# HOMELESS ADVOCACY FOR RURAL TENNESSEE

Homeless Management Information System (HMIS) Training Guide December 3, 2019

# INDEX

	Page
3.01 NAME	1
3.02 SOCIAL SECURITY NUMBER	2
3.03 DATE OF BIRTH	2
3.04 RACE	3
3.05 ETHNICITY	4
3.06 GENDER	4
3.07 VETERAN STATUS	5
3.08 DISABLING CONDITION	6
3.10 PROJECT START DATE	6
3.11 PROJECT EXIT DATE	7
3.12 DESTINATION	7
3.15 RELATIONSHIP TO HEAD OF HOUSEHOLD	10
3.16 CLIENT LOCATION	10
3.20 HOUSING MOVE-IN DATE	11
3.917 LIVING SITUATION	11
4.02 INCOME AND SOURCES	15
4.03 NON-CASH BENEFITS	17
4.03 NON-CASH BENEFITS	17
4.04 HEALTH INSURANCE	17
4.05 PHYSICAL DISABILITY	18
4.06 DEVELOPMENTAL DISABILITY	18
4.07 CHRONIC HEALTH CONDITION	18
4.08 HIV/AIDS	18
4.09 MENTAL HEALTH PROBLEM	18
4.10 SUBSTANCE ABUSE	18
4.11 DOMESTIC VIOLENCE	18
4.12 CURRENT LIVING SITUATION	19
4.13 DATE OF ENGAGEMENT	19
PROGRAM SPECIFIC DATA ELEMENTS	20
PROJECT INTERIM ENTRIES VS CORRECTIONS	22
INCOME AND NON-CASH BENEFIT CHANGES	23
ADDING AND REMOVING A MEMBER TO THE HOUSEHOLD	24
BACK DATE MODE	29
RELEASE OF INFORMATION (ROI)	30
COUNTY HOUSED/SERVED	30
REFERRAL SYSTEM	30

# INTRODUCTION

This training guide is designed to help HART HMIS end users in their HMIS data quality. Most of the information comes straight from the FY 2020 HMIS Data Standards.

Most, if not all, responses include "Client doesn't know," "Client refused," and "Data not collected." These answers are to be avoided if at all possible. "Data not collected" is the same as leaving the answer blank when it comes to reporting. However, if the data was not collected, then that is the correct response in HMIS. Even the other two answers have negative impacts on reporting. Leaving an answer blank should be a data entry error, meaning that the data was collected but wasn't transcribed into HMIS. Throughout the responses for each of the UDEs, we will leave these three answers out of the training material for brevity.

#### 3.01 NAME (All Clients)

When creating a new client record, enter the client's name and select the appropriate data quality indicator.

	🚺 Ple	ase Search the System before adding a New Client.
Name	First Middle	Last Suffix
Name Data Quality	-Select-	T
Alias		
Social Security Number		
Social Security Number Data Quality	-Select-	٦
U.S. Military Veteran?	-Select-	
Exact Match		
Search ACTIVE Clients	۲	
Search INACTIVE / DELETED Clients	•	
Search ALL Clients	0	
Search Clear	Add New Client With This Information	Add Anonymous Client

First	To avoid duplicate record creation, the full first name should be used (e.g., James instead of Jim)
Last	To avoid duplicate record creation, the last name should be recorded in full. Use the current last name, use the format the client normally provides as identification (e.g. with hyphen or without hyphen). Use the order of last names as the client indicates is culturally correct.
Full name reported	Select 'Full name reported' for Name Data Quality as long as complete, full first and last names have been recorded.

Partial,Select 'Partial, street name, or code name reported' in any of the following<br/>circumstances: 1) a partial, short, or nickname was used instead of the full first<br/>name; 2) a street name or code name was used for street outreach clients at<br/>initial intake and until the client was able to supply their full legal name;<br/>3) a name modification was used for security reasons; or 4) for any other reason<br/>the name does not match the clients full name as it would appear on<br/>identification.

#### 3.02 SOCIAL SECURITY NUMBER (All Clients)

In separate fields, record the nine-digit SSN and appropriate SSN Data Quality Indicator.

Clie	nt Record		
Name	First Middle	Last	Suffix
Name Data Quality	-Select-		
Alias			
Social Security			
SSN Data Quality	-Select-		
U.S. Military Veteran?	-Select-		
			Save Cancel

Full SSN Reported A complete and valid SSN is provided.

Approximate orAny SSN other than a complete and valid 9-digit SSN, regardless of thepartial SSN reportedreason, is provided.

## 3.03 DATE OF BIRTH (All Clients)

Record the month, day, and year of birth for every person served.

Client Demographie	5	Û	I
Date of Birth	// 🧖 🖏 G		
Date of Birth Type	-Select-	▼ G	
Gender	-Select-	▼ (	G
Primary Race	-Select-	▼ G	
Secondary Race	-Select-	▼G	
Ethnicity	-Select-	G	
		Save Cancel	1

Full DOB reported	The complete date of birth is provided by the client.
Approximate or partial DOB reported	The client cannot provide their full or exact date of birth but is able to provide their age within one year.

#### 3.04 RACE (All Clients)

In separate data fields, record the self-identified race(s) of each client served. Help the client select the race or races that they most identify with. If they only identify with one race, only complete "Primary Race." HMIS Admin can create an assessment that includes third, fourth, and fifth race.

Client Demographics					
Date of Birth		20	👼 G		
Date of Birth Type	-Select-			▼ G	
Gender	-Select-				•
Primary Race	-Select-			۲	G
Secondary Race	-Select-			•	G
Ethnicity	-Select-		▼G		
			Save		Cancel

American Indian or Alaska 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.
Asian	A person having origins in 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.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as 'Haitian' can be used in addition to 'Black or African American.'
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## 3.05 ETHNICITY (All Clients)

Record the self-identified ethnicity of each client served. Help the client select the ethnicity that they most identify with.

Client Demographic	5	â
Date of Birth	// 🧖 💐 🧟 G	
Date of Birth Type	-Select-	▼ G
Gender	-Select-	▼ G
Primary Race	-Select-	▼ G
Secondary Race	-Select-	▼ G
Ethnicity	-Select- 🔻 G	
	Sa	ve Cancel

Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

#### 3.06 GENDER (All Clients)

Record the self-reported gender of each client served. Users should be sensitive to persons who do not identify as male or female.

