
5. **Data Not Collected.** The client wasn't asked to provide a SSN.

3.3 Date of Birth

3.3a Date of Birth.

Rationale: The date of birth can be used to calculate the age of persons served at time of project entry 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 entry 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

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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.
99. **Data not collected.** Client was not asked to provide their DOB.

3.4 Race.

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

Data Source: Client interview.

When Collected: Upon initial project entry or as soon as possible thereafter.

Subjects: All clients served.

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

Required Response Categories:

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.
4. **Client Doesn't Know.** a person who has no idea what their racial background is.
5. **Client Refused.** a person vehemently declines to indicate a racial category.
99. **Data Not Collected.** Client was not asked to indicate their race.

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3.5 Ethnicity.

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

Data Source: Client interview.

When Collected: Upon initial project entry or as soon as possible thereafter.

Subjects: All clients served.

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

Required Response Categories:

1. ***Non-Hispanic/Non-Latino.*** a person who does not 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.
99. ***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 entry 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".

Required Response Categories:

0. ***Female.***
1. ***Male.***
2. ***Transgender Male to Female.***
3. ***Transgender Female to Male.***
4. ***Doesn't Identify as Male, Female, or Transgender.***
5. ***Client Doesn't Know.***
6. ***Client Refused.***
99. ***Data Not Collected.***

3.7 Have you served on active duty in the U.S. military?. (Veteran Status)

Rationale: To determine the number of homeless veterans.

Data Source: Client interview.

When Collected: Upon initial project entry or as soon as possible thereafter.

Subjects: All adults served.

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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:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.**

3.8 Do you have a disability of long duration?. (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: At any time after the client has been admitted into the project. (Unless a disabling condition is required for determining the client's eligibility for the project.)

Subjects: All clients served.

Definition and Instructions: For this data element, a disabling condition means: (1) A disability as defined in Section 223 of the Social Security Act; (2) 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; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

HUD Revision Published 09.2016: Updated universe of subjects from "Adults" to "All clients served".

Required Response Categories:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.**

3.917 Living Situation. For persons entering HMIS Project Type: Street Outreach, Emergency Shelter, or Safe Haven

The universal data elements 3.9 Residence Prior to Project Entry and 3.17 Length of Time on the Streets, in an Emergency Shelter or in a Safe Haven have been combined into one element, 3.917 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, Emergency Shelter or Safe Haven 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

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in the Federal Register published December 5, 2015 is able to be fully reported through an HMIS.

3.9a Residence Prior to Project Entry. (or Type of Residence.)

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

Data Source: Client interview.

When Collected: At any time after the client has been admitted into the project. (Unless residence prior to project entry is required for determining the client's eligibility for the project.)

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:

1. ***Emergency Shelter, including hotel or motel paid for with emergency shelter voucher.*** (including a youth shelter, or campground paid for with emergency shelter voucher)
2. ***Transitional Housing for Homeless Persons.*** (including homeless youth)
3. ***Permanent Housing for Formerly Homeless Persons.*** such as: a CoC project; HUD legacy programs; or HOPWA PH; SHP, S+C, or SRO Mod Rehab.
4. ***Psychiatric Hospital.*** or other psychiatric facility.
5. ***Substance Abuse Treatment Facility or Detox Center.***
6. ***Hospital or other residential, non-psychiatric medical facility.***
7. ***Jail, Prison or Juvenile Detention Facility.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***
12. ***Staying or living in a Family member's Room, Apt. or House.***
13. ***Staying or Living in a Friend's Room, Apt. or House.***
14. ***Hotel or Motel Paid for Without Emergency Shelter Voucher.***
15. ***Foster Care Home or Foster Care Group Home.***
16. ***Place not meant for habitation.*** (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach projects only)".
17. ***Other.***
18. ***Safe Haven.***
19. ***Rental by client, with VASH housing subsidy.***
20. ***Rental by client, with other ongoing (non-VASH) housing subsidy.***
21. ***Owned by client, with ongoing housing subsidy.***
22. ***Rental by client, no housing subsidy.***
23. ***Owned by client, no housing subsidy.***
24. ***Long-term Care Facility or Nursing Home.***
25. ***Rental by client, with GPD TIP subsidy.***
26. ***Residential project or halfway house with no homeless criteria.***
99. ***Data Not Collected.*** Client not asked to provide Residence Prior to Entry.

3.9b If 'Type of Residence' is "Other", please specify.

Rationale: To identify the type of residence just prior to project admission if that place is other than one of those listed in the Type of Residence category list.

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Data Source: Client interview.

When Collected: At any time after the client has been admitted into the project. (Unless Residence Prior to Project Entry is required for determining the client's eligibility for the project.)

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:

1. **Please specify.** Unconstrained Text Field

3.9c 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: 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' length of stay.

Required Response Categories:

10. **One day or less.**
11. **Two days to one week.**
2. **More than one week, but less than one month.**
3. **One to three months.**
4. **More than three months, but less than one year.**
5. **One year or longer.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.** Client not asked to provide Length of Stay in Previous Place.

3.10 Project Entry 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 entry. System stores collected information as "project entry stage" 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 entry. 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 entry 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 entry 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

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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 residential projects, with the exception of PH-RRH project types, this is to be the date of entry into residency.
- For PH-RRH project and non-residential projects it is the date on which the client was determined to be eligible for the project.
- For Street Outreach projects it is the date of first contact with the client.

Required Response Categories:

1. **Project Entry Date.** Please enter the project entry 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 entry 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.

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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 Entry 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 and QPRs for all HUD funded CoC projects, including HPRP projects.

Data Source: Client interview.

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.

Required Response Categories:

Destination:

1. ***Emergency shelter, including hotel or motel paid for with emergency shelter voucher.*** (including a youth shelter, or campground paid for with emergency shelter voucher)
2. ***Transitional housing for homeless persons (including homeless youth).***
3. ***Permanent housing for formerly homeless persons (such as: COC project; or HUD legacy programs; or HOPWA PH).***
4. ***Psychiatric hospital or other psychiatric facility.***
5. ***Substance abuse treatment facility or detox center.***
6. ***Hospital or other residential non-psychiatric medical facility.***
7. ***Jail, prison or juvenile detention facility.***
10. ***Rental by client, no ongoing housing subsidy.***
11. ***Owned by client, no ongoing housing subsidy.***
12. ***Staying or living with family, temporary tenure (e.g., room, apartment, or house).***
13. ***Staying or living with friends, temporary tenure (e.g., room, apartment, or house).***
14. ***Hotel or motel paid for without emergency shelter voucher.***
15. ***Foster care home or foster care group home.***
16. ***Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).***
17. ***Other.***
18. ***Safe Haven.***
19. ***Rental by client, with VASH housing subsidy.*** Veterans Affairs Supportive Housing (VASH)
20. ***Rental by client, with other ongoing housing subsidy.***
21. ***Owned by client, with ongoing housing subsidy.***
22. ***Staying or living with family, permanent tenure.***
23. ***Staying or living with friends, permanent tenure.***

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- 24. **Deceased.**
- 25. **Long-term care facility or nursing home.**
- 26. **Moved from one HOPWA funded project to HOPWA PH.**
- 27. **Moved from one HOPWA funded project to HOPWA TH.**
- 28. **Rental by client, with GPD TIP housing subsidy.**
- 29. **Residential project or halfway house with no homeless criteria.**
- 30. **No Exit Interview Completed.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**
- 99. **Data Not Collected.**

3.13 Personal ID. (Personal Identification Number)

Rationale: Every client receiving services from a contributory CoC project within a CoC is assigned a *Personal Identification Number* (PIN), which is a permanent and unique number generated by the HMIS application. The PIN is used to obtain an unduplicated count of persons served within a CoC.

Data Source: The PIN is generated automatically by the HMIS application. Where data are shared across projects in a CoC, staff will determine at intake whether a client has been assigned a PIN previously by any of the participating projects. To make this determination, the staff enters personal identifying information (*Name, SSN, Date of Birth, and Gender*) into the HMIS application. The application then searches the HMIS for matching records. If a match is found and a PIN is retrieved, the same PIN will be assigned to the client. If no matches are found, a new randomly generated PIN is assigned to the client. Where data are not shared across projects, staff will similarly determine at intake whether a client has been assigned a PIN previously by their agency or project. If the client is found within their project records, the same PIN will be assigned to the client. If the client has not been served by their project previously, a PIN is randomly generated and assigned to the client.

When Data Are Collected: Upon creation of a client file within HMIS.

Subjects: All clients.

Definition and Instructions: Assign a unique ID number to each client served. The PIN is a number automatically generated by the HMIS application. The PIN will not be based on any client-specific information, but instead should be a randomly assigned, computer generated number. The HMIS must have functionality to allow the HMIS Lead Agency to de-duplicate clients with distinct PINs using identifying information.

Required Response Categories:

1. **PIN.** A Personal Identification Number must be created, but there is no required format as long as there is a single unique PIN for every client served in the CoC using a consistent format and it contains no personally identifying information.

3.14 Household ID. (Household Identification Number)

Rationale: To count the number of households served in a project.

Data Source: Interview or staff observation that a client is participating in a project as a single person household or as a household with two or more members. The Household ID is generated automatically by the HMIS application.

When Data Are Collected: Upon creation of a Household within HMIS.

Subjects: All clients.

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Definition and Instructions: A household is a single individual or a group of persons who together apply to a CoC project for services. Assign a unique ID number to each household served. There is no specified format for this data element. The *Household ID* is a randomly generated number or some other code generated by the HMIS and each household receives a distinct identifier that is associated with each member of that household.

Required Response Categories:

1. **HIN.** A Household ID number must be created, but there is no required format as long as the number allows identification of clients that receive services as a member of a specific household.

3.15 Relationship to Head of Household. {Only for projects that serve families}

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

3.16a Information Date.

Rationale: To identify the date Client Location was collected.

Data Source: Project staff.

When Collected: Upon initial project entry and updated as needed thereafter.

Subjects: Head of household.

Definition and Instructions: Enter the date of collection for the Client Location.

Required Response Categories:

1. **Date field**

3.16b Client Location.

Rationale: To identify the HUD assigned CoC code for the client's location.

Data Source: Project staff.

