2014 HMIS Data Standards

Project Descriptor Data Element Definition Training

BostonHMIS

Project Descriptor Data Elements

- Elements that contain basic information about the projects operating in the CoC.
- Building Blocks of the HMIS
- Enable the HMIS to:
  - Associate client level records to the projects across the CoC
  - Define the type of project that a client is receiving housing and/or services for
  - Identify the federal partners that provide funding to the project
  - Track unit and bed inventory which is relevant for the AHAR, PIT, HIC and Bed Utilization reporting
  - In some cases, these data elements "tell" your software system how to run your reports.
    - Bed Register vs. Entry/Exit

List of Required
Project Descriptor Data Elements

The following PDDEs are required to be completed for all projects entering data into the HMIS:

2.1	Organization Identifiers
2.2	Project Identifiers
2.3	Continuum of Care Code
2.4	Project Type
2.5	Method for Tracking Emergency Shelter Utilization
2.6	Federal Partner Funding Sources
2.7	Bed and Unit Inventory Information
2.8	Site Information - Optional
2.9	Target Population – Optional

Organizational Identifiers

Data Collection Point: Initial HMIS Project Setup; reviewed/updated no less than annually

2.1 Organization Identifiers	
Field Names	**Data Types/Response Categories**
Organization ID	System generated number or code. There is no specified format for this data element.
Organization Name	(text)

Rationale/Instructions:
- Collected to uniquely identify organizations
- Record Organizations Legal Name
- Organization ID is system generated

Project Identifiers

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually

2.2 Project ID	
Field Names	**Data Types/Response Categories**
Project ID	System generated number or code. There is no specified format for this data element.
Project Name	(text)

Rationale/Instructions:

- Uniquely identify each project operating in the CoC
- Provides a link between the Clients and Organizations
- Where applicable, Project Name should be consistent with HUD and other Federal reporting requirements and should match grant agreements or other documentation.

Special Considerations:

- Project Identification can be difficult for HMIS Leads, often the project will have a common name and a formal name on grant agreements. Be sure to consider these when creating a name for a project in the HMIS.

Continuum of Care Code

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually

2.3 Continuum of Care Code	
Field Names	**Data Types/Response Categories**
Continuum Code	HUD-assigned CoC code

Rationale/Instructions:

- CoC Codes are published annually and are associated with a specific geographic area.
- Each project must be associated with the HUD assigned code for the **CoC in which the project operates.**
- For projects which operate in multiple CoCs but use a single HMIS, this code is used to associate a project with the funder.
- Example: VA SSVF project provides services in both the balance of state CoC and urban CoC. This project must indicate both CoC codes.

Special Considerations:

- Projects may be associated with multiple CoC codes within a single HMIS. **This is a change from the previous standards.**

- **Boston's CoC Code is MA-500**

Project Type

Rationale/Instructions:
- Identify if a project is a CoC project or not.
- Associate each project to the specific type of lodging or services provided
- Necessary to identify the data collection requirements for reporting purposes.

- Identify:
    - If a CoC project or not
    - The project type
    - If "services only", is it connected to a residential project.
        - Which residential project.

- Each Federal Partner has indicated the specific reporting requirements for each program component in the HMIS Program Manuals by Funding Source.
- Today's presentation will focus on **HUD CoC/ESG** requirements
- https://www.hudexchange.info/hmis/guides/
    - HOPWA, PATH, RHY, VA

Special Considerations:

The project type selected directly impacts data collection and reporting requirements. In the event that the nature of a project changes such that the recorded project type is no longer appropriate, very careful consideration must be given to whether it is more appropriate to edit the project type for the existing project or to create an entirely new project with a different type.

Project Type

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually

2.4 Project Type	
Field Names	**Data Types/Response Categories**
Continuum Project	No
	Yes
Continuum Project Type	Emergency Shelter
	Transitional Housing
	PH: Rapid Re-Housing
	PH: Permanent Supportive Housing (disability required for entry)
	PH: Housing with Services (no disability required for entry)
	PH: Housing Only
	Street Outreach
	Services Only
	Safe Haven
	Day Shelter
	Homelessness Prevention
	Coordinated Assessment
	Other
If "Services Only" Project Type ***Affiliated with a residential project?***	No
	Yes
If Yes for "Affiliated with a residential project" ***Project ID(s)***	Project ID(s) of residential project(s) affiliated with SSO

Project Type
Continued…

Response Category Descriptions:

- *Continuum project:* refers to all projects within the Continuum of Care that provide lodging and/or services for homeless persons. A continuum project is not limited to those projects funded by HUD and should include all of the federal partner projects and all other federally or non-federally funded projects functioning within the continuum.

- *Emergency Shelter:* a project that offers temporary shelter (lodging) for the homeless in general or for specific populations of the homeless. Requirements and limitations may vary by program, and will be specified by the funder.

- *Transitional Housing:* a project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program, and will be specified by the funder.

- *PH: Rapid Re-housing:* a permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

- *PH: Permanent Supportive Housing (disability requirement for entry):* a project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.

- *PH: Housing with Services (no disability requirement for entry):* a project that offers permanent housing and supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.

- *PH: Housing Only:* a project that offers permanent housing for persons who are homeless, but does not make supportive services available as part of the project.

Project Type

Continued…

- *Day Shelter:* a project that offers daytime facilities and services (no lodging) for persons who are homeless.
- *Safe Haven:* a project that offers supportive housing that (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low demand services and referrals for the residents.
- *Street Outreach:* a project that offers services necessary to reach out to unsheltered homeless people, connect them with emergency shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- *Services Only:* a project that offers only stand-alone supportive services, to address the special needs of participants, such as child care, employment assistance, and transportation services.
- *Homelessness Prevention:* a project that offers services and/or financial assistance necessary to prevent a person from moving into an emergency shelter or place not meant for human habitation.
- *Coordinated Assessment:* a project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool.
- *Other:* a project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type, per above.

