

# Supportive Services for Veteran Families Program (SSVF)

## Data Collection Guide

October 2011



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## Introduction

Public Law 110-387 authorized the U.S. Department of Veterans Affairs (VA) to develop the Supportive Services for Veteran Families Program (SSVF) and makes HMIS participation a statutory requirement for SSVF grant recipients and sub-recipients. Grantees providing SSVF assistance and services must report client-level data into the applicable community CoC HMIS system and must also collect a few VA custom data elements and track these elements through either a separate accounting process or work with their HMIS vendor to create these categories.

This SSVF Data Collection Guide packages data collection summary tables, collection templates, and template instructions into one document to assist grantees and subrecipients with meeting data collection requirements. Guidance documents are based on HUD's revised March 2010 HMIS Data Standards and a few VA custom data elements that grantees and subrecipients need to collect to meet VA reporting requirements. HUD's revised March 2010 HMIS Data Standards can be downloaded at [http://www.hudhre.info/documents/FinalHMISDataStandards\\_March2010.pdf](http://www.hudhre.info/documents/FinalHMISDataStandards_March2010.pdf).

The Guide includes the following sections:

### **Section 1: Data Collection Elements at a Glance**

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VA SSVF Data Elements and Response Categories

### **Section 2: Program Set-Up**

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## 1. Section 1: Data Collection Elements at a Glance

### Required SSVF HMIS Data Elements

#### Required SSVF HMIS Data Elements

The following tables group the HMIS data elements by type (Universal, Program-Specific and VA Custom Data Elements) and summarizes requirements regarding: 1) from whom the data are collected (for client-specific data elements); and 2) when the data are collected.

HUD #	Universal Data Elements	Subjects	Collect at Entry	Collect at Exit	Collect at 90 days
3.1	Name	All Persons in the Household	X		
3.2	Social Security Number	All Persons in the Household	X		
3.3	Date of Birth	All Persons in the Household	X		
3.4	Race	All Persons in the Household	X		
3.5	Ethnicity	All Persons in the Household	X		
3.6	Gender	All Persons in the Household	X		
3.7	Veteran Status	All Adults in Household	X		
3.8	Disabling Condition	All Persons in the Household	X		
3.9	Residence Prior to Program Entry	All Adults in Household	X		
3.9a	Length of Stay in Previous Place	All Adults in Household	X		
3.10	Zip Code of Last Permanent Address	All Adults in Household	X		
3.11	Housing Status	All Persons in the Household	X	X	
3.12	Program Entry Date	All Persons in the Household	X		
3.13	Program Exit Date	All Persons in the Household		X	
3.14	Unique Person Identification Number	All Persons in the Household – System Generated	X		
3.15	Household Identification Number	All Persons in the Household – System Generated	X		

HUD #	Program Specific Data Elements	Subjects	Collect at Least Annually	Collect When Assistance Provided	Collect at Entry	Collect at Exit	Collect at 90 days
4.1	Source and Amount of Income	All Persons in the Household	X		X	X	
4.1a	Income Received in Last 30 Days	All Persons in the Household	X		X	X	
4.2	Non-Cash Benefits	All Persons in the Household	X		X	X	
4.2a	Non-Cash Benefits Received in Last 30 Days	All Persons in the Household	X		X	X	
4.10	Destination	All Persons in the Household				X	
4.13	Financial Assistance Provided <sup>1</sup>	All Persons in the Household		X			X
4.14	Housing Relocation & Stabilization Services Provided <sup>2</sup>	All Persons in the Household				X	X
4.15E	Veteran's Information	All Persons that Answered "Yes" to Veterans Status Data Element			X		

	VA Custom Data Elements	Subjects	Collect at Entry	Collect at Exit	Collect at 90 days
	<i>The following data elements may not be currently available in your CoC HMIS system. However, grantees are required to collect this information in order to meet quarterly reporting requirements.</i>				
	Category of Permanent Housing	All Adults in Household	X		X
	Formerly Chronically Homeless	All Heads of Household or All Adults	X		
	Currently Chronically Homeless	All Heads of Household or All Adults	X		
	Percent of AMI	All Heads of Household or All Adults	X		

<sup>1</sup> Rent Assistance should be tracked in HMIS as "Rent"; Utility Assistance should be tracked in HMIS as either "Utility deposit" or "Utility payment"; Moving Expenses should be tracked in HMIS as "Moving cost assistance"

<sup>2</sup> Outreach Services should be tracked in HMIS as "Outreach and engagement"; Case Management Services should be tracked in HMIS as "Case management"; Assistance in Obtaining VA Benefits and Assistance in Obtaining Other Public Benefits should both be tracked as "case management" in HMIS.