When Collected: Upon initial project entry 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. **Use the drop-down menu to select "OH-503".**

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3.17 Length of Time on Street, in an Emergency Shelter, or Safe Haven

Rationale: This element, in combination with the Program Specific disability elements, is intended to identify an individual or household as chronically homeless.

3.17a Continuously Homeless for at Least One Year.

Data Source: Client.

When Collected: At Project Entry.

Subjects: Head of households and Adults.

Definition and Instructions: Record the appropriate category to indicate the client's response.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**
- 99. **Data Not Collected.**

3.17b Number of Times the Client has been Homeless in the Past Three Years.

Data Source: Client.

When Collected: At Project Entry.

Subjects: Head of households and Adults.

Definition and Instructions: Record the appropriate category to indicate the client's response.

Required Response Categories:

- 0. **0 (not homeless – Prevention only).**
- 1. **1 (homeless only this time).**
- 2. **2.**
- 3. **3.**
- 4. **4 or more.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**
- 99. **Data Not Collected.**

3.17c Total Number of Months Homeless in the Past Three Years. (If “4 or more” for ‘Number of Time the Client has been Homeless in the Past Three Years’)

Data Source: Client.

When Collected: At Project Entry.

Subjects: Head of households and Adults.

Definition and Instructions: Record the appropriate category to indicate the client's response.

Required Response Categories:

- 100. **0**
- 101. **1**
- 102. **2**
- 103. **3**

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104. **4**

105. **5**

106. **6**

107. **7**

108. **8**

109. **9**

110. **10**

111. **11**

112. **12**

7. *More than 12 months.*

8. *Client Doesn't Know.*

9. *Client Refused.*

99. *Data Not Collected.*

3.17d Total number of months continuously homeless immediately prior to project entry.

Data Source: Client.

When Collected: At Project Entry.

Subjects: Head of households and Adults.

Definition and Instructions: Record the appropriate category to indicate the client's response.

Partial months, i.e. 1 day to 30 days = 1 month.

Required Response Categories:

1. ***Numeric text box***

3.17e Homeless Status Documented.

Data Source: Project Staff.

When Collected: At Project Entry.

Subjects: Head of households and Adults.

Definition and Instructions: Indicate whether or not the client's homeless status is documented.

Required Response Categories:

0. ***No.***
1. ***Yes.***

4.0 HUD Project-Specific Data Requirements

4.1 Housing Status. *(Required for PATH SO & SSO Only)*

Rationale: To identify persons who, at project entry and project exit, are literally homeless; housed, but at imminent risk of losing their housing; housed, but at-risk of losing their housing; or in a stable housing situation. This data element is not intended to be used for project eligibility determination purposes, as project eligibility criteria may vary by project and/or funding source.

Data Source: Client interview.

When Collected: Upon initial project entry or as soon as possible thereafter and at project exit. This information may be needed prior to admission to determine project eligibility.

Subjects: All clients.

Definition and Instructions: For each client, determine whether the client is: literally homeless; housed and at imminent at-risk of losing their housing; housed and at-risk of losing their housing; or in a stable housing situation at project entry.

Required Response Categories:

1. **Category 1 - Homeless.** persons who at project entry are in:
 - Places not designed for or ordinarily used as regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - A supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government projects for low-income individuals or by charitable organizations, congregate shelters, and transitional housing for homeless persons);
 - A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;
 - Graduating from or timing out of a transitional housing project for homeless persons;
 - Fleeing a domestic violence situation.
2. **Category 2 – At Imminent risk of losing housing.** persons who at project entry:
 - Are currently housed and not literally homeless, per above definition;
 - Are imminently losing their housing, whether permanent or temporary;
 - Have no subsequent housing options identified; and
 - Lack the resources or support networks needed to retain current housing or obtain temporary or permanent housing.
 - Examples of imminent housing loss include:
 - Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government projects for low-income individuals or by charitable organizations);
 - Being discharged from a hospital or other institution;
 - Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation;
3. **At-risk of homelessness.** persons who at project entry:

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- Are currently housed and not literally homeless or imminently losing their housing, per above definitions;
 - Are experiencing housing instability, but may have one or more other temporary housing options; and
 - Lack the resources or support networks to retain or obtain permanent housing.
 - Housing instability may be evidenced by:
 - Frequent moves because of economic reasons;
 - Living in the home of another because of economic hardship;
 - Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government projects for low-income individuals or by charitable organizations);
 - Living in a hotel or motel paid for by Federal, State, or local government projects for low-income individuals or by charitable organizations;
 - Living in severely overcrowded housing;
 - Being discharged from a hospital or other institution; or
 - Otherwise living in housing that has characteristics associated with instability and an increased risk of homelessness.
4. ***Stably housed.*** persons who are in a stable housing situation and not at risk of losing this housing (i.e., do not meet the criteria for any of the other housing response categories, per above definitions).
5. ***Category 3 – Homeless only under other federal statutes.***
6. ***Category 4 – Fleeing domestic violence.***
8. ***Client Doesn't Know***
9. ***Client Refused.***
99. ***Data Not Collected.***

4.2 Income and Sources.

Rationale: Income and sources of income are important for determining service needs of people at the time of project entry, determining whether they are accessing all income sources for which they are eligible, describing the characteristics of the homeless population, and allow 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 entry, 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 entry and project exit are to reflect the information as of the date of entry and exit. Data collected at project entry and exit is to be dated the same date as the date of project entry and the date of project exit.

An annual 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.

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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:

0. ***No.***
1. ***Yes.***
8. ***Client Doesn’t Know***
9. ***Client Refused.***
99. ***Data Not Collected.***

4.2c Earned Income.

Required Response Categories:

0. ***No.***
1. ***Yes.***

Monthly Amount: \$ ____ .00

4.2d Unemployment Insurance.

Required Response Categories:

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- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2e Supplemental Security Income (SSI).

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2f Social Security Disability Income (SSDI).

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2g VA Service-Connected Disability Compensation.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2h VA Non-Service-Connected Disability Pension.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2i Private Disability Insurance.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2j Worker's Compensation.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2k Temporary Assistance for Needy Families (TANF).

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2l General Assistance (GA).

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2m Retirement Income from Social Security.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2n Pension or Retirement Income from a Former Job.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2o Child Support.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2p Alimony and Other Spousal Support.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

Monthly Amount: \$____.00

4.2q Other Source.

Required Response Categories:

- 0. **No.**

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1. **Yes.**

Monthly Amount: \$____.00

4.2r If “Other” Source, Specify.

Required Response Categories:

1. **Specify Source.** *Unconstrained Text Field*

4.2s Total Monthly Income.

Required Response Categories:

Total Monthly Amount from All Sources: \$____.00

4.3 Non-Cash Benefits

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

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

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

Subjects: Head of household and adults.

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

An annual assessment is required for all persons residing in the project one year or more. Non-Cash Benefits must be recorded in the HMIS as an Annual Assessment 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 receiving no non-cash benefit from any source, no additional data collection is required. If *Non-cash benefit from any source* is “Yes,” however, project staff should ask clients to respond with a “Yes” or “No” for each of the listed benefits.

4.3a Information Date.

Required Response Categories:

1. **Information Date.** (*Date field*)

4.3b Non-Cash Benefits from any Source?

Required Response Categories:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know**
9. **Client Refused.**
99. **Data Not Collected.**

4.3c Supplemental Nutrition Assistance Program (SNAP; previously known as Food Stamps).

Required Response Categories:

0. **No.**
1. **Yes.**

4.3d Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Required Response Categories:

0. **No.**
1. **Yes.**

4.3e TANF Child Care Services.

Required Response Categories:

0. **No.**
1. **Yes.**

4.3f TANF Transportation Services.

Required Response Categories:

0. **No.**
1. **Yes.**

4.3g Other TANF-Funded Services.

Required Response Categories:

0. **No.**
1. **Yes.**

4.3h Section 8, Public Housing or Other Ongoing Rental Assistance.

Required Response Categories:

0. **No.**
1. **Yes.**

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4.3i Other Source.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.3j Temporary Rental Assistance.

Required Response Categories:

- 0. **No.**
- 1. **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 entry, annual assessment, and project exit. Update as health insurance changes.

Subjects: All Clients.

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

An annual 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:

- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know**
- 9. **Client Refused.**
- 99. **Data Not Collected.**

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4.4c MEDICAID.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4d MEDICARE.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4e State Children's Health Insurance Program.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4f Veteran's Administration (VA) Medical Services.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4g Employer-Provided Health Insurance.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4h Health Insurance Obtained Through COBRA.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4i Private Pay Health Insurance.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.4j State Health Insurance for Adults.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.5 – 4.10 Disability Type *A sub-assessment located on the HIPAA assessment. This assessment's security must always be LOCKED.*

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.

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When Collected: At project entry and project exit. Update if information changes anytime during project stay.

Subjects: All clients.

Definition and Instructions: Data on disability collected at project entry and project exit are to reflect the information accurate as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and 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, (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.

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:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.**

4.5c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Required Response Categories:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**

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99. ***Data Not Collected.***

4.5d Documentation of the disability and severity on file.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***

4.5e Currently receiving services/treatment for this disability.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***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:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.6c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.6d Documentation of the disability and severity on file.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***

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4.6e Currently receiving services/treatment for this disability.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***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:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.7c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.7d Documentation of the disability and severity on file.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***

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4.7e Currently receiving services/treatment for this disability.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***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:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.8c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.8d Documentation of the disability and severity on file.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***

4.8e Currently receiving services/treatment for this disability.

Required Response Categories:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***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:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.**

4.9c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Required Response Categories:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.**

4.9d Documentation of the disability and severity on file.

Required Response Categories:

0. **No.**
1. **Yes.**

4.9e Currently receiving services/treatment for this disability.