Project Type
Continued…

General rules of project typing:

1. A project is to be assigned a type based on the lodging or service it is providing.
2. If a project has more than one residential project type, each type must be set up in HMIS as a separate project. (For example, an emergency shelter and a transitional housing project must be set up as two separate projects in HMIS, even if there is a single funding source for both. As another example, a permanent housing facility may have both a permanent housing for persons with disabilities required for entry and other units without a disability requirement; those must be set up as separate projects in HMIS).
3. A residential project that is funded under one or more separate grants to provide supportive services to 100% of clients may be set up as a single project with the appropriate residential project type. All federal funding sources must be identified in *2.6 Federal Partner Funding Sources*.
4. A project that provides street outreach must be typed "Street Outreach." (Note: Only persons who are "street homeless" should be entered into a street outreach project. Projects that also serve persons other than "street homeless" must have two separate projects to be set up in an HMIS – a "Street Outreach" and a "Services Only").
5. A project that provides only services (other than outreach), has associated housing outcomes, and is not limited to serving clients of one or more specific residential projects should be typed as "Services Only" and *Affiliated with a Residential Project* will be "No."
6. A project that provides only services (other than outreach), has associated housing outcomes, and is restricted by its grant agreement to serve only clients of one or more specific residential projects should be typed as "Services Only" and *Affiliated with a Residential Project* will be "Yes." Each of the residential projects with which the services only project is associated must be identified.
7. A project that provides only services (other than outreach) that are "stand alone supportive services" and have no associated housing outcomes should be typed as "Other." (For example, a project funded to provide child care for persons in permanent housing or a dental care project funded to serve homeless clients should be typed "Other." A project funded to provide ongoing case management should be typed "Services Only.")

Method for Tracking Emergency Shelter Utilization

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually

2.5 Method for Tracking Emergency Shelter Utilization	
Field Names	**Data Types/Response Categories**
Emergency Shelter Tracking Method	Entry/exit date
	Night-by-night

Rationale/Instructions:
- Required to identify the method used to track shelter occupancy accurately and calculate project bed utilization and length of stay.

Special Considerations:
- Tracking length of stay using Entry Date & Exit Date can be problematic for high volume shelters that experience a high degree of client turnover on a nightly basis. A shelter should be able to identify, for any given night, how many people were served and who they were. In a high volume shelter, the data entry burden in order to answer these questions may be reduced by the implementation of a night by night model of tracking shelter utilization. Projects using a night by night model must continue to collect a Project Entry Date and Project Exit Date. **Boston CoC regulations require shelters which use a night by night method, to exit all clients after 30 days with no bed stay, as of the last stay.**

Federal Partner Funding Source(s)

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually

2.6 Funding Source(s)	
Field Names	**Data Types/Response Categories**
Funding Source(s)	HUD:CoC – Homelessness Prevention (High Performing Comm. Only)
	HUD:CoC – Permanent Supportive Housing
	HUD:CoC – Rapid Re-Housing
	HUD:CoC – Supportive Services Only
	HUD:CoC – Transitional Housing
	HUD:CoC – Safe Haven
	HUD:CoC – Single Room Occupancy (SRO)
	HUD:ESG – Emergency Shelter (operating and/or essential services)
	HUD:ESG – Homelessness Prevention
	HUD:ESG – Rapid Re-housing
	HUD:ESG – Street Outreach
	HUD: Rural Housing Stability Assistance Program
	HUD:HOPWA – Hotel/Motel Vouchers
	HUD:HOPWA – Housing Information
	HUD:HOPWA – Permanent Housing
	HUD:HOPWA – Permanent Housing Placement (facility based or TBRA)
	HUD:HOPWA – Short-Term Rent, Mortgage, Utility assistance
	HUD:HOPWA – Short-Term Supportive Facility
	HUD:HOPWA – Transitional Housing (facility based or TBRA)
	HUD:HUD/VASH

Federal Partner Funding Source(s)
continued...

	HHS:RHY – Basic Center Program (prevention and shelter)
	HHS:RHY – Maternity Group Home for Pregnant and Parenting Youth
	HHS:RHY – Transitional Living Program
	HHS:RHY – Street Outreach Project
	HHS:RHY – Demonstration Project
	VA: Community Contract Emergency Housing
	VA: Community Contract Residential Treatment Program
	VA: Domiciliary Care
	VA: Community Contract Safe Haven Program
	VA: Grant and Per Diem Program
	VA: Compensated Work Therapy Transitional Residence
	VA: Supportive Services for Veteran Families
Grant Identifier	(text)
Grant Start Date	(date)
Grant End Date	(date)

Bed and Unit Inventory

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually and updated when inventory changes. Quarterly Review is strongly suggested

2.7 Bed and Unit Inventory Information			
Field Names			**Data Types/Response Categories**
Household Type			Households without children
			Households with at least one adult and one child
			Households with only children
Bed Type (ES Only)			Facility-based
			Voucher
			Other
Availability (ES Only)			Year-round
			Seasonal
			Overflow
Bed Inventory			(integer)
Dedicated Bed Inventory	**CH Bed Inventory (PSH only)**		(integer)
	Veteran Bed Inventory		(integer)
	Youth Bed Inventory		(integer)
	Youth Age Category		Youth under 18
			Youth 18-24
			Any youth up to age 24
Unit Inventory			(integer)
Inventory Start Date (Optional)			(date)
Inventory End Date (Optional)			(date)
HMIS Participating Beds			(integer)

Bed and Unit Inventory
continued…

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 element. Household type is determined by the household type at project entry.