Client Demographics	í literatura de la constante de	)
Date of Birth Date of Birth Type	// 20 20 20 G Select G	
Gender	-Select-	G
Primary Race	-Select- 🔻 G	
Secondary Race	-Select- G	
Ethnicity	-Select- ▼ G	
	Save Cancel	
Female	Clients who live or identify as women	
Male	Clients who live or identify as men	

Trans Female (MTF or Male to Female)	Clients who live or identify as women, even though they were assigned male at birth.
Trans Male (FTM or Female to Male)	Clients who live or identify as men, even though they were assigned female at birth.
Gender Non-Conforming (i.e. not exclusively male or female)	Clients who identify as non-binary or who otherwise do not identify exclusively as male or female or trans female or trans male.

#### 3.07 VETERAN STATUS (All Adults)

Record whether the client is a veteran.

Clie	nt Record		
Name	First Middle Last	Suf	fix
Name Data Quality	-Select-		
Alias			
Social Security			
SSN Data Quality	-Select-		
U.S. Military Veteran?	-Select-		
		Save	Cancel

- No Veteran Status should be 'No' for anyone who has not been on active duty. This includes individuals who attended training but were discharged before reporting to a duty station, and Reservists or National Guard who were never activated or deployed.
- Yes Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.
   Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training.
   Reserves and National Guard: active duty is any time spent activated or deployed, either in the United States or abroad.

Or

Anyone who was disabled in the line of duty during a period of active duty training.

Or

Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

## 3.08 DISABLING CONDITION (All Clients)

Record whether the client has a disabling condition at the time of each project start. A disabling condition is one or more of the following:

• A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:

1) Is expected to be long-continuing or of indefinite duration;

2) Substantially impedes the individual's ability to live independently; and

3) Could be improved by the provision of more suitable housing conditions.

• A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or

• The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

• Additionally, if the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

HUD CoC & ESG Entry	SO ES SH (2017)	E	ntry Date: 04/04/2019 02:33:55 PM
Date of Birth	// 🧖 🖓 🧔 G		
Date of Birth Type	-Select-	▼G	
Primary Race	-Select-	▼G	
Secondary Race	-Select-	▼G	
Ethnicity	-Select- G		
Gender	-Select-		▼ G
Does the client have a disabling condition?	-Select- G		

## 3.10 PROJECT START DATE (FORMALLY ENTRY DATE) (All Clients)

Record the month, day, and year of each client's project start. The project start date indicates a client is now being assisted by the project. All projects need this data element for reporting time spent participating in the project. Paired with 3.20 Housing Move-In Date, it becomes possible to determine the length of time from project start to housing placement for all PH clients, including those in RRH projects.

	Entry / Exit				
	Program	Туре	Project Start Date	Exit Date	Interims I
7		HUD	08/03/2015	08/03/2015	E.
	Add Entry / Exit		Showing 1-1 of 1		

<u>Street Outreach</u>: Date of first contact with the client.

Emergency Shelter: Night the client first stayed in the shelter.

<u>Transitional Housing</u>: Date the client moves into the residential project (i.e. first night in residence). <u>Permanent Housing, including Rapid Re- Housing</u>: Date the client was admitted into the project. To be admitted indicates the following factors have been met:

1) Information provided by the client or from the referral indicates they meet the criteria for admission;

2) The client has indicated they want to be housed in this project;

3) The client is able to access services and housing through the project. The expectation is the

project has a housing opening (on-site, site-based, or scattered-site subsidy) or expects to have one in a reasonably short amount of time.

<u>Other Service Projects (including but not limited to: Services Only, Day Shelter, Homelessness</u> <u>Prevention, Coordinated Entry</u>): Date the client first began working with the project and generally received the first provision of service.

# 3.11 PROJECT EXIT DATE (All Clients)

Record the month, day and year of last day of occupancy or service.

Entry / Exit				
Program	Туре	Project Start Date	Exit Date	Interims <sup>I</sup>
	HUD	08/03/2015	08/03/2015	E.
Add Entry / Exit		Showing 1-1 of 1		

<u>Site-based Residential projects</u>: The last day of continuous stay in the project before the client transfers to another residential project or otherwise stops residing in the project.

<u>Tenant-based Permanent Housing projects</u>: The last day the client receives rental assistance or supportive services (RRH) **or** is provided rental assistance (tenant-based PSH, transition-in-place, or other permanent housing). **Clients bridging from RRH to PSH will have the same date for the RRH exit and PSH start (entry).** 

<u>Non-residential projects</u>: the last day a service was provided or the last date of a period of ongoing service.

## 3.12 DESTINATION (All Clients)

Record where the client is expected to stay after they complete or stop participating in project activities.

#### Homeless Situation

Place not meant for habitation	(e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<ul> <li>ESG Emergency Shelter</li> <li>HOPWA Hotel/Motel or Short-term Housing</li> <li>RHY BCP shelter or RHY-funded Host Home shelter</li> <li>VA HCHV Community Contract Emergency Housing</li> <li>Locally-funded shelters</li> </ul>

Safe Haven (NONE IN OUR AREA –
Closest CoC SH might be Wilmington,
NC)

- CoC Safe Haven
- VA Community Contract Safe Haven
- Locally-funded Safe Haven type projects

# Institutional Situation

Foster care home or foster care group home

Hospital or other residential non- psychiatric medical facility

Jail, prison, or juvenile detention facility

Long-term care facility or nursing home

Psychiatric hospital or other psychiatric facility

Substance abuse treatment facility or detox center

#### **Temporary and Permanent Housing**

Residential or halfway house with no homeless criteria	A sober living or other residential project with no lease or rights of tenancy, with or without time limits
Hotel or motel paid for without emergency shelter voucher	
Transitional housing for homeless persons (including homeless youth)	<ul> <li>CoC Transitional Housing</li> <li>HOPWA Transitional Housing (when moving from non-HOPWA projects)</li> <li>RHY Maternal Group Homes or TLP</li> <li>VA GPD Bridge Housing, Service Intensive Transitional Housing, Hospital to Housing, or Clinical Treatment</li> <li>Any locally- funded transitional housing project (facilitates movement to permanent housing with occupancy agreement for terms from 124 months)</li> </ul>
Host home (non- crisis)	
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	
Staying or living with family, temporary tenure (e.g. room, apartment or house)	
Staying or living with friends, permanent tenure	