Required Response Categories:

0. **No.**
1. **Yes.**
8. **Client Doesn't Know.**
9. **Client Refused.**
99. **Data Not Collected.**

4.9f How confirmed. (PATH Only)

Required Response Categories:

1. **Unconfirmed; presumptive or self-report.**
2. **Confirmed through assessment and clinical evaluation.**
3. **Confirmed by prior evaluation or clinical records.**

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4.9g Serious Mental Illness (SMI) and if SMI, how confirmed. (PATH Only)

Required Response Categories:

- 0. **No.**
- 1. **Unconfirmed; presumptive or self-report.**
- 2. **Confirmed through assessment and clinical evaluation.**
- 3. **Confirmed by prior evaluation or clinical records.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**

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:

- 0. **No.**
- 1. **Alcohol abuse.**
- 2. **Drug Abuse.**
- 3. **Both Alcohol and Drug Abuse.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**
- 99. **Data Not Collected.**

4.10c Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**
- 99. **Data Not Collected.**

4.10d Documentation of the disability and severity on file.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

4.10e Currently receiving services/treatment for this disability.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know.**

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- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.10f How confirmed.

Required Response Categories:

- 1. ***Unconfirmed; presumptive or self-report.***
- 2. ***Confirmed through assessment and clinical evaluation.***
- 3. ***Confirmed by prior evaluation or clinical records.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***Data Not Collected.***

4.11 Domestic Violence. Located on the HIPAA assessment. This assessment's security must always be LOCKED.

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 entry. Update if information changes anytime during project stay.

Subjects: Head of household and adults.

Definition and Instructions: Data on Domestic Violence collected at project entry are to reflect the information as of the date of entry. Data collected at project entry are to be dated the same date as the date of project 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:

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***
- 99. ***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.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***
99. ***Data Not Collected.***

4.12 Date of Contact (Outreach)

Rationale: To record and count the number of contacts with homeless persons by street outreach and other service projects and to provide information on the number of contacts required to engage the client.

Data Source: Project staff.

When Data Are Collected: At project entry, project exit and each contact between entry and exit.

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.

- *Place not meant for habitation* could include a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside that is not a Homeless Connect-type event.
- *Service setting, non-residential* could include a Homeless Connect-type event, drop in center, day services center, soup kitchen, etc.
- *Service setting, residential* could include emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend's room, apartment, condo, or house; foster care or group home.

4.12a Date of Contact.

Required Response Categories:

1. ***Numerical date field.*** Requiring MM/DD/YYYY format.

4.12b Location of Contact.

Required Response Categories:

0. ***Place not meant for habitation.*** (e.g. vehicle, abandoned building, bus/train/subway station/airport or anywhere outside that is not a Homeless Connect-type event)
1. ***Service setting, non-residential.*** (e.g. Homeless Connect-type event, drop in center, day services center, soup kitchen, etc.)
2. ***Service setting, residential.*** (e.g. emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend's room, apartment, condo, or house; foster care or group home)

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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 entry 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 entry 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 Services Provided.

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.

4.14a Services Provided – PATH Funded.

Required Response Categories:

Date of Service.

0. ***MM/DD/YYYY***

Type of PATH-Funded Service Provided.

1. ***Outreach.***
2. ***Screening/Assessment.***
3. ***Habilitation/Rehabilitation.***
4. ***Community Mental Health.***
5. ***Substance Use Treatment.***
6. ***Case Management.***

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7. **Residential Supportive Services.**
8. **Housing- Minor Renovation.**
9. **Housing – Moving Assistance.**
10. **Housing – Technical Assistance.**
11. **Security Deposits.**
12. **One-time Rent for Eviction Prevention.**
13. **Other PATH-funded Service.**

4.14b Services Provided – RHY Funded.

Required Response Categories:

Date of Service.

0. **MM/DD/YYYY**

Type of RHY-Funded Service Provided.

1. **Basic Support Services.** *Food, clothing, shelter, transportation, etc.*
2. **Community Service/Service Learning (CSL).** *Activities that involve youth in helping others or the community.*
3. **Counseling/Therapy.** *Provision of guidance, support and advice designed to address interfamilial problems or help youth decide on a future course of action (examples include crisis intervention, individual youth counseling, home-based services, group counseling, outdoor adventure/challenge activities, expressive art therapy and meditation).*
4. **Dental Care.** *Provision of dental services by a licensed dentist or other oral health specialist.*
5. **Education.** *Learning disability assessment, tutoring, GED prep, local school enrollment, vocation education, etc.*
6. **Employment and Training Services.** *Services related to helping young people obtain and retain employment, such as assessment, coaching, filling out applications, interviewing, practicing and conducting job searches, referrals and job maintenance skills.*
7. **Criminal Justice/Legal Services.** *Legal services or guidance provided through an attorney or an attorney-supervised paralegal.*
8. **Life Skills Training.** *Formal and informal coaching and training in communications skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene, etc.*
9. **Parenting Education for parent of youth.** *Services designed to build improved parenting skills for the parent of the youth served.*
10. **Parenting Education for youth with children.** *Services designed to build improved parenting skills for the youth served.*
11. **Peer (youth) Counseling.** *Counseling provided by trained youth volunteers or youth staff to the young person.*
12. **Post-natal Care.** *Service provided to teen parent.*
13. **Pre-natal Care.** *Service provided to a pregnant teen.*
14. **Health/Medical Care.** *Provision of general health care or surgical services by licensed medical practitioners. May include prenatal testing, STD testing, and other types of health screening.*
15. **Psychological or Psychiatric Care.** *Provision of assessment or treatment services by a licensed/certified medical mental health professional or professional psychologist.*

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16. **Recreational Activities.** *Includes sports, arts, and crafts, field trips, nature hikes, etc.*
17. **Substance Abuse Assessment and/or Treatment.** *Comprehensive assessment of an individual's current or past involvement with alcohol and/or drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse.*
18. **Substance Abuse Prevention.** *includes activities related to alcohol and drug abuse prevention, such as education, group activities, peer coaching, refusal skills, etc.*
19. **Support Group.** *Participation in one or more support groups, such as Alateen, Alcoholics Anonymous, Al-Anon, or a faith-based group.*

4.14d Services Provided – SSVF.

Required Response Categories:

Date of Service.

0. *MM/DD/YYYY*

Type of Service.

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. *Other (non-TFA) Supportive Service Approved by VA.*

Indicate type if provided "Assistance obtaining VA benefits".

1. *VA Vocational and Rehabilitation Counseling.*
2. *Employment and Training Services.*
3. *Educational Assistance.*
4. *Health Care Services.*

Indicate type if provided "Assistance obtaining/coordinating other public benefits".

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.*

Indicate type if provided "Direct provision of other public benefits".

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.*

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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.***

4.15 Financial Assistance Provided

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: 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 served.

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.

Projects that provide on-going rental assistance for consecutive months (i.e., short-term rental assistance for two to three months or medium-term rental assistance) must minimally enter one *Financial Assistance Provided* record for each three-month period of consecutive rental assistance. Projects may choose to record rental assistance on a monthly basis. Projects are required to re-evaluate the eligibility of project participants who receive medium-term rental assistance. Recording rental assistance at least every three months may help projects monitor compliance with this requirement.

For one-time payments of rental assistance for a current month or first month and for one-time or multiple payments of rental assistance for consecutive months, the start date in the Financial Assistance Provided record must correspond to the first day of the month for which rental assistance applies and the end date must correspond to the last day of the last month for which rental assistance applies.

A new *Financial Assistance Provided* record must be entered if there is a break in rental assistance for one or more months during a period of project participation (as determined by project entry and exit date).

For one-time payment of rental arrears, last month rent, utility payments (including payment for arrears), security deposit, utility deposit, and moving cost assistance the start date in the Financial Assistance Provided record must correspond to the day the Financial Assistance was approved. The end date should be identical to the start date.

Projects that provide hotel/motel voucher assistance should enter one *Financial Assistance Provided* record with a start date that corresponds to the first day for which the voucher assistance applies and an end date that corresponds to the last day voucher assistance applies. A separate record should be entered if there is a break in hotel/motel voucher assistance for one or more days during a period of project participation (as determined by project entry and exit date).

With the exception of on-going rental assistance for consecutive months and hotel/motel voucher assistance for consecutive days, as described above, clients who receive multiple instances of financial assistance for a single type of financial assistance (e.g., utility

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payment assistance for two consecutive months) or who are assisted with two or more distinct types of financial assistance (utility deposit, security deposit, etc.) should have a separate *Financial Assistance Provided* transaction recorded for each instance of assistance.

Projects must record the amount of financial assistance provided for each instance of one-time or ongoing financial assistance, as described above. Projects may also choose to record information on financial assistance provided through other sources. However, these should be recorded as separate transactions in order to distinctly record and track financial assistance payments.

4.15b Financial Assistance – SSVF

Required Response Categories:

Date of Financial Assistance.

0. *MM/DD/YYYY*

Financial Assistance Amount.

0. Assistance Amount: \$____.00

Financial Assistance Type

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.**

4.16 Referrals Provided

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)

Definition and Instructions: 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.

4.16a Referrals Provided - PATH

Required Response Categories:

Referral Date

0. *MM/DD/YYYY*

Referral Type

1. **Community Mental Health.**

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2. *Substance Use Treatment.*
3. *Primary Health Services.*
4. *Job Training.*
5. *Educational Services.*
6. *Relevant Housing Services.*
7. *Housing Placement Assistance.*
8. *Income Assistance.*
9. *Employment Assistance.*
10. *Medical Assistance.*

Select Outcome

0. *Attained.*
1. *Not Attained.*
2. *Unknown.*

4.16b Referrals Provided - RHY

Required Response Categories:

Referral Date

0. *MM/DD/YYYY*

Referral Type

1. *Child Care Non-TANF.*
2. *Supplemental Nutritional Assistance Program (Food Stamps).*
3. *Education – McKinney/Vento Liaison Assistance to Remain in School.*
4. *HUD Section 8 or Other Permanent Housing Assistance.*
5. *Individual Development Account.*
6. *Medicaid.*
7. *Mentoring Program Other than RHY Agency.*
8. *National Service (Americorp, VISTA, Learn and Serve).*
9. *Non-Residential Substance Abuse or Mental Health Program.*
10. *Other Public – Federal, State, or Local Program.*
11. *Private Non-profit Charity or Foundation Support.*
12. *SCHIP.*
13. *SSI, SSDI, or other Disability Insurance.*
14. *TANF or other Welfare/Non-Disability Income Maintenance (all TANF Services).*
15. *Unemployment Insurance.*
16. *WIC.*
17. *Workforce Development (WIA).*

Select Outcome

3. *Attained.*
4. *Not Attained.*
5. *Unknown.*

4.17 Residential Move-In Date. (Formerly known as “Date of Exit to Housing”)

Rationale: To differentiate between clients who are awaiting placement in housing and those who have moved into permanent housing for Rapid Re-Housing projects. This data is critical to point-in-time and housing inventory counts as it differentiates a client from a homeless status (in shelter) to a permanent housing status (in RRH housing unit).