Household Types

- *Households without children:* Beds and units typically serving households with adults only. This includes households composed of unaccompanied adults and multiple adults.
- *Households with at least one adult and one child:* Beds and units typically serving households with at least one adult and one child.
- *Households with only children:* Beds and units typically serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.

2.7C Bed Type (Emergency Shelter Only). The Bed Type describes the type of beds offered by emergency shelter projects, including facility-based, voucher, or other.

Bed Types

- *Facility-based:* Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- *Voucher:* Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
- *Other:* Beds located in a church or other facility not dedicated for use by persons who are homeless.

Bed and Unit Inventory
continued…

2.7D Availability (Emergency Shelter Only). Availability is recorded to identify whether the beds and units are available on a planned basis year-round, seasonally, or on an ad hoc or temporary basis, as demand indicates.

Availability

- *Year-Round Beds/Units:* Year-round beds and units are available on a year-round basis.
- *Seasonal Beds:* Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.

- *Overflow Beds:* Overflow beds 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 is a count of the total number of beds available for occupancy as of the Information Date. The number of beds is generally equivalent to the number of persons a lodging project can house on a given night and, for Emergency Shelters, should be counted distinctly for each combination of Bed Type and Availability.

Please see page 16 of the **HMIS Project Descriptor Data Element Manual** for more information regarding the assigning of bed inventory when a project serves multiple household types.

https://www.hudexchange.info/resource/4055/hmis-project-descriptor-data-elements-manual/

Bed and Unit Inventory
continued...

Projects must identify and record beds that are dedicated for persons who are chronically homeless, for Veterans, and for youth. All beds that have been funded by HUD or another federal partner that are dedicated to one or more of these subpopulations must be recorded in the appropriate category. A bed may be counted more than once across categories (e.g., a project may have beds dedicated for persons who are both chronically homeless and a Veteran). The number of beds for each subpopulation is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory. A dedicated bed is a bed that must be filled by a person in the subpopulation category (and their family members) unless there are no persons from the subpopulation who qualify for the project located within the geographic area.

Chronic Homeless Bed Inventory (PH-Permanent Supportive Housing only): The number of beds that are dedicated to house chronically homeless persons, including members of chronically homeless families.

Veteran Bed Inventory: The number of beds that are dedicated to house homeless Veterans and their families.

Youth Bed Inventory: The number of beds that are dedicated to house homeless youth (persons up to age 24). Projects must identify if the beds are dedicated to serve only children under 18, only persons 18 to 24, or persons up to 24 (i.e., both children under 18 and persons 18 to 24). If a project is intended to serve anyone up to 24, even if it has an earlier cutoff age (i.e., up to age 21) that project should indicate that it serves only persons 18 to 24 or persons up to 24, depending on the lower age limit of persons the beds are dedicated to serve.

Bed and Unit Inventory
continued…

2.7G Unit Inventory. The Unit Inventory is a count of the total number of units available for occupancy as of the Information 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 available as the unit integer. For additional instructions, see Bed Inventory, above.

2.7G Inventory Start Date (Optional). The Inventory Start Date, when used in conjunction with Inventory End Date, is an optional way to track timeframes associated with Bed and Unit Inventory records. 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.

2.7H Inventory End Date (Optional). The Inventory End Date is the date when the Bed and Unit Inventory information as recorded is no longer applicable (i.e., the day after the last night when the record is 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.

2.7I HMIS Participating Beds. This is a count of the total number of beds participating in HMIS as of the Information Date. For projects that serve a mixed population without a fixed number of beds per household type, record participating beds according to instructions provided in 2.7E Bed Inventory. If a project is only collecting and entering data in HMIS for clients staying in a portion of its beds, then only record the count of beds participating in HMIS. Non-contributing CoC projects must enter "0" in the HMIS participating beds field.

Site Information

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually.

2.8 Site Information (optional)	
Field Names	**Data Types/Response Categories**
Principal Site	No
	Yes
(If yes) Geocode	(geocode format – 6 digits)
Address	(text)
City	(text)
State	(text – 2 letters)
ZIP code	(text – 5 digits)

Boston's Geocode is 250282

Target Population

Data Collection Point: Initial HMIS project setup, reviewed/updated no less than annually.

2.9 Target Population	
Field Names	**Data Types/Response Categories**
Target Population Type	DV: Domestic Violence victims
	HIV: Persons with HIV/AIDS
	NA: Not Applicable

Data Collection Instructions: Record the appropriate Target Population served by the project. Select only one response. A population is considered a "target population" if the project is designed to serve that population and at least 75 percent of the clients served by the project fit the target group descriptor.

If a project does not target one of these populations, select "NA: Not Applicable."

- *DV: Domestic Violence victims.* The project targets adults who have been victims of domestic violence, dating violence, sexual assault, or stalking.
- *HIV: Persons with HIV/AIDS.* The project targets adults who have been diagnosed with AIDS and/or have tested positive for HIV.
- *NA: Not Applicable.* The project does not target domestic violence victims or persons with HIV/AIDS.

Changes from Previous Data Standards: "VET: Veterans" target population has been removed from the response categories for Target Population B, as this can now be tracked through the Bed and Unit Inventory data element.