Moved from one HOPWA funded project to HOPWA PH	Limited to use by HOPWA-funded projects
Moved from one HOPWA funded project to HOPWA TH	Limited to use by HOPWA-funded projects
Rental by client, with GPD TIP housing subsidy	
Rental by client, with VASH housing subsidy	
Permanent housing (other than RRH) for formerly homeless persons	<ul> <li>CoC Permanent Supportive Housing</li> <li>HOPWA facility/TBRA permanent housing (for Destination: when moving from non- HOPWA</li> </ul>
Rental by client, with RRH or equivalent subsidy	<ul> <li>Use this response category as a Destination only if the client is moving directly into a unit.</li> <li>CoC Rapid Re- Housing</li> <li>ESG Rapid Re- Housing</li> <li>VA SSVF Rapid Re-Housing</li> <li>VA GPD Transition In Place</li> <li>Locally-funded Rapid Re- Housing</li> </ul>
Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)	Includes HCV with no paired services.
Rental by client in a public housing unit	
Rental by client, no ongoing housing subsidy	When a client leaves an RRH project maintaining (or moving to) a rental that they will pay for on their own (without a subsidy of any kind) you should select Rental by Client, no ongoing housing subsidy.
Rental by client, with other ongoing housing subsidy	Any subsidized rental housing other than CoC PSH, HOPWA PH, RRH, GPD TIP, or VASH. Includes legacy SRO and Pay For Success.
Owned by client, with ongoing housing subsidy	
Owned by client, no ongoing housing subsidy	
Other	

No exit interview completed	This will be considered "missing data" for data quality and reporting purposes.
Other	Any response of "Other" in Destination will not count in any HMIS- based reporting as a positive outcome. Review the above list carefully to determine if any option above is a reasonable match.

Deceased

# 3.15 RELATIONSHIP TO HEAD OF HOUSEHOLD (All Clients)

Identify one member of a household to whom all other household members can be associated.

Self <b>(Only one per household)</b>	Heads of household may be alternatively thought of as the "primary client," the "eligible individual" etc., rather than as a fixed designation.
Head of household's child	Sons and daughters, including step-, adopted, and foster children of the head of household, regardless of their age.
Head of household's spouse or partner	
Head of household's other relation member (other relation to head of household)	
Other: non- relation member	Groups of people may self-define their households or families, which may include other non- relations. However, If the group of persons are all children and youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as their own record in their own household.

# 3.16 CLIENT LOCATION (All Clients)

Select the CoC code assigned to the geographic area where the head of household is staying at the time of project entry.

HUD CoC & ESG Entry	SO ES SH (2017)	Entry Date: 04/04/2019 02:33:55 PN
Date of Birth	// 🧖 🞝 🌌 G	
Date of Birth Type	-Select- G	
Primary Race	-Select-	3
Secondary Race	-Select-	3
Ethnicity	-Select-	
Gender	-Select-	▼G
Does the client have a disabling condition?	-Select- 🔻 G	
Relationship to Head of Household	-Select-	▼G
Client Location	TN-506 T G	

# 3.20 HOUSING MOVE-IN DATE (Head of Household Only)

For clients with a Project Start Date in a permanent housing project of any kind, record the date a client or household moves into a permanent housing unit.

For **RRH** projects only, a Housing Move-in Date must be entered regardless of whether or not the RRH project is providing the rental assistance for the unit.

For any **other project types that are typed as 'Permanent Housing'** in the HMIS, clients who are receiving pre-housing placement services but are ultimately housed by another project or subsidy source should be exited from the PH project to the appropriate permanent Destination. If the client exits the permanent housing project for a **different housing opportunity** without physically moving into a housing unit associated with the project, **do not enter a housing move-in date**, simply exit the client and record the exit destination.

For clients bridging from RRH to PSH, there will be two housing move-in dates. The PSH housing move-in date will be the same as the start (entry) date in that project.

Q Outreach				
Date of Contact	Staying on Str	eet, ES, or SH	Start Date *	End Date
Add				
Date of Identification		<u> 1</u> ) 2	G	
Housing Move-in Date		🥂 💙 🔊 G		

## 3.917 LIVING SITUATION (Head of Household and Other Adults)

To identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households. This data element is to be used with other information to identify whether a client appears to meet the criteria for chronic homelessness at various points of enrollment.

Residence Prior to Proj Entry	-Select-	•	G
Length of Stay in Previous Place	-Select-	▼G	
Approximate date homelessness started:	_ / 🧖 🖏 G		
Regardless of where th stayed last night - Number of times the client has been on the streets, in ES, or SH ir the past three years including today	-Select- G		
Total number of month homeless on the streed in ES or SH in the past three years	-Select-	V G	

The responses are intended to reflect from the client's last living situation immediately prior to the Project Start Date. For projects that do not provide lodging, the 'prior' living situation may be the same as the client's current living situation.

1. Select the 'Type of Residence' from the Living Situation Option List that most closely matches where the client was living prior to project start. Adult members of the same household may have different prior living situations.

2. Record the length of time the client was residing in their previous place of stay.

a. (3.917B) If the client is entering Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Entry from an institutional setting:

i. Indicate if the client was in the institution for less than 90 days **and** if so, indicate if the client's living situation immediately prior to entering the institution was on the streets, in an emergency shelter, or a safe haven.

ii. If 'Yes' to both, proceed to step 3. If 'No' to either, stop collecting data for this element.

b. (3.917B) If the client is entering Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Entry from any type of transitional or permanent housing:

i. Indicate if the client was in the transitional or permanent housing situation for less than 7 nights **and** if so, indicate if their living situation immediately prior to entering the transitional or permanent housing was on the streets, in an emergency shelter, or a safe haven.

ii. If 'Yes' to both, proceed to step 3. If 'No' to either, stop.

c. If the client is entering Emergency Shelter, Safe Haven, or Street Outreach, proceed to step 3. Response Choices: 1. One night or less, 2. Two to six nights, 3. One week or more, but less than one month, 4. One month or more, but less than 90 days, 5. 90 days or more, but less than one year, 6. One year or longer.

3. Record the actual or approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places). The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility).