Data Source: Recorded by project staff.

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When Data are Collected: When the household moves into permanent housing

Subjects: All Clients.

Definition and Instructions: Indicate the date on which the client household physically moved into permanent housing.

Required Response Categories:

Residential Move-In Date

0. *MM/DD/YYYY*

4.18 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 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.

Required Response Categories:

Assessment Disposition

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).*
If "Other", Specify
0. *Text; unconstrained text field.*

4.19 Housing Assessment at Exit.

Rationale: To determine 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 entry to project exit.

Required Response Categories:

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4.19a Housing Assessment at Exit

1. *Able to Maintain the Housing They Had at Project Entry.*
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.*
99. *Data Not Collected.*

4.19b Subsidy Information (If "Able to maintain the housing they had at Project Entry")

1. *Without a Subsidy.*
2. *With the Subsidy They had at Project Entry.*
3. *With an Ongoing Subsidy Acquired Since Project Entry.*
4. *Only With Financial Assistance Other Than a Subsidy.*

4.19c Subsidy Information (If "Moved to New Housing Unit")

1. *With ongoing Subsidy.*
2. *Without an ongoing Subsidy*

PATH Required Data Elements

4.20 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 entry 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 entry and project exit date service period.

Required Response Categories:

Date of Status Determination

1. *MM/DD/YYYY*

Client Became Enrolled In PATH

0. *No.*
1. *Yes.*

If "No" for Status, Reason Not Enrolled

1. *Client was found ineligible for PATH.*

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2. *Client was not enrolled for other reason(s).*

4.21 Connection with SOAR.

Rationale: To identify persons who are connected to the SOAR (SSI/SSDI Outreach, Access and Recovery) program.

Data Source: Recorded by project staff.

When Data are Collected: At project exit.

Subjects: Head of household and adults.

Definition and Instructions: Choose one response category to indicate whether the client has been connected to the SOAR program.

This element will not be required for collection by PATH until OMB has approved a new PATH report which is expected in 2015. Projects may elect to begin collecting data early.

Required Response Categories:

Connection with SOAR

0. *No.*
1. *Yes.*
8. *Client Doesn't Know.*
9. *Client Refused.*
99. *Data Not Collected.*

4.22 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 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 entry date.

Required Response Categories:

Date of Status Determination

1. *MM/DD/YYYY*

FYSB Youth

0. *No.*
1. *Yes.*

If “No” for Status, Reason For Not Providing Services

1. *Out of Age Range.*
2. *Ward of the State – Immediate Reunification*
3. *Ward of the Criminal Justice System – Immediate Reunification.*
4. *Other.*

4.23 Sexual Orientation.

Rationale: To identify the sexual orientation of youth served in RHY programs.

Data Source: Self-reported and recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

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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:

Expressed Sexual Orientation

1. *Bisexual.*
2. *Gay.*
3. *Heterosexual.*
4. *Lesbian.*
5. *Questioning/Unsure*
8. *Client Doesn't Know.*
9. *Client Refused.*

4.24 Last Grade Completed.

Rationale: To identify the educational attainment of youth served in RHY projects.

Data Source: Self-reported and recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: Choose one response category describing the last grade level completed by the client.

Required Response Categories:

Last Grade Completed

1. *Less Than Grade 5.*
2. *Grades 5 - 6.*
3. *Grades 7 - 8.*
4. *Grades 9 - 11.*
5. *Grade 12.*
6. *School Program Does Not Have Grade Levels.*
7. *GED.*
8. *Some College.*
8. *Client Doesn't Know.*
9. *Client Refused.*

4.25 School Status.

Rationale: To identify the educational status of youth served in RHY projects.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

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 entry, this question pertains to the school year just completed.

Required Response Categories:

School Status

1. *Attending School Regularly.*
2. *Attending School Irregularly.*
3. *Graduated From High School.*

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4. ***Obtained GED.***
5. ***Dropped Out.***
6. ***Suspended.***
7. ***Expelled.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***

4.26 Employment Status.

Rationale: To assess client's employment status and need for employment services.

Data Source: Client interview.

When Data Are Collected: At project entry and project exit.

Subjects: Head of household and youth age 18 or older.

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 entry, 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.

4.26a Employed?

Required Response Categories:

0. ***No***
1. ***Yes***
2. ***Client Doesn't Know***
3. ***Client Refused***

4.26b Type of Employment.

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.*

4.26c If no, why not 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.*

4.27 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 entry and project exit.

Subjects: Head of household and youth age 18 or older.

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Definition and Instructions: Ask the youth to select one of the response options and record the option selected by the youth.

Required Response Categories:

General Health Status

1. *Excellent.*
2. *Very Good.*
3. *Good.*
4. *Fair.*
5. *Poor.*
8. *Client Doesn't Know.*
9. *Client Refused.*

4.28 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 entry and project exit.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: Ask the youth to select one of the response options and record the option selected by the youth.

Required Response Categories:

Dental Health Status

1. *Excellent.*
2. *Very Good.*
3. *Good.*
4. *Fair.*
5. *Poor.*
8. *Client Doesn't Know.*
9. *Client Refused.*

4.29 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 entry and project exit.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: Ask the youth to select one of the response options and record the option selected by the youth.

Required Response Categories:

Mental Health Status

1. *Excellent.*
2. *Very Good.*
3. *Good.*
4. *Fair.*
5. *Poor.*
8. *Client Doesn't Know.*
9. *Client Refused.*

4.30 Pregnancy Status.

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

Data Source: Recorded by project staff.

When Data are Collected: At project entry and update.

Subjects: All females.

Definition and Instructions: In separate fields, indicate if a client is pregnant and, if so, the due date. If the exact date is unknown, projects are encouraged to record as much of the date as known. Default to January, the first day of the month, and current year for any part of the due date not known.

Required Response Categories:

Pregnancy Status

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***

If Yes, Due Date

- 1. ***MM/DD/YYYY***

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

Rationale: To identify clients with child welfare or foster care histories.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: Choose one response category to indicate whether the client was formerly the responsibility of the child welfare or foster care agency.

Required Response Categories:

Formerly a Ward of Child Welfare/Foster Care Agency

- 0. ***No.***
- 1. ***Yes.***
- 8. ***Client Doesn't Know.***
- 9. ***Client Refused.***

If Yes, Number of Years

- 1. ***Less Than One Year.***
- 2. ***1 to 2 Years.***
- 3. ***3 to 5 or More Years.***

If Less Than a Year, How Many Months

- 1. ***Integer between 1-11***

4.32 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 entry.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: Choose one response category to indicate whether the client was formerly the responsibility of the juvenile justice system.

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Required Response Categories:

Formerly a Ward of Juvenile Justice System

- 0. *No.*
- 1. *Yes.*
- 8. *Client Doesn't Know.*
- 9. *Client Refused.*

If Yes, Number of Years

- 1. *Less Than One Year.*
- 2. *1 to 2 Years.*
- 3. *3 to 5 or More Years.*

If Less Than a Year, How Many Months

- 1. *Integer between 1-11*

4.33 Young Person's Critical Issues.

Rationale: To identify issues faced by youth in RHY programs.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: Choose appropriate response categories to identify the young person's critical issues, as identified by staff and the young person. These categories are for reporting purposes and are therefore general and broad.

Required Response Categories:

4.33a Household Dynamics.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33b Sexual Orientation/Gender Identity - Youth.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33c Sexual Orientation/Gender Identity – Family Member.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33d Housing Issues - Youth.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33e Housing Issues – Family Member.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33f School or Educational Issues - Youth.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33g School or Educational Issues – Family Member.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33h Unemployment - Youth.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33i Unemployment – Family Member.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33j Mental Health Issues - Youth.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33k Mental Health Issues – Family Member.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33l Health Issues - Youth.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33m Health Issues – Family Member.

Required Response Categories:

- 0. *No*
- 1. *Yes*

4.33n Physical Disability - Youth.

Required Response Categories:

- 0. *No*

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1. **Yes**

4.33o Physical Disability – Family Member.

Required Response Categories:

0. **No**
1. **Yes**

4.33p Mental Disability - Youth.

Required Response Categories:

0. **No**
1. **Yes**

4.33q Mental Disability – Family Member.

Required Response Categories:

0. **No**
1. **Yes**

4.33r Abuse and Neglect - Youth.

Required Response Categories:

0. **No**
1. **Yes**

4.33s Abuse and Neglect – Family Member.

Required Response Categories:

0. **No**
1. **Yes**

4.33t Alcohol or Other Drug Abuse - Youth.

Required Response Categories:

0. **No**
1. **Yes**

4.33u Alcohol or Other Drug Abuse – Family Member.

Required Response Categories:

0. **No**
1. **Yes**

4.33v Insufficient Income to Support Youth – Family Member.

Required Response Categories:

0. **No**
1. **Yes**

4.33w Active Military Parent – Family Member.

Required Response Categories:

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0. *No*
1. *Yes*

4.33x Incarcerated Parent of Youth.

Required Response Categories:

0. *No*
1. *Yes*

4.33y If Incarcerated Parent of Youth is “Yes”, Please Specify.

Required Response Categories:

1. *One Parent/Legal Guardian is Incarcerated.*
2. *Both Parents/Legal Guardians Are Incarcerated.*
3. *The Only Parent/Legal Guardian is Incarcerated.*

4.34 Referral Source.

Rationale: To identify the source of referral for incoming clients.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

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:

Referral Source.