For more information:
2014 HMIS Data Standards Manual
https://www.hudexchange.info/resource/4055/hmis-project-descriptor-data-elements-manual/

2014 HMIS Data Standards
Universal Data Element Definition Training

BostonHMIS

Universal Data Elements (UDEs)

- Required to be collected by all projects that participate in HMIS, regardless of Funding Source.
- Enables the HMIS to produce an unduplicated count of the estimated number of persons experiencing homelessness.
- Basic Demographic Information
- Foundation of the Annual Homeless Assessment Report (AHAR) which is delivered to Congress annually

Complete List of UDEs

- 1. Name
- 2. Social Security Number
- 3. Date of Birth
- 4. Ethnicity
- 5. Race
- 6. Gender
- 7. Veteran Status
- 8. Disabling Condition
- 9. Residence Prior to Program Entry
- 10. Program Entry Date
- 11 Program Exit Date
- 12. Destination
- 13. Relationship to Head of Household
- 14. Client Location
- 15. Length of time on Street, in Emergency Shelter or Safe Haven
- 16. Unique Person Identification Number**
- 17. Household Identification Number**

- **System Generated

Universal Data Element Collection Summary

Data Element	Collected For				When Collected			
	All	HoH	HoH and Adults	Adults	Record Creation	Project Entry	Update	Project Exit
3.1 Name	X				X			
3.2 Social Security Number	X				X			
3.3 Date of Birth	X				X			
3.4 Race	X				X			
3.5 Ethnicity	X				X			
3.6 Gender	X				X			
3.7 Veteran Status				X	X			
3.8 Disabling Condition				X		X		
3.9 Residence Prior to Project Entry			X			X		
3.10 Project Entry Date	X					X		
3.11 Project Exit Date	X							X
3.12 Destination			X					X
3.13 Personal ID	X				X			
3.14 Household ID	X					X		
3.15 Relationship to Head of Household	X					X		
3.16 Client Location		X				X	X	
3.17 Length of Time on Street, in an Emergency Shelter or Safe Haven			X			X		

Name

Subject: Collect on ALL clients
Data Collection Point: At Client Record Creation

3.1 Name	
Field Names	**Data Types/Response Categories**
First	(text)
Middle	(text)
Last	(text)
Suffix	(text)
Name Data Quality	Full name reported
	Partial, street name, or code name reported
	Client doesn't know
	Client refused

Name
continued…

– Full legal name (i.e. James vs. Jim) and always confirm spelling

  • Implement verification process (i.e. driver's license, social security card, etc..).

  • Ask about other names used to receive services previously

– In certain situations it may be necessary to record partial, street name and/or code names instead of the full first name

  • Street outreach

  • Domestic violence security risk

Social Security Number

Subject: Collect on ALL clients
Collection Point: Record Creation

3.2 Social Security Number	
Field Names	**Data Types/Response Categories**
Social Security Number	(9 character text field)
SSN Data Quality	Full SSN reported
	Approximate or partial SSN reported
	Client doesn't know
	Client refused

Social Security Number
continued…

- Important for two reasons:
  - Helps prevent duplicate records
  - Often needed to help clients access other mainstream services

- Providers should record the full nine-digit SSN.

- Be sure to complete the appropriate Quality Code for the number you enter

Date of Birth

Subjects: Collect on ALL Clients
Collection Point: Record Creation

3.3 Date of Birth	
Field Names	**Data Types/Response Categories**
Date of Birth	(date)
Date of Birth Type	Full DOB reported
	Approximate or partial DOB reported
	Client doesn't know
	Client refused

Date of Birth

continued…

– Collect the month, day and year of birth.

  • Format: XX/XX/XXXX

– If client doesn't remember the year, ask the person's age and calculate the approximate year of birth

– If client doesn't remember day and/or month substitute "01"

– If the client is unable to recall the age within one year. Use 'Client Doesn't Know'

Race

Subject: Collect on ALL clients
Collection Point: Record Creation

3.4 Race	
Field Names	**Data Types/Response Categories**
Race	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Client doesn't know
	Client refused

Must be client identified – Do NOT base on observation alone

Secondary Race only specified if there is more than one race identified

Race
continued...

- **American Indian or Alaskan Native:** North/South America <u>and</u> still maintains tribal affiliation or community attachment

- **Asian:** Far East, Southeast Asia or India.

- **Black or African American**: Africa (or Haiti)

- **Native Hawaiian or Other Pacific Islander**: Hawaii, Guam, Samoa, etc.

- **White:** Europe, Middle East or North Africa

Ethnicity

Subject: Collect on ALL clients
Collection Point: Record Creation

3.5 Ethnicity	
Field Names	**Data Types/Response Categories**
Ethnicity	Non-Hispanic/Non-Latino
	Hispanic/Latino
	Client doesn't know
	Client refused

- Must be client identified – Do NOT base on observation alone

Hispanic/Latino Ethnicity = Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race

Gender

Subject: Collect on ALL clients
Collection Point: Record Creation

3.6 Gender	
Field Names	**Data Types/Response Categories**
Gender	Female
	Male
	Transgender male to female
	Transgender female to male
	Other
	Client doesn't know
	Client refused
(if Other) **Specify**	(text)

- Must be client identified – Do <u>NOT</u> base on observation alone

- **Transgender** = persons with a gender identity that is different from the sex assigned to them at birth

- **Other** = may include intersex individuals or person who prefers not to identify a specific gender

Relationship to HoH

Subjects: Collect on ALL CLIENTS (including single individuals)
Collection Point: At Project Entry

3.15 Relationship to Head of Household	
Field Names	**Data Types/Response Categories**
Relationship to Head of Household	Self (head of household)
	Head of household's child
	Head of household's spouse or partner
	Head of household's other relation member (other relation to head of household)
	Other: non-relation member

- Helps to facilitate reporting on household composition

Relationship to HoH

continued...

- For the purpose of this assessment question: A household is a single individual <u>or</u> group of person who apply for services together

- "HOH" can alternatively be thought of as the "primary client" or the "eligible individual"

- Cannot have more than one "HoH" at a time

- If the HoH leaves the project while other household members remain, another member currently participating should be designated as the HoH and the other members' relationship to the HoH should be revised accordingly

Veteran

Subjects: Collect on ALL adults (18 and over)
Collection Point: Record Creation

3.7 Veteran Status	
Field Names	**Data Types/Response Categories**
Veteran Status	No
	Yes
	Client doesn't know
	Client refused

- **Yes =** Only if the person served on <u>ACTIVE</u> duty in the United States armed forces.
- Ask the question, *Have you ever served on Active Duty in the US Military?*
- If the client is a Veteran, Make every effort to collect the additional Veteran's Information Program Specific Data Elements
- **Response must be answered if a youth turns 18 while receiving services.**

Disabling Condition

Subjects: Required for ALL household members (Boston Rule)*
Collection Point: At Project Entry

3.8 Disabling Condition	
Field Names	**Data Types/Response Categories**
Disabling Condition	No
	Yes
	Client doesn't know
	Client refused

- One of the criteria used to determine chronicity of homelessness.