4. Record the number of times the client has been on the streets, in emergency shelters, or in safe havens in the past three years. Including today, count all the different times the client was on the

streets, in an emergency shelter, or in a safe haven in the last 3 years where there are full breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

Response Choices: 1. One time, 2. Two times, 3. Three times, 4. Four or more times.

5. Record the cumulative total number of months the client has been homeless on the streets, in emergency shelters, or in safe havens in the past three years.

Response Choices: 1. One month (this time is the first month), 2. [Integers 2 through 12] (The integer reflects all whole months plus the partial month, i.e. 32 days equals 2), 3. More than 12 months.

Place not meant for habitation	(e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)				
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<ul> <li>ESG Emergency Shelter</li> <li>HOPWA Hotel/Motel or Short-term Housing</li> <li>RHY BCP shelter or RHY-funded Host Home shelter</li> <li>VA HCHV Community Contract Emergency Housing</li> <li>Locally-funded shelters</li> </ul>				
Safe Haven (NONE IN OUR AREA – Closest CoC SH might be Wilmington, NC)	<ul> <li>CoC Safe Haven</li> <li>VA Community Contract Safe Haven</li> <li>Locally-funded Safe Haven type projects</li> </ul>				
Interim Housing (To be eliminated 10/1/19) <b>(DO NOT USE</b> )	Limited to use by PSH projects for which chronic homelessness is an eligibility criterion.				

## **Homeless Situation**

# **Institutional Situation**

Foster care home or foster care group home

Hospital or other residential non- psychiatric medical facility

Jail, prison, or juvenile detention facility

Long-term care facility or nursing home

Psychiatric hospital or other psychiatric facility

Substance abuse treatment facility or detox center

#### **Temporary and Permanent Housing**

Residential or halfway house with no	A sober living or other residential project with no
homeless criteria	lease or rights of tenancy, with or without time limits

Hotel or motel paid for without emergency shelter voucher

Transitional housing for homeless persons (including homeless youth)	<ul> <li>CoC Transitional Housing</li> <li>HOPWA Transitional Housing (when moving from non-HOPWA projects)</li> <li>RHY Maternal Group Homes or TLP</li> <li>VA GPD Bridge Housing, Service Intensive Transitional Housing, Hospital to Housing, or Clinical Treatment</li> <li>Any locally- funded transitional housing project (facilitates movement to permanent housing with occupancy agreement for terms from 124 months)</li> </ul>
Host home (non- crisis)	
Staying or living in a friend's room, apartment or house	
Staying or living in a family member's room, apartment or house	
Rental by client, with GPD TIP housing subsidy	
Rental by client, with VASH housing subsidy	
Permanent housing (other than RRH) for formerly homeless persons	<ul> <li>CoC Permanent Supportive Housing</li> <li>HOPWA facility/TBRA permanent housing (for Destination: when moving from non- HOPWA</li> </ul>
Rental by client, with RRH or equivalent subsidy	Use this response category as a Destination only if the client is moving directly into a unit. • CoC Rapid Re-Housing • ESG Rapid Re-Housing • VA SSVF Rapid Re-Housing • VA GPD Transition In Place • Locally-funded Rapid Re-Housing
Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)	Includes HCV with no paired services.
Rental by client in a public housing unit	

Rental by client, no ongoing housing subsidy	When a client leaves an RRH project maintaining (or moving to) a rental that they will pay for on their own (without a subsidy of any kind) you should select Rental by Client, no ongoing housing subsidy.
Rental by client, with other ongoing housing subsidy	Any subsidized rental housing other than CoC PSH, HOPWA PH, RRH, GPD TIP, or VASH. Includes legacy SRO and Pay For Success.
Owned by client, with ongoing housing subsidy	
Owned by client, no ongoing housing subsidy	

#### 4.02 INCOME AND SOURCES (Head of Household and Other Adults)

Increase in income is a key performance measure of most Federal Partner programs. Collecting income information throughout a project stay supports plans to link clients with all income sources and benefits for which they are eligible and helps CoCs improve system design and partnerships by analyzing cross-systems connections to ensure access to additional income sources.

Income data should be entered in HMIS consistent with guidelines for calculating household income provided by a project funder, if such guidelines exist. Recording income in an HMIS is not the same as performing an income evaluation for purposes of project eligibility determination or a rent calculation for the purpose of determining rental subsidy. In the absence of income calculation guidelines provided by a funder, as a general rule, any income associated with a minor used for household expenses and support should be included in the head of households *Income and Sources* record.

An Income and Sources record must be created at any time during a project stay if income or sources change. This would include the situation when a minor child enters or leaves the household and the income received by the household changes as a result. In that case, a new Income and Sources record must be created for the head of household, reflecting the additional (or lost) income. This would also include the situation when a minor child in a household turns 18. In that case, a new Income and Sources record must be created for the 18-year-old client reflecting any income associated with that client. If some existing income transfers to the 18-year-old's new record, an additional update record would need to be created for the Head of Household, reflecting the removal of that income from their record. 'Information Date' for those records must reflect the date of the data collection.

An Income and Sources record must be created as part of an annual assessment for clients participating in a project one year or more, even if there is no change in either the income or sources. The annual assessment must include updating both the head of household's record and any other family member's at the same time.

To collect income information, projects are expected to ask clients whether they receive income from each of the sources listed (either on paper or through client interview) rather than asking them to state the sources of income they receive. Unless the project funder requires documentation for record

keeping purposes, clients are not required to provide documentation of income or benefits. Requiring documentation of income and benefits when it is not a funder's requirement unnecessarily slows down the process for assisting people to exit homelessness.

Income data should be recorded only for sources of income that are current as of the 'Information Date' (i.e. have not been terminated). Clients may identify multiple sources of income.

- Example: a client's employment has been terminated and the client has not yet secured additional employment. Record the response for Earned income as 'No.'
- Example: 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).

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 and Sources is intended to identify regular, recurrent earned income and cash benefits.** Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and are not considered income.

Student financial aid is not to be considered income unless the financial aid includes a cash stipend. The source for such income would be considered 'Other,' and the source can be described in a text field. Be sure to check your funder's requirements, however. For example, SSVF does not allow grantees to include any student financial aid, including GI Bill Student Financial Aid.

Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and are not recorded in HMIS.