Required Response Categories:

1. ***Self-Referral.***
2. ***Individual: Parent/Guardian.***
3. ***Individual: Relative or Friend.***
4. ***Individual: Other Adult or Youth.***
5. ***Individual: Partner/Spouse.***
6. ***Individual: Foster Parent.***
7. ***Outreach Project: FYSB.***
10. ***Outreach Project: Other.***
11. ***Temporary Shelter: FYSB Basic Center Project.***
12. ***Temporary Shelter: Other Youth Only Emergency Shelter.***
13. ***Temporary Shelter: Emergency Shelter for Families.***
14. ***Temporary Shelter: Emergency Shelter for Individuals.***
15. ***Temporary Shelter: Domestic Violence Shelter.***
16. ***Temporary Shelter: Safe Place.***
17. ***Temporary Shelter: Other.***
18. ***Residential Project: FYSB Transitional Living Project.***
19. ***Residential Project: Other Transitional Living Project.***
20. ***Residential Project: Group Home.***
21. ***Residential Project: Independent Living Project.***
22. ***Residential Project: Job Corps.***
23. ***Residential Project: Drug Treatment Center.***
24. ***Residential Project: Treatment Center.***

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25. ***Residential Project: Educational Institute.***
26. ***Residential Project: Other Agency project.***
27. ***Residential Project: Other Project.***
28. ***Hotline: National Runaway Switchboard.***
29. ***Hotline: Other.***
30. ***Other Agency: Child Welfare/CPS.***
31. ***Other Agency: Non-Residential Independent Living Project.***
32. ***Other Project Operated by your Agency.***
33. ***Other Youth Services Agency.***
34. ***Juvenile Justice.***
35. ***Law Enforcement/Police.***
36. ***Religious Organization.***
37. ***Mental Hospital.***
38. ***School.***
39. ***Other Organization.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***

4.35 Commercial Sexual Exploitation.

Rationale: To assess the extent of sexual exploitation among homeless youth.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and youth age 18 or older.

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.

Required Response Categories:

4.35a Received Something in Exchange For Sex in The Past 3 Months.

Required Response Categories:

0. ***No.***
1. ***Yes.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***
99. ***Data Not Collected.***

4.35b If "Yes", Number of Times.

Required Response Categories:

1. ***1 - 3.***
2. ***4 - 7.***
3. ***8 - 30.***
4. ***More Than 30.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***

4.35c If "Yes", Did Someone Ask or Make You Have Sex?.

Required Response Categories:

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- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**

4.36 Transitional, Exit-care or Aftercare Plans and Actions.

Rationale: To identify the extent of transitional, exit and 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.

Definition and Instructions: : Record a response for all plans and actions listed.

Required Response Categories:

4.36a A Written Transitional, Aftercare or Follow-up Plan or Agreement.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. **Client Refused.**

4.36b Advice About and/or Referral to Appropriate Mainstream Assistance Programs.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. **Client Refused.**

4.36c Placement in Appropriate, Permanent, Stable Housing (not a shelter).

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. **Client Refused.**

4.36d Due to Unavoidable Circumstances or Scarcities of Appropriate Housing, the Youth Must be Transported or Accompanied to a Temporary Shelter.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. **Client Refused.**

4.36e Exit Counseling.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**

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9. *Client Refused.*

4.36f A Course of Further Follow-up Treatment or Services.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. *Client Refused.*

4.36g A Follow-up Meeting or Series of Staff/Youth Meetings or Contacts Has Been Scheduled.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. *Client Refused.*

4.36h A “Package” of Such Things as Maps, Information About Local Shelters and Resources.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. *Client Refused.*

4.36i Other.

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 9. *Client Refused.*

4.37 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.

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.

Required Response Categories:

4.37a Project Completion Status.

Required Response Categories:

- 1. **Completed Project.**
- 2. **Youth Voluntarily Left Early.**
- 3. **Youth Was Expelled or Otherwise Involuntarily Discharged From Project.**

4.37b If Youth Voluntarily Left Early for ‘Project Completion Status’, Select the Primary Reason.

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Required Response Categories:

1. ***Left For Other Opportunities – Independent Living.***
2. ***Left For Other Opportunities – Education.***
3. ***Left For Other Opportunities – Military.***
4. ***Left For Other Opportunities – Other.***
5. ***Needs Could Not Be Met by Project.***

4.37c If Youth Was Expelled or Otherwise Involuntarily Discharged From Project For ‘Project Completion Status’, Select the Primary Reason.

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.***

4.38 Family Reunification Achieved.

Rationale: To identify youth that achieved family reunification.

Data Source: Recorded by project staff.

When Data are Collected: At project exit.

Subjects: Head of household and youth age 18 or older.

Definition and Instructions: : Choose one response category to indicate whether family reunification was achieved at project exit.

Required Response Categories:

Family Reunification Achieved.

Required Response Categories:

0. ***No.***
1. ***Yes.***
8. ***Client Doesn't Know.***
9. ***Client Refused.***
99. ***Data Not Collected.***

VA Required Data Elements

4.41 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 entry 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.

Required Response Categories:

Year Entered Military Service (year)

0. *YYYY*

Year Separated from Military Service (year)

0. *YYYY*

Theatre of Operations: World War II

0. *No.*

1. *Yes.*

8. *Client Doesn't Know.*

9. *Client Refused.*

99. *Data Not Collected.*

Theatre of Operations: Korean War

0. *No.*

1. *Yes.*

8. *Client Doesn't Know.*

9. *Client Refused.*

99. *Data Not Collected.*

Theatre of Operations: Vietnam War

0. *No.*

1. *Yes.*

8. *Client Doesn't Know.*

9. *Client Refused.*

99. *Data Not Collected.*

Theatre of Operations: Persian Gulf War (Operation Desert Storm)

0. *No.*

1. *Yes.*

8. *Client Doesn't Know.*

9. *Client Refused.*

99. *Data Not Collected.*

Theatre of Operations: Afghanistan (Operation Enduring Freedom)

0. *No.*

1. *Yes.*

8. *Client Doesn't Know.*

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- 9. *Client Refused.*
 - 99. *Data Not Collected.*
- Theatre of Operations: Iraq (Operation Iraqi Freedom)

- 0. *No.*
- 1. *Yes.*
- 8. *Client Doesn't Know.*
- 9. *Client Refused.*
- 99. *Data Not Collected.*

Theatre of Operations: Iraq (Operation New Dawn)

- 0. *No.*
- 1. *Yes.*
- 8. *Client Doesn't Know.*
- 9. *Client Refused.*
- 99. *Data Not Collected.*

Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

- 0. *No.*
- 1. *Yes.*
- 8. *Client Doesn't Know.*
- 9. *Client Refused.*
- 99. *Data Not Collected.*

Branch of the Military

- 1. *Army.*
- 2. *Air Force.*
- 3. *Navy.*
- 4. *Marines.*
- 5. *Coast Guard.*
- 8. *Client Doesn't Know.*
- 9. *Client Refused.*
- 99. *Data Not Collected.*

Discharge Status

- 1. *Honorable.*
- 2. *General, under honorable conditions.*
- 3. *Under other than honorable conditions (OTH).*
- 4. *Bad Conduct.*
- 5. *Dishonorable.*
- 6. *Uncharacterized.*
- 8. *Client Doesn't Know.*
- 9. *Client Refused.*
- 99. *Data Not Collected.*

4.42 Percent of AMI (SSVF Eligibility).

Rationale: To document eligibility for SSVF programs.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: All households.

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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:

Household Income as a Percentage of AMI

1. *Less than 30%*
2. *30% to 50%*
3. *Greater than 50%*

4.43 Last Permanent Address.

Rationale: To record the last address for persons experiencing homelessness or the current address for persons at-risk of homelessness.

Data Source: Recorded by project staff.

When Data are Collected: At project entry.

Subjects: Head of household and Adults.

Definition and Instructions: Record the street address, city, state, and ZIP code of the apartment, room, or house where the client last lived for 90 days or more. Addresses of emergency shelters should NOT be recorded here. In a separate field, record the address data quality.

Required Response Categories:

Street Address

1. *Unconstrained text field.*

City

2. *Unconstrained text field.*

State

3. *Unconstrained text field.*

Zip Code

4. *Unconstrained text field.*

Address Data Quality

1. *Incomplete or estimated address reported.*
8. *Client Doesn't Know.*
9. *Client Refused.*

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. For internal database processes it is helpful to have an indicator of the quality of data entered in the Zip Code of Last Permanent Address field.

Data Source: Client Interview.

When Collected: Upon initial project entry 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.
8. **Don't Know.** The Zip Code of Last Permanent Address does not exist or is unattainable.
9. **Refused.** Client refused to provide the Zip Code of Last Permanent Address.

5.2 Employment Status.

Rationale: To assess the project participant's employment status and need for employment services. This can serve as an important outcome measure.

Data Source: Client interview.

When Data Are Collected: In the course of client assessment, at entry, at least every continuous year the client is in the project and at project exit.

Subjects: All adults and unaccompanied youth served.

Definition and Instructions: In separate fields, determine: (1) If the client is currently employed; (2) if currently employed, how many hours is the client working on average every week; (3) if currently employed, is the work permanent, temporary, or seasonal; and (4) if the client is not currently working, if they are currently looking for work. Seasonal employment is work that can, by the nature of it, ordinarily only be performed during a certain season in the year. Temporary employment is work for a limited time only or for a specific piece of work and that work will last a short duration. Permanent employment is work that is contemplated to continue indefinitely.

5.2a Employed?

Required Response Categories:

0. **No**
1. **Yes**
2. **Don't Know**
3. **Refused**

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5.2b Average number of hours worked/week

Required Response Categories:

1. *Numerical response field*

5.2c Employment Tenure?

Required Response Categories:

1. *Permanent*
2. *Temporary*
3. *Seasonal*
4. *Don't Know*
5. *Refused*

5.2d If NOT employed, is client looking for work?

Required Response Categories:

0. *No*
1. *Yes*
2. *Don't Know*
3. *Refused*

5.3 Education

Rationale: To assess the project participant's readiness for employment and need for education services. It can also serve as an important outcome measure.

Data Source: Client interview.

When Data are Collected: In the course of client assessment, at entry, at least every continuous year the client is in the project and at project exit.

Subjects: All adults and unaccompanied youth served.

Definition and Instructions: In four separate fields, determine: (1) If the client is currently in school or working on any degree or certificate; (2) whether the client has received any vocational training or apprenticeship certificates; (3) what is the highest level of school that the client has completed; and (4) if the client has received a high school diploma or General Equivalency Diploma (GED), what degree(s) has the client earned. Allow clients to identify multiple degrees.

5.3a Currently in school or working on any degree or certificate?