- May not collect as part of program admission unless information is needed to determine eligibility or to make appropriate accommodations.

Disabling Condition
continued...

– Physical, mental or emotional impairment, including those caused by substance abuse, post-traumatic stress disorder or brain injury.

  i.   Expected to be long duration **and**

  ii.   Impedes the individual's ability to live independently **and**

  iii. Could be improved by the provision or more suitable housing.

- Developmental Disability (diagnosed under age 22)

- AIDs or HIV

- Client receiving SSI, SSDI, VA Disability

Client Location

Subjects: Collect on Head of Household
Collection Point: At Project Entry

3.16 Client Location	
Field Names	**Data Types/Response Categories**
Information Date	(date)
HUD-assigned CoC Code	(response categories must correlate to the responses provided to Project Descriptor Data Element 2.3 Continuum of Care Code)

- HUD Assigned CoC Code used to link project client data to the relevant CoC

- Boston's CoC Code is MA-500

- Update if client moves during the project stay

Residence Prior to Living

Subjects: Collect on Head of Household and Adults
Collection Point: At Project Entry

3.9 Residence Prior to Project Entry	
Field Names	**Data Types/Response Categories**
Type of Residence	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
	Foster care home or foster care group home
	Hospital or other residential non-psychiatric medical facility
	Hotel or motel paid for without emergency shelter voucher
	Jail, prison or juvenile detention facility
	Long-term care facility or nursing home
	Owned by client, no ongoing housing subsidy
	Owned by client, with ongoing housing subsidy
	Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs; or HOPWA PH)
	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	Psychiatric hospital or other psychiatric facility
	Rental by client, no ongoing housing subsidy
	Rental by client, with VASH subsidy
	Rental by client, with GPD TIP subsidy
	Rental by client, with other ongoing housing subsidy
	Residential project or halfway house with no homeless criteria
	Safe Haven
	Staying or living in a family member's room, apartment or house
	Staying or living in a friend's room, apartment or house
	Substance abuse treatment facility or detox center
	Transitional housing for homeless persons (including homeless youth)
	Other
	Client doesn't know
	Client refused
(if Other) Specify	(text)

Residence Prior to Entry

continued…

- Record the living arrangement **<u>the night before</u>** a client entered the project

- Be careful to identify the correct subsidy if coming from a subsidized unit.

Residence Prior to Living

continued…

Length of Stay in Previous Place	One day or less
	Two days to one week
	More than one week, but less than one month
	One to three months
	More than three months, but less than one year
	One year or longer
	Client doesn't know
	Client refused

- Refers to Residence Prior to Project Entry

- Length of stay options were revised to meet federal partner requirement

Project Entry/Exit

Subject: Collect on ALL clients
Collection Point: Project Entry/Exit

3.10 Project Entry Date

Element Name	Project Entry Date	
Field & Response(s) 1	Project Entry Date ([date field])	
Element Type	Universal	
Project Type Applicability	All	
Funder: Program – Component Requested	All Programs All Components	
Data Collected About	All Clients	
Collection Point	Project Entry	

3.11 Project Exit Date

Element Name	Project Exit Date
Field & Response(s) 1	Project Exit Date ([date field])
Element Type	Universal
Project Type Applicability	All
Funder: Program – Component Requested	All Programs All Components
Data Collected About	All Clients
Collection Point	Project Exit

Project Entry/Exit

continued…

Entry Date =

- **Residential** (*with exception of RRH*) = first day of occupancy
- **RRH and Non-Residential** = day client begin receiving services
- **Street Outreach** = date of first contact with client

Exit Date=

- **Residential =** Last day of continuous stay in the project

  - **For Emergency Shelters that use a Bed Register, Clients must be entered and exited from the bed register daily. If a Client has not shown for a bed in 30 days, the Client must be Exited and the exit date must be the last bed stay.**

- **Non-residential** = Last day a service was provided or the last date of a period of ongoing service. Exit date should coincide with the date that the client is no longer considered a project participant.

Length of Time on Street, in an ES, or Safe Haven

Subjects: Collect on Head of Household and Adults
Collection Point: At Project Entry

3.17 Length of Time on Street, in an Emergency Shelter, or Safe Haven	
Field Names	**Data Types/Response Categories**
Continuously Homeless for at Least One Year	No
	Yes
	Client doesn't know
	Client refused
Number of Times the Client has been Homeless in the Past Three Years	0 (not homeless – Prevention only)
	1 (homeless only this time)
	2
	3
	4 or more
	Client doesn't know
	Client refused
(If 4 or more) ***Total Number of Months Homeless in the Past Three Years***	[integers 0-12]
	More than 12 months
	Client doesn't know
	Client refused
Total number of months continuously homeless immediately prior to project entry	[numeric field]
Status Documented	No
	Yes

Length of Time on Street, in an ES, or a Safe Haven

- Replaces old 'Is Client Chronically Homeless Question'.
- Chronic Status will now be derived from the data here combined with the Disabling Condition and Types of Disability fields.
- Any single day or part of a month spent homeless should be counted as a whole month.