Earned Income	i.e. employment income				
Unemployment Insurance					
Supplemental Security Income (SSI)	Monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also get SSI.				
Social Security Disability Insurance (SSDI)	Pays benefits to people and certain members of their family if "insured," meaning that you worked long enough and paid Social Security taxes.				
VA Service-Connected Disability Compensation	VA service-connected disability compensation refers to a benefit paid to veterans with a service- connected disability				

VA Non-Service-Connected Disability Pension	VA non-service-connected disability pension refers to a benefit paid to wartime veterans who have limited or no income and who are ages 65 or older or, if under 65, who are permanently and totally disabled.
Private disability insurance	
Worker's Compensation	
Temporary Assistance for Needy Families (TANF)	Families First
General Assistance (GA)	No program in TN
Retirement Income from Social Security	
Pension or retirement income from a former job	
Child support	
Alimony and other spousal support	
Other Source	Specify Source

## 4.03 NON-CASH BENEFITS (Head of Household and Other Adults)

Non-cash benefits data should be entered in HMIS consistent with guidelines provided by a project funder, if such guidelines exist. In the absence of guidelines provided by a funder, as a general rule, any benefits received by or on behalf of a minor household member or on behalf of the household as a whole (such as SNAP) should be included in the head of households Non-Cash Benefits record. Projects may choose to collect non-cash benefits information for all household members including minor children within households, as long as this does not interfere with accurate reporting per funder requirements.

Non-Cash Benefits is intended to identify regular, recurrent benefits. Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and are not considered benefits.

## 4.04 HEALTH INSURANCE (All Clients)

Medicaid	TennCare: Medicaid is a partnership between federal and state funds. It should always be listed as Medicaid, not State Health Insurance.
State Children's Health Insurance Program	CoverKids or TennCare

State Health Insurance Tennessee does not have a program for Adults

4.05 – 4.10 See 3.08 for disability definition. Also, indicate:

1. If each client has the indicated disability; and

2. If there is indication that the disability is expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently (applicable to 4.05, 4.07, 4.09, and 4.10 only).

## 4.05 PHYSICAL DISABILITY (All Clients)

For the purposes of these Data Standards, a physical disability means a physical impairment.

#### 4.06 DEVELOPMENTAL DISABILITY (All Clients)

For the purposes of these Data Standards, a developmental disability means 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.

#### 4.07 CHRONIC HEALTH CONDITION (All Clients)

For the purposes of these Data Standards, a chronic health condition means a diagnosed condition that is more than three (3) months in duration and is either not curable or has residual effects that limit daily living and required 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.

#### 4.08 HIV/AIDS (All Clients)

#### 4.09 MENTAL HEALTH PROBLEM (All Clients)

For the purposes of these Data Standards, a mental health problem may range from situational depression to serious mental illnesses. The dependent field is designed to gauge the severity of the mental health problem.

## 4.10 SUBSTANCE ABUSE (All Clients)

#### 4.11 DOMESTIC VIOLENCE (Head of Household and Other Adults)

Domestic Violence Victim/Survivor should be indicated as 'Yes' if the person has experienced any 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.

If clients are providing inconsistent information (e.g. indicating that they are currently fleeing an abusive situation but their response to 'When experience occurred' is 'One year ago or more'), clarification should be facilitated by appropriate staff. Staff can help clients understand that the definition of a DV experience includes "dangerous... conditions that relate to violence against the individual or a family member," which is broader than a specific violent episode. There are situations where the act of fleeing takes place weeks or months after a particular violent episode, but the conditions within the home remain dangerous. With this clarification, the staff and client together can determine the best response for 'When experience occurred.'

## 4.12 CURRENT LIVING SITUATION (Formally Contact) (Head of Household and Other Adults)

All street outreach projects are expected to record every contact made with each client by recording their Current Living Situation, including when the Project Start Date, Prior Living Situation or Date of Engagement is recorded on the same day. There may or may not be a contact made at project exit.

If a client meets CoC requirements for an automatic exit, their Project Exit Date would be backdated to the date of their most recent contact date, according to their Current Living Situation record.

# 4.13 DATE OF ENGAGEMENT (Head of Household and Other Adults)

Record the date a client became engaged by a street outreach project or night-by-night emergency shelter in the development of a plan to address their situation. Only one date of engagement is allowed between project start and exit.

This date may be on or after the Project Start Date and if the client becomes engaged, must be on or prior to the Project Exit Date. If the project has not developed this intensive relationship with the client before exit, Date of Engagement should be left blank.

# PROGRAM SPECIFIC DATA ELEMENTS

# **PATH Projects**

Element Number	HMIS Program Specific Data Element	Street Outreach	Services Only	
4.2	Income and Sources	х	х	
4.3	Non-Cash Benefits	x	х	
4.4	Health Insurance	х	x	
4.5	Physical Disability	x	x	
4.6	Developmental Disability	x	x	
4.7	Chronic Health Condition	x	x	
4.8	HIV/AIDS	Δ	Δ	
4.9	Mental Health Problem	x	x	
4.10	Substance Abuse	x	x	
4.12	Contact	x	x	
4.13	Date of Engagement	x	x	
P1	Services Provided – PATH	x	x	
P2	Referrals Provided - PATH	x	x	
P3	PATH Status	x	x	
P4	Connection with SOAR	x	x	

X = data collection required

 $\Delta$  = data collection is not required but encouraged

# **CoC Funded Projects**

	HMIS Program Specific Data	Homelessness	Permanent	Rapid	Supportive Services	Transitional
4.2	Income and Sources	X	х	x	х	X
4.3	Non-Cash Benefits	X	x	x	х	X
4.4	Health Insurance	X	Х	Х	х	X
4.5	Physical Disability	X	х	x	х	X
4.6	Developmental Disability	X	Х	Х	х	X
4.7	Chronic Health Condition	X	Х	Х	х	Х
4.8	HIV/AIDS	X	x	x	х	X
4.9	Mental Health Problem	X	Х	Х	х	X
4.10	Substance Abuse	X	Х	Х	х	X
4.11	Domestic Violence	X	Х	Х	х	X
4.12	Contact				Only for SSO-Street Outreach	
4.13	Date of Engagement				Only for SSO-Street Outreach	

# **ESG Projects**

Number	Element	ES	ES	Homelessness	RRH	Street
		entry/	Night-	Prevention		Outreach
		exit	by- night			
4.2	Income and Sources	x		x	x	x
4.3	Non-Cash Benefits	x		x	x	x
4.4	Health Insurance	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		x			x
4.13	Date of Engagement		x			x
4.14	Bed Night		x			