Required Response Categories:

0. *No*
1. *Yes*
2. *Don't Know*
3. *Refused*

5.3b Highest level of school completed?

Required Response Categories:

0. *No schooling completed*
1. *Nursery school to 4th grade*
2. *5th grade or 6th grade*
3. *7th grade or 8th grade*

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4. *9th grade*
5. *10th grade*
6. *11th grade*
7. *12th grade, No diploma*
10. *High school diploma*
11. *GED*
12. *Post-secondary school*
8. *Don't Know*
9. *Refused*

5.3c Received vocational training?

Required Response Categories:

0. *No*
1. *Yes*
2. *Don't Know*
3. *Refused*

5.3d Degrees Earned. Separate Sub-assessment

Rationale: To determine what degrees or certifications the client has earned.

Data Source: Client interview or self-administered form.

When Data are Collected: In the course of client assessment nearest to project entry, at project exit and at least once annually during project enrollment, if the period between project entry and exit exceeds one year.

Subjects: All adults and unaccompanied youth.

Definition and Instructions: Indicate what degree(s) has the client earned. Allow clients to identify multiple degrees. Start date may be the date the degree or certification was received or, if unavailable, the date of entry into the project. The End Date field may be left blank.

Required Response Categories:

Degree Earned.

0. *None*
1. *Associates Degree*
2. *Bachelors Degree*
3. *Masters Degree*
4. *Doctorate Degree*
5. *Other graduate/professional degree*
6. *Certificate of advanced training or skilled artisan*
8. *Don't Know*
9. *Refused*

Start Date. Enter date the degree or certification was received

1. *MM/DD/YYYY*

5.4 Pregnancy Status Located on the HIPAA assessment. This assessment's security must always be **LOCKED**.

Rationale: To determine eligibility for benefits, need for services, housing and to determine the number of women entering CoC projects while pregnant.

Data Source: Client interview.

When Data are Collected: In the course of client assessment, after project enrollment.

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Subjects: All females of child-bearing age.

Definition and Instructions: In separate fields, determine (a) if a client is pregnant and (b), if so, what is the due date. The due date is one field that consists of the two-digit month, two-digit day and four-digit year. If the day is unknown, projects are encouraged to record "01" as a default value. If the month is unknown, projects should leave the data field blank.

5.4a Pregnant?

Required Response Categories:

0. *No*
1. *Yes*
8. *Don't Know*
9. *Refused*
3. *N/A*

5.4b Projected Due Date?

Required Response Categories:

1. *MM/DD/YYYY*

5.5 Children's Education

Rationale: 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.

Data Source: Client interview or case manager records.

When Data Are Collected: In the course of client assessment, nearest to project entry, at project exit and at least once annually during project enrollment, if the period between project entry and exit exceeds one year.

Subjects: All children between 5 and 17 years of age.

Definition and Instructions: 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?

Required Response Categories:

0. *No*
1. *Yes*
8. *Don't Know*
9. *Refused*

5.5b Type of school?

Required Response Categories:

1. *Public School*
2. *Parochial or other private school*
8. *Don't Know*
9. *Refused*

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5.5c If not enrolled, last date of enrollment?

Required Response Categories:

1. *MM/DD/YYYY*

5.5d If child has changed schools, was this planned?

Required Response Categories:

0. *No.*
1. *Yes.*
8. *Don't Know.*
9. *Refused.*

5.5e Indicate primary reason for change of schools

Required Response Categories:

1. *Behavioral 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 If primary reason is "Other", specify

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.*

5.6 Housing Stability Follow-up

Rationale: To determine the stability achieved by families served through the Stable Families Project.

Data Source: Client interview or case manager records.

When Data Are Collected: At 6 months following the household's exit from the project.

Subjects: Head of household.

Definition and Instructions: For each household, indicate whether they are still stably housed at 6 months post-exit from the project.

5.6a Is client stable in housing 6 months after exit?

Required Response Categories:

0. *No*
1. *Yes*

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5.6b Date of 6 month assessment

Required Response Categories:

1. *MM/DD/YYYY*

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. *Reached maximum time allowed by project*
7. *Needs could not be met by project*
8. *Disagreement with rules/ persons*
9. *Death*
10. *Unknown/disappeared*
11. *Other*

5.8 Services Provided

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:

0. *MM/DD/YYYY*

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5.8b End Date of Service.

Required Response Categories:

0. **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).**

5.9 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'. Head of Household is generally defined as the guardian with the largest income. Projects may use best judgment on a case by case basis (i.e. where one guardian is noncustodial it may be advisable to make the custodial guardian the head of household even if their income is less).

Required Response Categories:

0. **No**
1. **Yes**

5.11 Is Client Critical Access to Housing Eligible. {Only for Outreach Projects}

Rationale: To determine eligibility for the Critical Access to Housing project.

Data Source: Case notes and CSP data.

When Data Are Collected: Client interview and/or in the course of client assessment.

Subjects: All clients served.

Definition and Instructions: For each client, determine if they meet Critical Access to Housing eligibility criteria.

Required Response Categories:

0. **No**
1. **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**

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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***

5.14 General Area Location of Previous Residence.

Rationale: Being able to report on the general areas of previous residence is helpful in project and community planning.

Data Source: Client interview.

When Collected: Upon initial project entry 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.***
9. ***Don't Know.*** Despite best efforts, General Area Location of Previous Residence was unattainable.

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 YWCA Family Center Exit Type.

Rationale: To facilitate better reporting of YWCA 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 YWCA Family Center Project.

Required Response Categories:

1. ***FHC Short Term***

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2. ***Overflow***
3. ***Tier I Emergency Shelter***
4. ***Tier II Emergency Shelter***
5. ***Rolling Stock***
6. ***Other Permanent Housing***
7. ***Other***

5.17 Nature of Housing Crisis – Primary. (for Prevention projects only)

Rationale: To facilitate reporting on the nature of difficulties causing housing crises.

Data Source: Client Interview.

When Data Are Collected: Course of client case management/ entry interview.

Definition and Instructions: Indicate the primary type of crisis threatening the clients housing stability.

Required Response Categories:

1. ***Divorce/Separation***
2. ***Loss of Job***
3. ***Loss of Income***
4. ***Medical Emergency***
5. ***Family violence (including physical and emotional abuse)***
6. ***Alcohol and/or drugs***
7. ***Mental Disability***
8. ***Rental Eviction Notice***
9. ***Relationship Problems***
10. ***Pregnancy***
11. ***Household Expansion***
12. ***Physical Health Problems***
13. ***Substandard Housing***
14. ***Eviction***
15. ***Legal Issues (utility arrears, etc.)***

5.18 Nature of Housing Crisis – Secondary. (for Prevention projects only)

Rationale: To facilitate reporting on the nature of difficulties causing housing crises.

Data Source: Client Interview.

When Data Are Collected: Course of client case management/ entry interview.

Definition and Instructions: Indicate the secondary type of crisis threatening the clients housing stability.

Required Response Categories:

1. ***Divorce/Separation***
2. ***Loss of Job***
3. ***Loss of Income***
4. ***Medical Emergency***
5. ***Family violence (including physical and emotional abuse)***
6. ***Alcohol and/or drugs***
7. ***Mental Disability***
8. ***Rental Eviction Notice***
9. ***Relationship Problems***
10. ***Pregnancy***

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11. ***Household Expansion***
12. ***Physical Health Problems***
13. ***Substandard Housing***
14. ***Eviction***
15. ***Legal Issues (utility arrears, etc.)***

5.19 National Origin

Rationale: Used to count the number of homeless persons who identify themselves as immigrant or refugee.

Data Source: Client interview.

When Collected: Upon initial project entry or as soon as possible thereafter.

Subjects: Head of household.

Definition and Instructions: Collect the self-identified immigrant/refugee status 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 immigrant/refugee status. If the client answers “Yes” then the client’s country of birth must be typed into the text field provided.

5.19a Are you an immigrant or refugee?

Required Response Categories:

0. ***No.***
1. ***Yes.***
8. ***Don’t Know.***
9. ***Refused.***

5.19b If “Yes”, indicate country of birth.

Required Response Categories:

1. ***Unconstrained text field.***

5.20 Incidents

Rationale: This requirement is for both the Front Door Shelter and all PSH/SPC/TH/VASH projects.

The FDS will utilize incidents to indicate whether a specific client may be referred to the FDS a second time, or if the client should be referred directly to Tier II.

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: For FDS at time of client exit; for PSH/SPC/TH/VASH, at time of client entry, at any time the client’s status changes, and at exit.

Subjects: Head of household

Definition and Instructions: *For FDS:* Create an incident sub-assessment record and indicate, in separate fields, your Provider, the Start Date of the status, the applicable code, the projected end date of the status, the name of the staff person entering the record, and any other helpful details can be entered in the Notes field.

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For PSH/SPC/TH/VASH: Create an incident sub-assessment record and indicate, in separate fields, your Provider, the Start Date (client Entry Date), the applicable code, the name of the staff person entering the record, and any other helpful details can be entered in the Notes field. The end date should not be entered unless the client is under eviction or has exited the project. See handout for more detail instructions.

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:

0. ***MM/DD/YYYY***

5.20c End Date.

Required Response Categories:

0. ***MM/DD/YYYY***

5.20d Incident.

Required Response Categories:

1. ***Client has current residency in PSH, SPC, TH, or VASH project.***
2. ***Client should be referred directly to Tier II.***
3. ***Client may be referred to Front Door Shelter.***

5.20e Incident Code.

Required Response Categories:

1. ***TBD***
2. ***TBD***

5.20f Ban.

Required Response Categories:

0. ***No.***
1. ***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.***

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5.21 Veteran Information.

Rationale: To collect a more detailed profile of the homeless veteran's experience and to determine eligibility for Department of Veterans Affairs (VA) projects and benefits. These questions were developed in consultation with the VA and reflect HUD's continuing effort to standardize data definitions and standards across federal agencies.

Data Source: Client interview.

When Data are Collected: In the course of client assessment.

Subjects: All clients who answered "Yes" for Veteran Status.