- https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/

Destination

Subjects: Collect on ALL household members
Collection Point: At Project Exit

3.12 Destination	
Field Names	**Data Types/Response Categories**
Destination Type	Deceased
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
	Foster care home or foster care group home
	Hospital or other residential non-psychiatric medical facility
	Hotel or motel paid for without emergency shelter voucher
	Jail, prison or juvenile detention facility
	Long-term care facility or nursing home
	Moved from one HOPWA funded project to HOPWA PH
	Moved from one HOPWA funded project to HOPWA TH
	Owned by client, no ongoing housing subsidy
	Owned by client, with ongoing housing subsidy
	Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

Destination

continued…

	Psychiatric hospital or other psychiatric facility
	Rental by client, no ongoing housing subsidy
	Rental by client, with VASH housing subsidy
	Rental by client, with GPD TIP housing subsidy
	Rental by client, with other ongoing housing subsidy
	Residential project or halfway house with no homeless criteria
	Safe Haven
	Staying or living with family, permanent tenure
	Staying or living with family, temporary tenure (e.g., room, apartment or house)
	Staying or living with friends, permanent tenure
	Staying or living with friends, temporary tenure (e.g., room apartment or house)
	Substance abuse treatment facility or detox center
	Transitional housing for homeless persons (including homeless youth)
	Other
	No exit interview completed
	Client doesn't know
	Client refused
(if Other) **Specify**	(text)

Destination

continued…

- Where client will stay IMMEDIATELY UPON exit.

- Important outcome measurements (Discharge Destination/Engagement)

Avoiding Unintentional
Data Quality Errors

- Common causes of errors:
  - Illegible writing on intake form
  - Client misunderstands the question
  - Inconsistent interpretation (by clients/staff)
  - Language barriers
  - Misspellings, use of nicknames and/or aliases
  - Transposing numbers
  - Accidently selecting the wrong response
  - Entering Incorrect dates

For more information:

2014 HMIS Data Standards Manual

https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf

2014 HUD Data Standards

Program Specific Data Element Definition Training

BostonHMIS

Program Specific Data Elements

- Elements that provide the following:
  - Information about the characteristics of clients
  - Services provided
  - Outcomes
- Combined with UDE's in assessments
- Facilitate data collection and reporting for:
  - CoC/ESG
  - PATH
  - GPD, SSVF, VASH
  - RHSAP
  - RHY
  - HOPWA
  - Annual Homeless Assessment Report

List of Required
Program Specific Data Elements
HUD CoC/ESG Programs
City of Boston Required

	HMIS Program Specific Data Element	Homelessness Prevention	Permanent Supportive Housing	Rapid Re-Housing	Supportive Services Only	Transitional Housing
4.1	Housing Status	Housing Status is required ONLY if the CoC has applied for and been approved by HUD to serve persons in Category 3 – Homeless Under Other Federal Statutes				
4.2	Income and Sources	X	X	X	X	X
4.3	Non-Cash Benefits	X	X	X	X	X
4.4	Health Insurance	X	X	X	X	X
4.5	Physical Disability	X	X	X	X	X
4.6	Developmental Disability	X	X	X	X	X
4.7	Chronic Health Condition	X	X	X	X	X
4.8	HIV/AIDS	X	X	X	X	X
4.9	Mental Health Problem	X	X	X	X	X
4.10	Substance Abuse	X	X	X	X	X
4.11	Domestic Violence	X	X	X	X	X
4.12	Contact				Required for Street Outreach	
4.13	Date of Engagement				Required for Street Outreach	
4.17	Residential Move-In Date			X		
4.18	Housing Assessment Disposition	Data collection is optional and determined by how the CoC has structured the coordinated assessment in their area. Placement of the element would be required for any project that is conducting a coordinated assessment. This may be across multiple projects or sited in a central access point or coordinated intake center.				
4.19	Housing Assessment at Exit	X				
X = data collection is required						

Income and Sources

Subject: Head of Household and Adults
Data Collection Point*: Project entry, annual assessment and project exit.
Update as income and/or sources change

4.2 Income and Sources	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Income from Any Source	No
	Yes
	Client doesn't know
	Client refused
(if yes, indicate all sources and dollar amounts for the sources that apply)	

* INFORMATION DATE = DATA COLLECTION POINT

Special consideration:

‣ Be sure to Update when there is an income change during the course of the enrollment and also annually
‣ Update income for persons aging into adulthood.
‣ Recording Income for minor children **added to HoH**

Income and Sources
continued…

- Record an answer for EACH income source by clicking the radio buttons

- Record only sources of income that are CURRENT as of information date

- Income source = **NO** - no further collection is necessary

- Income source = YES record amount for each source – CURRENT income only

- Monthly amount of income should total of ALL sources

- Income received by or on behalf of minor child is recorded under HoH

- **ANNUAL UPDATE** IS REQUIRED

Non Cash Benefits

Subject: Head of Household and Adults
Data Collection Point*: Project entry, annual assessment and project exit.
Update non cash benefits change

4.2 Income and Sources	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Income from Any Source	No
	Yes
	Client doesn't know
	Client refused
(if yes, indicate all sources and dollar amounts for the sources that apply)	

* INFORMATION DATE = DATA COLLECTION POINT

Special consideration:
- Update non cash benefits for persons aging into adulthood.
- Recording benefits for minor children **no longer required by HUD however it's a Boston requirement to collect this information if known.**
- **Health Insurance** benefit moved to separate data element

Non Cash Benefits
continued…

- Record an answer whether or not client is receiving EACH of the listed benefits

- Record by clicking the radio buttons

- Record only non cash benefits that are CURRENT as of information date. EXAMPLE: person receiving food stamps on first of the month AND expects to receive food stamps again on first of next month record YES. If not, record NO.