# **VA-funded Projects**

Element	Name	SSVF: RRH	SSVF: HP	HCHV: CRS EH/SH	GPD: All
3.1-	Universal Data Elements	X	X	X	x
3.917					
4.2	Income and Sources	x	x	X	х
4.3	Non-Cash Benefits	Х	х	X	х
4.4	Health Insurance	X	х	X	х
4.5	Physical Disability			X	Х
4.6	Developmental Disability			X	х
4.7	Chronic Health Condition			X	х
4.8	HIV/AIDS			X	х
4.9	Mental Health Problem			X	х
4.10	Substance Abuse			X	х
4.11	Domestic Violence			X	х
V1	Veteran's Information	X	х	X	х
V2	Services Provided – SSVF	X	Х	0	0
V3	Financial Assistance – SSVF	Х	Х		
V4	Percent of AMI (SSVF Eligibility)	Х	Х		
V5	Last Permanent Address	Х	Х		
V6	VMAC Station Number	X	Х		
V7	SSVF HP Targeting Criteria		Х		
P4	Connection with SOAR	Х	х		
R4	Last Grade Completed	Х	Х		
R6	Employment Status	Х	Х		

X = Data collection required

O = Data collection optional at the discretion of grantee

#### **PROJECT INTERIM ENTRIES VS CORRECTIONS**

In Community Services, there are pencils for making edits. Within assessments, only use the pencil to correct information that was not true or incomplete at the project start date. It is possible that more complete information came to light during interviews/case management or the client provided information that they initially refused or did not know and should be edited (pencil). If the data element changed since the start date such as income change, then interim is used. When adding an interim assessment, there are only two choices that should be used: annual assessment for the required annual assessment and update for all other interims.

Annual assessment. Data elements required for collection at annual assessment must be entered with an information date of no more than 30 days before or after the anniversary of the head of household's Project Start Date, regardless of the date of the most recent update or any other annual assessment. An annual assessment must be created even if no there are no data changes. Simply create the interim/annual assessment and save. Information must be accurate as of the information date. The Annual Assessment must include updating both the head of household's record and any other family members at the same time. At the time of the annual assessment, verify/update at least the following information:

- 1. Income
- 2. Non-Cash Benefits
- 3. Health Insurance
- 4. Household members, to include data changes regarding children turning 18

Clie	Client Information			Service Transactions						
Su	mmary Client Profile Households	ROI Entry	/ Exit	Case Manage	ers (	Case Plans	Measureme	nts A	ssessn	nents
	🚺 Reminder: Household m	establish	ed on Househol	lds tal	b before crea	ating Entry / Ex	its			
	Entry / Exit						$\frown$			
	Program	Туре		Entry Date		Exit Date	Interims		Client Count	
ē	TGB - Training Agency (55)	HUD	_	09/03/2015	/		lo	E.	a	i kan bar an

Interim Review Data	
Entry / Exit Provider	TGB - Training Agency (55)
Entry / Exit Type	HUD
Interim Review Type *	Update
Review Date *	- Select- 30-Day Review 60-Day Review 90-Day Review 120-Day Review Annual Review Annual Assessment

#### **INCOME AND NON-CASH BENEFIT CHANGES**

When a client has a change in income or non-cash benefits, create an interim assessment using the appropriate update or annual assessment. When creating this update, do not change the old data which was true at the project start date. Change of income will be used as the example, but applies to the non-cash benefit as well.

First example is someone who had no income at the start date. The answers were "0" for *Total Monthly Income*, "No" to *Income from Any Source*, and the *HUD Verification* were all "No" answers.

Total Monthly Income       Income from Any Source     No (HUD)	G G	
Monthly Income		HUD Verification 🌠
Monthly Amount	Source of Income	
/ 🗑	Worker's Compensation (HUD)	
/ 🗑	VA Service Connected Disability Compensation (HUD)	
/ 🗑	Unemployment Insurance (HUD)	
/ 🗑	VA Non-Service Connected Disability Pension (HUD)	
/ 🗑	TANF (HUD)	
Add View Gross Income	Showing 1-5 of 30 First Pre	evious Next Last

			Peceiving In	come Source?	
	Source of Income	Yes	No	Data Not Collected	Incomplete
*	Alimony or Other Spousal Support (HUD)	0	۲	0	0
*	Child Support (HUD)	0	۲	0	0
*	Earned Income (HUD)	0	۲	0	0
*	General Assistance (HUD)	0	۲	0	0
-	Other (HUD)	0	۲	0	0
*	Pension or retirement income from another job (HUD)	0	۲		0
-	Private Disability Insurance (HUD)	•	۲	0	•
-	Retirement Income From Social Security (HUD)	0	۲	0	0
-	SSDI (HUD)	0	۲	0	•
-	SSI (HUD)	0	۲	0	0
-	TANF (HUD)	•	۲	•	•
*	Unemployment Insurance (HUD)	0	۲	0	0
-	VA Non-Service Connected Disability Pension (HUD)	•	۲	0	•
*	VA Service Connected Disability Compensation (HUD)	0	۲	0	0
	Worker's Compensation (HUD)	•	۲	0	0

If this client added income while in the project, an interim assessment would be created. Ensure that only the client with the change is selected.

Project Start Date	Exit Date	Interims	ollow Ups	Client Count	
/ 10/07/2015	/ 10/31/2016	E.	E.		Å¢.
Showing 1-1 of 1		$\square$			

Go to the Monthly Income sub-assessment and choose the category for the new income (earned income is chosen for this example). Enter the *Monthly Amount* and *Start Date* of the income. Change *Receiving Income Source?* to "Yes" and leave the End Date blank, unless there is already an End Date. Save sub-assessment and interim.

Monthly Income		Ш́к.
Monthly Amount	¢	
Source of Income	Earned Income (HUD)	✓ G
If Other, Please Specify	G	
Receiving Income Source?	No 🗸 G	
Start Date *	06 / 20 / 2019 🛛 🦓 🛇 🧟 G	
End Date	// 🧖 💐 G	
Print Recordset	Save Save and Add Another	Cancel

Second Example is someone increasing or decreasing income. Follow the same procedure as above for the new income amount. Also, close out the previous income by opening its sub-assessment (pencil) and add an *End Date* that is one day prior to the *Start Date* of the new income. Do **not** change the Receiving Income Source from "Yes" to "No."