Definition and Instructions: In separate fields, determine: (1) Which military service era did the client serve; (2) how many months did the client serve on active duty in the military; (3) if the client served in a war zone; (4) if the client served in a war zone, the name of the war zone; (5) if the client served in a war zone, the number of months served in the war zone; (6) if the client served in a war zone, whether the client received hostile or friendly fire; (7) what branch of the military did the client serve in; and (8) what type of discharge did the client receive. In identifying the military service era served by the client, projects are encouraged to begin with the most recent service era and proceed in descending order through the various eras. Allow clients to identify multiple service eras and branches of the military.

5.21a Are you currently enrolled at the Columbus Veterans Administration?

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**

5.21b Have you ever been enrolled at a VA Medical Center or Hospital?

Required Response Categories:

- 0. **No.**
- 1. **Yes.**
- 8. **Client Doesn't Know.**
- 9. **Client Refused.**

5.21c If yes, which one?

Required Response Categories:

- 1. **Unconstrained text field.**

5.21d VA Eligibility Status:

Required Response Categories:

- 1. **Verification Pending.**
- 2. **VA Service Eligible – FULL.**
- 3. **VA Service Ineligible.**
- 4. **VA Service Eligible – LIMITED.**

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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. *Free text box*

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6.0 Additional Benefits Partnership Data Requirements

It is important to note that the SSI/SSDI Assessment includes three separate sub-assessments which collect similar data for different phases of the application process.

Those three phases are:

1. Initial Application (Initial)
2. Application Resubmission (Resub)
3. Appeals (Appeal)

Each sub-assessment collects the following nine data elements as indicated in parentheses next to the data element name. Note: While the following data elements are required only for the SSI/SSDI Project, these are not the only data elements required for the SSI/SSDI Project; please see the Quick Reference Guide for Required Data Elements for the complete list of data elements required for this project.

6.1 Referred By. (Initial)

Rationale: To determine which partner agency project initiated the referral.

Data Source: Recorded by the staff responsible for completing the application.

When Collected: Upon data availability.

Subjects: All clients.

Definition and Instructions: Using the drop-down menu, indicate which project initiated the referral.

Required Response Categories:

1. **Referred By.** Using the drop-down menu, select the partner agency project that initiated the referral.

6.2 Application Start Date. (Initial/Resub/Appeal)

Rationale: To determine the date on which the application for benefits was started.

Data Source: Recorded by the staff responsible for completing the application.

When Collected: Upon date availability.

Subjects: All clients.

Definition and Instructions: Record the month, day, and year of the day when the application was started.

Required Response Categories:

1. **Application Start Date.** Please enter the application start date in the following format MM/DD/YYYY

6.3 Application Completion Date. (Initial/Resub/Appeal)

Rationale: To determine the date on which the application for benefits was completed.

Data Source: Recorded by the staff responsible for completing the application.

When Collected: Upon date availability.

Subjects: All clients.

Definition and Instructions: Record the month, day, and year of the day when the application was completed.

Required Response Categories:

1. **Application Completion Date.** Please enter the application completion date in the following format MM/DD/YYYY

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6.4 Application Submission Date. (Initial/Resub/Appeal)

Rationale: To determine the date on which the application for benefits was submitted through the Ohio Benefits Bank.

Data Source: Recorded by the staff responsible for completing the application.

When Collected: Upon date availability.

Subjects: All clients.

Definition and Instructions: Record the month, day, and year of the day when the application was submitted.

Required Response Categories:

1. **Application Submission Date.** Please enter the application submission date in the following format MM/DD/YYYY

6.5 Application/Resubmission/Appeal Status. (Initial/Resub/Appeal)

Rationale: To determine the status of the application/resubmission/appeal.

Data Source: Recorded by the staff responsible for completing the application.

When Collected: Upon date availability.

Subjects: All clients.

Definition and Instructions: Record the status of the application by choosing the appropriate outcome from the drop-down box.

Required Response Categories:

1. **Aborted Due to Client Noncompliance**
2. **Delayed Due to Client Noncompliance**
3. **In Progress**
4. **Submitted**
5. **Client Ineligible**
6. **Client Disappeared**

6.6 Benefits Requested. (Initial/Resub/Appeal)

Rationale: Benefits are important to determine whether people are accessing all mainstream project benefits for which they may be eligible and to ascertain a more complete picture of their situation.

Data Source: Recorded by the staff responsible for completing the application, resubmission or appeal.

When Collected: After application (resubmission or appeal) for benefits was submitted through the Ohio Benefits Bank.

Subjects: All clients.

Definition and Instructions: Create a separate record for each benefit applied for. This is the same for the initial application, resubmission or appeal.

Required Response Categories:

1. **Benefits Requested** Create a record for each applicable benefit requested in the application; use the drop-down menu in the sub-assessment record to select:
 1. **SSI**
 2. **SSDI**
 3. **Food Stamps**
 4. **Medicaid for Aged, Blind, or Disabled Persons**
 5. **Cash Assistance (Ohio Works First)**

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6. *Medicaid for Children & Families (Healthy Start/Healthy Families)*
7. *Help with Medicare Premiums*
8. *Nutritional Project for Women, Infants and Children (WIC)*
9. *Bureau for Children with Medical Handicaps (BCMh)*
10. *Child and Family Health Services (CFHS)*
11. *Disability Financial Assistance*
12. *Disability Medical Assistance*
13. *Un-employment*
14. *Veterans' Pension*
15. *Veterans' Medical*
16. *EITC*
17. *General Public Assistance*
18. *TANF*

6.7 Case Number. (Initial/Resub/Appeal)

Rationale: To uniquely identify every case that was submitted through the Ohio Benefits Bank (OBB) and to link the application to the OBB.

Data Source: Recorded by the staff responsible for completing the application, based on the case number assigned after the application was submitted.

When Collected: Upon date availability, after application submittal.

Subjects: All clients.

Definition and Instructions: Record the case number given when application is submitted through the OBB.

Required Response Categories:

1. **Case Number.** Please enter the case number as received through the OBB.

6.8 Resolution Date. (Initial/Resub/Appeal)

Rationale: To determine the date on which the application for benefits received a resolution

Data Source: Recorded by the staff responsible for completing the application, based on the received resolution for the previously submitted application.

When Collected: Upon date availability.

Subjects: All clients.

Definition and Instructions: Record the month, day, and year of the day when the application received a resolution.

Required Response Categories:

1. **Resolution Date.** Please enter the application resolution date in the following format MM/DD/YYYY

6.9 Resolution Type. (Initial/Resub/Appeal)

Rationale: The type of resolution on the applications (resubmission or appeal) for benefits will allow determining the rate of successful applications and the course of action if the application was not successful.

Data Source: Recorded by the staff responsible for completing the application, based on the received resolution for the previously submitted application, resubmission or appeal.

When Collected: Upon availability of resolution.

Subjects: All clients.

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Definition and Instructions: Record in a single data field the type of resolution received, by choosing the appropriate outcome from the drop-down box.

Required Response Categories:

1. ***Resolution Type.***

1. ***Approved***

2. ***Denied***

3. ***Incomplete***

4. ***Partial Approval***

7.0 Additional YWCA & CPOA Diversion Data Requirements

Required for Diversion 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 Diversion projects, these are not the only data elements required for the Diversion projects; please see the Quick Reference Guide for Required Data Elements for the complete list of data elements required for these projects. Currently there are two Diversion projects participating in CSP, the YWCA Diversion project and the HOCOOhio – CPOA project. A few of the data elements listed are specific to one or the other, they are marked as such. It is also important to note that if the client is NOT diverted, the HOCOOhio – CPOA project also collects the data for and completes the HUD-40118 Assessment as well as these Diversion data requirements.

7.1 Type. (EntryExit)

Rationale: To indicate the type of EntryExit record you wish to create.

Data Source: Recorded by the staff responsible for data entry.

When Collected: Upon creation of the EntryExit record.

Subjects: All clients.

Definition and Instructions: Using the drop-down menu, indicate which EntryExit Type is needed.

Required Response Categories:

1. ***Type.*** Using the drop-down menu, select “Quick Call”

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

Rationale: To determine the number of adults in each household that contacts the YWCA FC.

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.

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

Rationale: To determine the number of children and their ages in each household that contacts the YWCA FC.

Data Source: Client Interview.

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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.

7.4 Mode of Contact.

Rationale: To determine how the household contacted the YWCA Family Center.

Data Source: Client Interview.

When Collected: In the course of household triage.

Subjects: All clients.

Definition and Instructions: Record the household's contact mode.

Required Response Categories:

Mode of Contact.

1. ***Phone***
2. ***Walk-In***

7.5 Entry Date.

Rationale: To determine the date on which the household contacted the YWCA Family Center.

Data Source: Client Interview.

When Collected: In the course of household triage.

Subjects: All clients.

Definition and Instructions: Record the date on which the household contacted the YWCA Family Center.

Required Response Categories:

1. ***Entry Date.*** The current date will automatically show in the following format MM/DD/YYYY

7.6 Contact Resolution.

Rationale: To determine the resolution of the household's contact of the YWCA Family Center.

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 as recorded in the YWCA's Triage form.

Required Response Categories:

1. ***Contact Resolution.***
 - a. ***Admitted/Scheduled for Intake***
 - b. ***Diverted***
 - c. ***Scheduled for Appeal***
 - d. ***Denied Admission***

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7.7 If Diverted, Diverted To:

Rationale: To determine the community resource used by the YWCA Family Center to divert the household from entering the emergency shelter.

Data Source: Client Interview and triage.

When Collected: In the course of household triage.

Subjects: All clients.

Definition and Instructions: Record the primary community or other resources used to divert the family.

Required Response Categories:

1. If Diverted, Diverted To:

- a. *Stable Families*
- b. *Shelter for Single Adults*
- c. *Shelter Outside Franklin County*
- d. *Firstlink*
- e. *CHOICES (Domestic Violence)*
- f. *Alcohol/Drug Treatment facilities*
- g. *Mental Health Services*
- h. *Rental Assistance (Gladden Community House, other)*
- i. *Landlord Mediation and resolution (Legal Aid)*
- j. *Utility Assistance (HEAP)*
- k. *City/County Assistance*
- l. *ODJFS*
- m. *Family or Friends*
- n. *Household decided to stay in current location*
- o. *Other* _____

7.8 Client acknowledged electronic data collection over the phone. CPOA Diversion ONLY

Rationale: To capture the client's acknowledgement that the data being collected is being entered into an electronic database.