- Non cash benefit = **NO** - no further collection is necessary

- Non cash benefit = YES record amount if applicable

- Update for persons aging into adulthood

- Benefits received by or on behalf of minor child recorded under HoH

- **ANNUAL UPDATE** IS REQUIRED

Health Insurance
NEW ELEMENT

Subject: Head of Household and Adults
Data Collection Point*: Project entry, annual assessment and project exit. Update health insurance changes

Special consideration:

- Health insurance benefit is a **NEW** data element
- Health Insurance Benefit = **NO** - no further collection is necessary
- Health Insurance Benefit = YES record appropriate insurance type
- If required by funder enter reason why no insurance is being received
- Update health insurance for persons aging into adulthood.

Disability Types

Subjects: Collect on ALL Clients
Collection Point: Project Entry and Project Exit. Update information during project stay

Special Consideration:

- Projects should be especially sensitive to the collection of disability information. Be mindful of Client Privacy during the interview process.

- Disability for children accompanied by adults should be determined based on interview with adult

Physical Disability

COLLECTION:

▸ Disability determination = Expected to be of long continued and indefinite duration and substantially impairs ability to live independently, and

▸ **DOCUMENTATION** of the disability and severity on file are new field.

▸ Currently receiving services/treatment for this disability is to be used at all collection points

4.5 Physical Disability	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Physical Disability	No
	Yes
	Client doesn't know
	Client refused
(If yes for physical disability) *Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently*	No
	Yes
	Client doesn't know
	Client refused
(If yes for physical disability) *Documentation of the disability and severity on file*	No
	Yes
(If yes for physical disability) *Currently receiving services/treatment for this disability*	No
	Yes
	Client doesn't know
	Client refused

Developmental Disability

COLLECTION:

‣ Disability determination = Severe/chronic disability that is attributed to a mental/physical impairment (or combination of) that occurs before 22 years of age and limits the capacity for independent living and economic self sufficiency

‣ Expected to substantially impairs ability to live independently, and

‣ **DOCUMENTATION** of the disability and severity on file are new fields. Vary by federal funding program

‣ Currently receiving services/treatment for this disability is to be used at all collection points

Data Element Fields:

4.6 Developmental Disability	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Developmental Disability	No
	Yes
	Client doesn't know
	Client refused
(If yes for developmental disability) *Expected to substantially impair ability to live independently*	No
	Yes
	Client doesn't know
	Client refused
(If yes for developmental disability) *Documentation of the disability and severity on file*	No
	Yes
(If yes for developmental disability) *Currently receiving services/ treatment for this disability*	No
	Yes
	Client doesn't know
	Client refused

Chronic Health Condition

COLLECTION:

- Disability determination diagnosed condition:
  - that is more than 3 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.

‣ Expected to be of long continued and indefinite duration and substantially impairs ability to live independently, and

‣ **DOCUMENTATION** of the disability and severity on file are new fields.

‣ Currently receiving services/treatment for this disability is to be used at all collection points

Chronic Health Condition

4.7 Chronic Health Condition	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Chronic Health Condition	No
	Yes
	Client doesn't know
	Client refused
(If yes for chronic health condition) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	No
	Yes
	Client doesn't know
	Client refused
(If yes for chronic health condition) Documentation of the disability and severity on file	No
	Yes
(If yes for chronic health condition) Currently receiving services/ treatment for this condition	No
	Yes
	Client doesn't know
	Client refused

HIV/AIDS

COLLECTION:

‣ **Such information is covered by confidentiality requirements and should be recorded only when a project has data confidentiality protections that conform to the HMIS Final Rule.**

‣ Disability determination = Expected to be of long continued and indefinite duration and substantially impairs ability to live independently, and

‣ **DOCUMENTATION** of the disability and severity on file are new field.

‣ Currently receiving services/treatment for this disability is to be used at all collection points

4.8 HIV/AIDS	
Field Names	**Data Types/Response Categories**
Information Date	(date)
HIV/ AIDS	No
	Yes
	Client doesn't know
	Client refused
(If yes for HIV/AIDS) *Expected to substantially impair ability to live independently*	No
	Yes
	Client doesn't know
	Client refused
(If yes for HIV/AIDS) *Documentation of the disability and severity on file*	No
	Yes
(If yes for HIV/AIDS) *Currently receiving services/treatment for this condition*	No
	Yes
	Client doesn't know
	Client refused

Mental Health Problem

COLLECTION:

‣ Expected to be of long continued and indefinite duration and substantially impairs ability to live independently, and

‣ **DOCUMENTATION** of the disability and severity on file – identify how the mental health problem was confirmed and qualifies as a serious mental illness

‣ Currently receiving services/treatment for this disability is to be used at all collection points

Mental Health Problem

Data Element Fields:

4.9 Mental Health Problem	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Mental Health Problem	No
	Yes
	Client doesn't know
	Client refused
(If yes for mental health problem) ***Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently***	No
	Yes
	Client doesn't know
	Client refused
(If yes for mental health problem) ***Documentation of the disability and severity on file***	No
	Yes
(If yes for mental health problem) ***Currently receiving services/ treatment for this condition***	No
	Yes
	Client doesn't know
	Client refused
(Required for PATH only)	Unconfirmed; presumptive or self-report
(If yes for mental health problem) ***How confirmed***	Confirmed through assessment and clinical evaluation
	Confirmed by prior evaluation or clinical records
(Required for PATH only) *(If yes for mental health problem)* ***Serious mental illness (SMI) and, if SMI, how confirmed***	No
	Unconfirmed; presumptive or self-report
	Confirmed through assessment and clinical evaluation
	Confirmed by prior evaluation or clinical records
	Client doesn't know
	Client refused

Substance Abuse

COLLECTION:

‣ Disability determination of alcohol or drug abuse or both

‣ Expected to be of long continued and indefinite duration and substantially impairs ability to live independently, and

‣ **DOCUMENTATION** of the disability and severity on file Currently receiving services/treatment for this disability is to be used at all collection points

4.10 Substance Abuse	
Field Names	**Data Types/Response Categories**
Information Date	(date)
Substance Abuse Problem	No
	Alcohol abuse
	Drug abuse
	Both alcohol and drug abuse
	Client doesn't know
	Client refused
(If alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem)	No
	Yes
	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Client refused
(If alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem)	No
	Yes
Documentation of the disability and severity on file	
(If alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem)	No
	Yes
	Client doesn't know
Currently receiving services/ treatment for this condition	Client refused
(Required for PATH only)	Unconfirmed; presumptive or self-report
(If alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem)	Confirmed through assessment and clinical evaluation
How confirmed	Confirmed by prior evaluation or clinical records

Domestic Violence

‣ Whether person is a victim of domestic violence to provide appropriate services to prevent further abuse and treat the physical/psychological injuries prior to abuse.