Third Example is someone losing all their income. Open the sub-assessment (pencil) and add an *End Date* that reflects the last day the income was effective and save. Do **not** remove the *Monthly Amount* or change *Receiving Income Source* to No.

There may be overlapping incomes, even in one category. There is no issue with reporting this. Simply ensure that each income source has its own sub-assessment with *Start Dates* and *End Dates* when income started and ended.

#### ADDING AND REMOVING A MEMBER TO THE HOUSEHOLD

Adding a new household. The process is the same when adding a new household in HMIS (steps 1-7) or adding a new member to the household during the client's enrollment. To add a new member, follow these steps:

1. Open the head of household's record and go to the households tab.

Client Informa	tion		
Summary	Client Profile	Households	R

2. Click the Manage Household button.

ſ

-	(1) Two Paren	ıt Fam	ily	
Name				
(19) Ho	omeless, Jack			
(21) Ho	omeless, Baby			
(20) Ho	meless, Jill			
Mana	age Household			

3. Click on the Add/Delete Household Members" button.

	Household Members			
	Name	Age	Head of Household	Rela of H
٢	(19) Homeless, Jack	36	Yes 🔻	Sel
۲	(21) Homeless, Baby	2	No 🔻	Dau
	(20) Homeless, Jill	35	No 🔻	Wif
A	dd/Delete Household Member	s		

4. Search for the Client to be added.

Client Search		
	(1) Please Search the System before adding a New Client.	Hide Advanced Sea
Name	First Middle Last	Suffix
Name Data Quality	-Select-	
Alias		
Social Security Number		
Social Security Number Data Quality	-Select-	
U.S. Military Veteran?	-Select-	
Exact Match		

5. Click to green plus symbol to add the client to the household if the new household member is in HMIS. Otherwise, select Add New Client with This Information and add the client to HMIS.

	С	lient Results			
	ID	Name	Social Security Number	Date of Birth	Alias
0	2	Homeless, Joe	000-00-0444	01/01/1948	

6. Complete the household data. The Joined Household date will be different from the rest of the household.

	Name	Age	Head Hous	l of sehol	Relationship to Head d of Household	<sup>d</sup> Joined Household *
۲	(19) Homeless, Jack	36	Yes	۲	Self	• 08 / 18 / 2018 <u> </u>
۲	(21) Homeless, Baby	2	No	T	Daughter	08 / 18 / 2018 🥂 2
	(20) Homeless, Jill	35	No	T	Wife	• 08 / 09 / 2019 <u>ភ</u> ្ល 🤰
۲	(32) Homeless, Joe	71	No	۲	Father	• 08 / 09 / 2019 🛛 💐 🎗

- 7. Save.
- 8. Go to the head of household's entry. Use the pencil to edit the project start entry.

(19) Homeles Release of In	ss, Jack formation: <mark>None</mark>					
ent Informa	tion				Service Transac	tions
						<i>c</i>
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	
Summary Entry /		-				Case Plan
	′ Exit	-			lished on Households	

9. Check the box to add the new household member.

nclude Additional Household Members			
Household Members			
To include additional Househol () each name. Only Members from at a			
(1) Two Parent Family			
🖉 <u>(19) Homeless, Jack</u>			
(21) Homeless, Baby			
(20) Homeless, Jill			
<u> </u>			
	Continue	Cancel	

- 10. Save and Continue.
- 11. Press the pencil on the Household Members Associated with this Entry/Exit that corresponds with the new household member.

	Household Members Associated with this Entry / Exit						
		Name	Head of Household		Project Start Date		Exit Date
f	k	(19) Homeless, Jack	Yes		08/18/2018		09/18/2018
A	Å¢.	(21) Homeless, Baby	No		08/18/2018	/*	09/18/2018
A	Å¢.	(20) Homeless, Jill	No	/*	08/18/2018	_	09/18/2018
A	Å¢.	(32) Homeless, Joe	No		08/18/2018	_	

12. Unselect all the members of the household that are not the new member.

🕕 To update H	ousehold members for this Entry Data, click the box beside each name.
(1) Two Parent Fan	nily
(19) Homeless, Jac	ck (Entry Date: 08/18/2018 2:00 AM)
🗆 <u>(21) Homeless, Ba</u>	<u>by (Entry Date: 08/18/2018 2:00 AM)</u>
🗆 (2)) Homeless, Jill	<u>(Entry Date: 08/18/2018 2:00 AM)</u>
(32) Homeless, Joe	e (Entry Date: 08/18/2018 2:00 AM)
	Include Additional Household Members
Edit Project Start E	Data - (32) Homeless, Joe
Provider	X - Bread of Life Emergency Shelter (SFMHC) (42)
Туре	HUD
	/ / <i>M</i> 🕉 🤯 🔻 : 🔻 : 🔻

- 13. Change the Project Start Date to the date that the new client joined the household.
- 14. Save and Continue.

Removing a member from the household. When a new client is enters the project, check the household. If the client has a different household makeup, the household needs to be updated to reflect the current members. This will entail removing the client from the household, removing other members from the household, and/or adding members. If household members leave the household between the project start and exit dates, the same process below is followed, but they must also be exited from the project, starting at step 5. To remove the client or other members from the household, follow these steps:

1. Enter the client's record and go to the households tab.

Client Informa	tion	
Summary	Client Profile	Households

2. Select Manage Household.

Name	
(19) Homeless, Jack	
(21) Homeless, Baby	
(20) Homeless, Jill	
(32) Homeless, Joe	
Manage Household	

3. Select the red "Do not Enter" symbol.

		Name	Age	Head of Household	Relationship to He of Household
	۲	(19) Homeless, Jack	36	Yes 🔻	Self
	٢	(21) Homeless, Baby	2	No 🔻	Daughter
$\rightarrow$	٢	(20) Homeless, Jill	35	No 🔻	Wife
	٢	(32) Homeless, Joe	71	No 🔻	Father

- 4. Save. (Proceed to Step 5 if the client being exited from a project)
- 5. Go to the project entry exit for the client.