Data Source: Client triage interview.

When Collected: In the course of client triage.

Subjects: All clients.

Definition and Instructions: Record the client's response when asked if they understand the data being collected is entered into an electronic database.

Required Response Categories:

- 1. Client acknowledged electronic data collection over the phone.**
 - a. *Yes*
 - b. *No*

7.9 Sex Offender Status CPOA Diversion ONLY

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.

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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.

7.9a Convicted sex offender?

Required Response Categories:

0. *No.*
1. *Yes.*

7.9b 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.*

7.9c 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.))*

7.9d Date Last Background Check Completed:

Required Response Categories:

0. *MM/DD/YYYY*

7.10 Type of Shelter Assignment (if not Diverted). *CPOA Diversion ONLY*

Rationale: Will allow for tracking of the client's path through the shelter system.

Data Source: Project staff.

When Collected: In the course of client triage.

Subjects: All clients.

Definition and Instructions: If the client is not diverted indicate whether the client was assigned to the Short Term shelter, the Flexible Capacity shelter, or a Tier II shelter.

Required Response Categories:

1. *Front Door.*
2. *Flexible Capacity.*
3. *Tier II.*

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8.0 Additional Navigator Data Requirements

8.1 Navigator First and Last Name.

Rationale: Indicates which Navigator staff member is working with the specific client.

Data Source: Project staff.

When Collected: At project entry.

Subjects: All clients.

Definition and Instructions: The Navigator staff member who is assigned to the client should enter their first and last name.

Required Response Categories:

0. ***Unconstrained free text field.***

8.2 Navigator Assignment Date.

Rationale: Indicates the date a Navigator staff member was assigned to the specific client.

Data Source: Project staff.

When Collected: At project entry.

Subjects: All clients.

Definition and Instructions: The Navigator staff member who is assigned to the client should enter the date of assignment.

Required Response Categories:

0. ***MM/DD/YYYY.***

8.3 Navigator Pathway.

Rationale: Indicates the pathway which best fits the client's current situation.

Data Source: Project staff.

When Collected: At project entry and any time the client's pathway changes.

Subjects: All clients.

Definition and Instructions: The Navigator staff member who is assigned to the client should enter the appropriate pathway as indicated by assessment.

Required Response Categories:

1. ***Situationally Homeless.***
2. ***Real Options & Manageable Barriers – Adults.***
3. ***Real Options & Manageable Barriers – Transitional Age Youth (TAY).***
4. ***Criminal Justice – Has history of stable housing.***
5. ***Criminal Justice – Has no history of stable housing.***
6. ***Criminal Justice – Has disabilities; could be TAY.***
7. ***Criminal Justice – Sex Offenders.***
8. ***Physical and Behavioral Health Barriers – Qualify for PSH.***
9. ***Physical and Behavioral Health Barriers – Do Not Qualify for PSH.***
10. ***Military Service – Eligible for VA Benefits.***
11. ***Military Service – Ineligible for VA Benefits.***

8.4 Birth Certificate Available?

Rationale: Indicates whether there is a copy of the client's birth certificate on file. Collecting this information at the time of entry and at the time of exit indicates the Navigator staff's success in helping the client obtain vital documentation.

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Data Source: Project staff.

When Collected: At project entry and at project exit.

Subjects: All clients.

Definition and Instructions: The assigned Navigator should indicate whether or not a copy of the client's birth certificate was on file at entry and again at exit.

Required Response Categories:

0. **No.**
1. **Yes.**

8.5 State ID Available?

Rationale: Indicates whether there is a copy of the client's state ID is on file. Collecting this information at the time of entry and at the time of exit indicates the Navigator staff's success in helping the client obtain vital documentation.

Data Source: Project staff.

When Collected: At project entry and at project exit.

Subjects: All clients.

Definition and Instructions: The assigned Navigator should indicate whether or not a copy of the client's state ID was on file at entry and again at exit.

Required Response Categories:

0. **No.**
1. **Yes.**

8.6 Social Security Card Available?

Rationale: Indicates whether there is a copy of the client's Social Security Card is on file. Collecting this information at the time of entry and at the time of exit indicates the Navigator staff's success in helping the client obtain vital documentation.

Data Source: Project staff.

When Collected: At project entry and at project exit.

Subjects: All clients.

Definition and Instructions: The assigned Navigator should indicate whether or not a copy of the client's Social Security Card was on file at entry and again at exit.

Required Response Categories:

0. **No.**
1. **Yes.**

8.7 Marital Status.

Rationale: Indicates whether there is a copy of the client's Social Security Card is on file. Collecting this information at the time of entry and at the time of exit indicates the Navigator staff's success in helping the client obtain vital documentation.

Data Source: Project staff.

When Collected: At project entry and at project exit.

Subjects: All clients.

Definition and Instructions: The assigned Navigator should indicate whether or not a copy of the client's Social Security Card was on file at entry and again at exit.

Required Response Categories:

1. **Divorced.**
2. **Married.**

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3. ***Separated.***
4. ***Single.***
5. ***Widowed.***

8.8 Number of Children in Household.

Rationale: Determine how many clients in the single adult system have children under 18.

Data Source: Client interview.

When Collected: At project entry.

Subjects: All clients.

Definition and Instructions: If the client reports having children under the age of 18, indicate the number. If the client reports having no children, enter zero (0).

Required Response Categories:

0. ***Text field will accept up to two digits.***

8.9 Client Legal Information

Rationale: Client self-reports criminal history to assess extent of barriers to housing.

Data Source: Client interview.

When Collected: At project entry.

Subjects: All clients.

Definition and Instructions: Indicate client's response to the question as Yes or No. If client answers "Yes", ask for the date of their most recent conviction.

8.9a Do You Have Any Previous Felonies?

Required Response Categories:

0. ***No.***
1. ***Yes.***

8.9b If yes, what is the date of your most recent conviction?

Required Response Categories:

0. ***MM/DD/YYYY.***

8.9c Exact Number of Evictions:

Required Response Categories:

1. ***0.***
2. ***1.***
3. ***2.***
4. ***3.***
5. ***4.***
6. ***5.***
7. ***6.***
8. ***7.***
9. ***8.***
10. ***9.***
11. ***10.***
12. ***11.***
13. ***12.***

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- 14. **13.**
- 15. **14.**
- 16. **15.**
- 17. **Client Refused.**

8.9d Date of most recent eviction:

Required Response Categories:

- 0. **MM/DD/YYYY.**

8.10 Alcohol & Other Drug Services

Rationale: Collect information pertaining to referrals made around alcohol and substance use treatment.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, which provider the client was referred to, and the subsequent enrollment date.

8.10a AOD Referral Date.

Required Response Categories:

- 0. **MM/DD/YYYY.**

8.10b AOD Enrollment Date.

Required Response Categories:

- 0. **MM/DD/YYYY.**

8.10c Name of AOD Provider:

Required Response Categories:

- 0. **Unconstrained free text field.**

8.11 Mental Health Services

Rationale: Collect information pertaining to referrals made around mental health services and treatment.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, which provider the client was referred to, and the subsequent enrollment date.

8.11a MH Referral Date.

Required Response Categories:

- 0. **MM/DD/YYYY.**

8.11b Name of MH Provider:

Required Response Categories:

- 0. **Unconstrained free text field.**

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8.11c MH Enrollment Date.

Required Response Categories:

0. **MM/DD/YYYY.**

8.12 Franklin County Dept. of Jobs & Family Services

Rationale: Collect information pertaining to referrals made to Franklin County Department of Jobs & Family Services.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, and the start date of the client's benefits.

8.12a FCDJFS Benefits Referral Date.

Required Response Categories:

0. **MM/DD/YYYY.**

8.12b FCDJFS Benefits Start Date.

Required Response Categories:

0. **MM/DD/YYYY.**

8.13 Social Security Benefits

Rationale: Collect information pertaining to referrals made to the Social Security Administration.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, and the start date of the client's benefits.

8.13a SSA Benefits Referral Date.

Required Response Categories:

0. **MM/DD/YYYY.**

8.13b SSA Benefits Start Date.

Required Response Categories:

0. **MM/DD/YYYY.**

8.14 Veteran Benefits

Rationale: Collect information pertaining to referrals made to the Veterans Administration.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, and the start date of the client's benefits.

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8.14a VA Benefits Referral Date.

Required Response Categories:

0. *MM/DD/YYYY.*

8.14b VA Benefits Start Date.

Required Response Categories:

0. *MM/DD/YYYY.*

8.15 Supported Employment Options

Rationale: Collect information pertaining to referrals made to Supported Employment Options.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, and the Supported Employment Options Provider.

8.15a Supported Employment Options Referral Date.

Required Response Categories:

0. *MM/DD/YYYY.*

8.15b Supported Employment Options Provider.

Required Response Categories:

0. *Unconstrained free text field.*

8.16 Employment Referral

Rationale: Collect information pertaining to Employment Referrals.

Data Source: Project staff.

When Collected: At time of referral, and update with enrollment date once client enrolls.

Subjects: All clients.

Definition and Instructions: Indicate the date referral was made, and the Employment Referral Provider.

8.16a Employment Referral Date.

Required Response Categories:

1. *MM/DD/YYYY.*

8.16b Employment Referral Provider.

Required Response Categories:

1. *Unconstrained free text field.*

8.17 Premature Termination of Services

Rationale: Indicate when services to a specific client end unexpectedly and the reason for such termination.

Data Source: Project staff.

When Collected: At time of exit from project.

Columbus ServicePoint (CSP)

Subjects: All clients.

Definition and Instructions: Indicate the date and reason services were terminated abruptly.

8.17a Date of Premature Terminations of Services.

Required Response Categories:

2. ***MM/DD/YYYY.***

8.17b Reason for Premature Termination of Services.

Required Response Categories:

1. ***Client Refused Participation.***
2. ***Criminal Activity/Violence.***
3. ***Death.***
4. ***Disagreement with Rules or Persons.***
5. ***Left for Housing Opportunity Before Completing Program.***
6. ***Needs Could Not Be Met.***
7. ***Non-compliance with Program.***
8. ***PSH Housing.***
9. ***Unknown/Disappeared.***