‣ Important to safety of project staff and other clients

‣ Collect most recent experience

• Choose "Yes" if the Person "is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence

‣ **Projects should be especially sensitive to the collection of domestic violence information and should implement appropriate interview protocols to protect clients privacy and safety. Ask questions in a private location, away from romantic partner, delaying all entry of data about clients identified with a recent history or choosing not to disclose data**

4.11 Domestic Violence	
Field Names	**Data Types/Response Categories**
Information date	(date)
Domestic Violence Victim/Survivor	No
	Yes
	Client doesn't know
	Client refused
(If yes) When Experience Occurred	Within the past three months
	Three to six months ago (excluding six months exactly)
	Six months to one year ago (excluding one year exactly)
	One year ago or more
	Client doesn't know
	Client refused

Contacts

Subject: Collect on Head of Household and Adults
Collection Point: Project Entry, Project Exit and each contact between entry and exit

4.12 Contact	
Field Names	**Data Types/Response Categories**
Date of Contact	(date)
Location of Contact	Place not meant for habitation
	Service setting, non-residential
	Service setting, residential

‣ Collection by street outreach and other service projects to count the number of contacts required to engage client
‣ Contact is an interaction between a worker and client
‣ Can be a verbal conversation
‣ Location:

Place not meant for human habitation (abandoned
building, bus/train/subway/car
Service setting non residential: homeless connect type event,
drop in center, day center, soup kitchen, etc.
Service setting residential: emergency/transitional/psh housing
treatment center, hospital, etc.

Date of Engagement

Subject: Collect for adults
Collection Point: Update

4.13 Date of Engagement	
Field Names	**Data Types/Response Category**
Date of Engagement	(date)

‣ Only one date of engagement is allowed between entry/exit

‣ Defined as date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan

Residential Move in Date
NEW ELEMENT – For RRH Projects

Subject: Collect on ALL clients

Collection Point: Program Entry or changes during enrollment

4.17 Residential Move-In Date	
Field Names	**Data Types/Response Categories**
Information Date	(date)
In Permanent Housing	No
	Yes
(if yes) Date of Move-In	(date)

‣ Differentiate between those who are waiting for placement and those who have moved into permanent housing for rapid rehousing 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).

‣ All RRH clients at project entry must have this recorded whether the client is residing in housing through the Rapid Re-Housing project by indicating "Yes" or "No".

• If "No" is recorded at project entry for *In Permanent Housing* a subsequent edit must be made to specify the date the client moves into housing.

• If "Yes" for *In Permanent Housing,* the date the client physically moved into housing must be entered.

Housing Assessment Disposition NEW ELEMENT

Subject: Collect on Head of Household
Collection Point: Project Exit

4.18 Housing Assessment Disposition	
Field Names	**Data Types/Response Categories**
Assessment Disposition	Referred to emergency shelter/safe haven
	Referred to transitional housing
	Referred to rapid re-housing
	Referred to permanent supportive housing
	Referred to homelessness prevention
	Referred to street outreach
	Referred to other continuum project type
	Referred to a homelessness diversion program
	Unable to refer/accept within continuum; ineligible for continuum projects
	Unable to refer/accept within continuum; continuum services unavailable
	Referred to other community project (non-continuum)
	Applicant declined referral/acceptance
	Applicant terminated assessment prior to completion
	Other/specify
(if other/specify) Specify	(text)

‣ Used as part of the coordinated assessment system
‣ Response categories represent continuum programs 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
‣ Only one referral choice is captured

Housing Assessment at Exit
NEW ELEMENT – For Prevention Projects

Subject: Collect on ALL Clients
Collection Point: Project Exit

4.19 Housing Assessment at Exit	
Field Names	**Data Types/Response Categories**
Housing Assessment at Exit	Able to maintain the housing they had at project entry
	Moved to new housing unit
	Moved in with family/friends on a temporary basis
	Moved in with family/friends on a permanent basis
	Moved to a transitional or temporary housing facility or program
	Client became homeless — moving to a shelter or other place unfit for human habitation
	Client went to jail/prison
	Client died
	Client doesn't know
	Client refused
(if able to maintain the housing they had at project entry) *Subsidy Information*	Without a subsidy
	With the subsidy they had at project entry
	With an on-going subsidy acquired since project entry
	Only with financial assistance other than a subsidy
(if moved to new housing unit) *Subsidy Information*	With an ongoing subsidy
	Without an ongoing subsidy

‣ Best describes the housing circumstances from project entry to project exit

‣ **Response definition:** Moved into transitional or temporary housing facility or program includes transitional housing for homeless and non homeless persons, treatment facilities or institution.

For more information:
2014 HMIS Data Standards Manual
https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf

A series of Program Specific Manuals, were designed specifically by and for each of the federal partner programs which use HMIS. They include:
- HHS: PATH Program HMIS Manual
- HHS: RHY Program HMIS Manual
- HUD: CoC Program HMIS Manual
- HUD: ESG Program HMIS Manual
- HUD: HOPWA Program HMIS Manual
- VA: Programs HMIS Manual

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