Client - (20) Homeless, Jill							
<ul> <li>(20) Homeless, Jill</li> <li>Release of Information: None</li> </ul>							
Client Information							
Summary Client Profile Households	ROI Entry / Ex	it					

6. Select the pencil for exit.

Entry / Exit		
Program	Туре	Project Start Date Exit Date
🗑 X - Bread of Life Emergency Shelter (SFMHC) (42)	HUD	08/18/2018
Add Entry / Exit		Showing 1-1 of 1

- 7. Uncheck all the other household members.
- 8. Complete the Destination.

9. Save and Continue.

Household Members	
(1) Two Parent Family	
Exit Date *	08 / 09 / 2019 🔊 🥸 10 • : 11 • : 28 • AM •
Reason for Leaving	Completed program 🔻
If "Other", Specify	
Destination *	Rental by client, with RRH or equivalent subsidy (HUD)
If "Other", Specify	
Notes	
Subsidy	-Select-
	Save & Continue Cancel

- 10. Update the assessment if necessary.
- 11. Save and Exit.

#### **BACK DATE MODE**

All work in HMIS should be in backdate mode. Even if the data being entered the same day of the project start date. The system automatically sets the time as 2:00 am. Do not change the time. It may feel wrong to have a project start time earlier than when first contact with the client is made, but by all work being set at 2:00 am in the system prevents possible duplicate work by one or more agencies. If a correction is being made in entry exit assessment, backdate mode isn't required since the assessment was already in backdate mode initially. The system will still register the edits at the same date and time that the project start or exit was created.

#### **RELEASE OF INFORMATION (ROI)**

Release of Infor	mation - (1) Path, John Allen
Household Member	rs
iis Client is not a m	ember of any Households.
Release of Informa	ition Data
Provider *	PATH (Outreach) (23) Search My Provider Clear
Release Granted	Yes
Start Date*	06 / 06 / 2017 🕺 💐 💐
End Date*	06 / 06 / 2018 🕂 🧭
Documentation	Signed Statement from Client 🗸

Other than for coordinated entry activities, get a signed ROI no later than the start date of the enrollment. If there is no ROI on or before the start date, no one on HMIS will be able to see the entry, to include the assessment, other than you.

#### **COUNTY HOUSED/SERVED**

We have added this data element to better understand the counties that clients are served. Most clients originate and housed in the same county. If housed, please enter the county the client is housed in regardless where they originated. If they are not housed, please enter the county that they were located while enrolled in the project.

#### **REFERRAL SYSTEM**

Now that CES is on HMIS, we are using ServicePoint's referral component. There is room for improvement by WellSky, but it is adequate for our needs. Anyone can complete a referral, but at this time, I only see CES initiating referrals. However, please use the information below for responding to referrals. Note that for the two-way conversation to exist in HMIS, ROIs have to be entered in HMIS. By virtue of the client contacting CES, they are giving permission for the sharing of the referral. CES still asks the client for permission and enters an ROI with enough time to complete a referral and to follow the client to the point of housing or loss of contact. For CES to know your response to the referral, you need to enter an ROI also. The time period should be long enough to share the response which could be as short as one day, especially if the referral is declined.

When the referral is made in HMIS, an email will go to the designated person for the agency and the agency can see the referred participant in the referral counts on their HMIS home page dashboard.

Agencies should make an initial response to the referral within [3] days of the referral. The initial two responses are either Accepted or Declined (Rejected). See below for a participant whose referral is accepted, but not enrolled in the project (canceled).

Accepted: Accepting as a prospective participant after review of CES intake form and/or conversation with the participant. Participant is expected to be enrolled in project.

Declined: Based on the CES intake form and/or conversation with the participant, it is decided that the participant is ineligible for project and referral is rejected. CES is to refer to a new project. If declined, there is an optional pull down that is useful, but not required. Also complete the Need Status/Outcome to "Not Met" and add a reason.

Canceled: Participant was initially accepted but failed to follow through with application or process and was either not enrolled or was dis-enrolled from project. If canceled, there is an optional pull down that is useful, but not required. Also complete the Need Status/Outcome to "Not Met" and add a reason. Since this is a change from an initial acceptance, this should be entered as soon as the application or enrollment is canceled. Notify CE specialist of the change. Also, make sure that your ROI covers goes through the date that you make these change.

Accepted on Waiting List: Do not use.

#### Replying to the referral.

In the client record, go to the Service Transactions tab => Referrals tab

lient Info	ormation			Service Tra	nsactions		
Needs		Services	Refer	rals	Shelter Stays	Entire	e Service Histo
Previ	ious Referral:	s					
Select D	ates	Start Date		End Date			
-Select-	~		<b>A</b> , 🔵 🕰		<b>A</b> 🔵 Z	More	Search
	Need Date	<b>Referred Date</b>	Referred To	Referral Outcome	Need Type	Need Status	Need Outcom
/ )	12/19/2018	12/19/2018	CHDC ESG (RRH)		Housing/Shelter	Identified	
Add	Referral			Showing 1-	1 of 1		
Add	Referral			Showing 1-	1 of 1		
						Back to Dashb	oard Exit

Click the pencil. Scroll down to "Referral Data."

Referral Data		Send Summar
Referred-To Provider	CHDC ESG (RRH) (41)	
Needs Referral Date *	12 / 19 / 2018 🕂 🏹 🤁 11 🗸 : 15 🗸 : 43 🗸 AM 🗸	
Referral Ranking	-Select- 🗸	
Referral Outcome	-Select-	
Follow Up Information		
Projected Follow Up Date	12 / 26 / 2018 🔊 🔿 🤯	
Follow Up User	CES (SSO) (101) V Lisa Thompson V	
Follow Up Made	-Select- V	
Completed Follow Up Date	//	

# Choose "Referral Outcome."

#### **Referral Data**

Referred-To Provider	CHDC ESG (RRH) (41)
Needs Referral Date	12 / 19 / 2018 💐 🖏 11 🗸 : 15 🗸 : 43 🗸 AM 🗸
Referral Ranking	select- V
Referral Outcome	-Select- Accepted
Follow Up Information	Accepted on Wait List Declined Canceled
Projected Follow Up Date	12 / 26 / 2018
Follow Up User	CES (SSO) (101)
	Lisa Thompson 🗸
Follow Up Made	Yes 🗸
Completed Follow Up Date	01 / 24 / 2019 👸 🔿 🦓

Make selection and save.