## VA SSVF Data Elements and Response Categories

### VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
<b>UNIVERSAL DATA ELEMENTS</b>			
3.1	<b>Name</b>		
	First, Middle, Last, Suffix	At Entry	All Household Members
3.2	<b>Social Security Number</b>	At Entry	All Household Members
	## ## - ## - ## ##		
	<b>Social Security Number Type</b>		
	1 = Full SSN reported.		
	2 = Partial SSN reported.		
	8 = Don't know or don't have SSN.		
	9 = Refused.		
3.3	<b>Date of Birth</b>	At Entry	All Household Members
	mm/dd/yyyy		
	<b>Date of Birth Type</b>		
	1 = Full DOB reported.		
	2 = Partial or Approximate DOB reported.		
	8 = Don't know.		
	9 = Refused.		
3.4	<b>Race</b>	At Entry	All Household Members
	1 = American Indian or Alaska Native.		
	2 = Asian.		
	3 = Black or African-American.		
	4 = Native Hawaiian or Other Pacific Islander		
	5 = White		
	8 = Don't Know		
	9 = Refused		
3.5	<b>Ethnicity</b>	At Entry	All Household Members
	0 = Non-Hispanic/Non-Latino.		
	1 = Hispanic/Latino.		
	8 = Don't Know		
	9 = Refused		
3.6	<b>Gender</b>	At Entry	All Household Members
	0 = Female.		
	1 = Male.		
	2 = Transgendered Male to Female		
	3 = Transgendered Female to Male		
	4 = Other		
	8 = Don't Know		
	9 = Refused		
3.7	<b>Veteran Status</b>	At Entry	All Adults
	0 = No.		
	1 = Yes.		
	8 = Don't Know.		
	9 = Refused.		
3.8	<b>Disabling Condition</b>	At Entry	All Household Members
	0 = No.		
	1 = Yes.		
	8 = Don't Know.		
	9 = Refused.		

VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
3.9	<b>Residence Prior to Program Entry</b>	At Entry	All Adults
	1 = Emergency shelter		
	2 = Transitional housing for homeless persons		
	3 = Permanent housing for formerly homeless persons		
	4 = Psychiatric hospital or other psychiatric facility		
	5 = Substance abuse treatment facility or detox center		
	6 = Hospital (non-psychiatric)		
	7 = Jail, prison or juvenile detention facility		
	12 = Staying or living in a family member's room, apartment, or house		
	13 = Staying or living in a friend's room, apartment, or house		
	14 = Hotel or motel paid for without emergency shelter voucher		
	15 = Foster care home or foster care group home		
	16 = Place not meant for habitation		
	17 = Other		
	18 = Safe Haven		
	19 = Rental by client, with VASH housing subsidy		
	20 = Rental by client, with other (non-VASH) ongoing housing subsidy		
	21 = Owned by client, with ongoing housing subsidy		
	22 = Rental by client, no ongoing housing subsidy		
	23 = Owned by client, no ongoing housing subsidy		
	8 = Don't Know		
	9 = Refused		
3.9	<b>Length of Stay in Previous Place</b>		
	1 = One week or less.		
	2 = More than one week, but less than one month.		
	3 = One to three months.		
	4 = More than three months, but less than one year.		
	5 = One year or longer.		
	8 = Don't Know		
	9 = Refused		
3.10	<b>Zip Code of Last Permanent Residence</b>	At Entry	All Adults
	# # # #		
	<b>ZIP Code Data Quality</b>		
	1 = Full or Partial Zip Code Recorded.		
	8 = Don't Know.		
	9 = Refused.		
3.11	<b>Housing Status</b>	At Entry and At Exit	All Household Members
	1 = Literally Homeless		
	2 = Imminently losing their housing		
	3 = Unstably housed and at-risk of losing their housing		
	4 = Stably housed		
	8 = Don't Know		
	9 = Refused		
3.12	<b>Program Entry Date</b>	At Entry	All Household members
	mm/dd/yyyy		
3.13	<b>Program Exit Date</b>	At Exit	All Household Members
	mm/dd/yyyy		
3.14	<b>Personal Identification Number</b>	System Generated	All Household Members
3.15	<b>Household Identification Number</b>	System Generated	All Household Members

VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
<b>Program Specific Data Elements</b>			
4.1	<b>Source and Amount of Income</b>	At Entry; At Exit; Every 90 Days if Period of Enrollment is Greater than 12 Months.	All Household Members
	<b>Income Received in the Last 30 Days?</b>		
	0 = No		
	1 = Yes		
	8 = Don't Know		
	9 = Refused		
4.1			
	1 = Earned Income		
	2 = Unemployment Insurance		
	3 = Supplemental Security Income or SSI		
	4 = Social Security Disability Income (SSDI)		
	5 = Veteran's disability payment		
	6 = Private disability insurance		
	7 = Worker's compensation		
	10 = Temporary Assistance for Needy Families (TANF) (or use local program name)		
	11 = General Assistance (GA) (or use local program name)		
	12 = Retirement income from Social Security		
	13 = Veteran's pension		
	14 = Pension from a former job		
	15 = Child support		
	16 = Alimony or other spousal support		
	17 = Other source		
	<b>Total Monthly Income</b>		
4.2	<b>Non Cash Benefits</b>	At Entry; At Exit; Every 90 Days if Period of Enrollment is Greater than 12 Months.	All Household Members
	<b>Non-cash benefit received from any source in past 30 days?</b>		
	0 = No		
	1 = Yes		
	8 = Don't Know		
	9 = Refused		
4.2			
	1 = Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)		
	2 = MEDICAID health insurance program (or use local name)		
	3 = MEDICARE health insurance program (or use local name)		
	4 = State Children's Health Insurance Program (or use local name)		
	5 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		
	6 = Veteran's Administration (VA) Medical Services		
	7 = TANF Child Care services (or use local name)		
	10 = TANF transportation services (or use local name)		
	11 = Other TANF-funded services (or use local name)		
	12 = Section 8, public housing, or other rental assistance		
	13 = Other source		
	14 = Temporary Rental Assistance		

VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
4.10	<b>Destination</b>	At Exit	All Household Members
	1 = Emergency shelter, including hotel or motel paid for with emergency shelter voucher		
	2 = Transitional housing for homeless persons		
	3 = Permanent housing for formerly homeless persons		
	4 = Psychiatric hospital or other psychiatric facility		
	5 = Substance abuse treatment facility or detox center		
	6 = Hospital (non-psychiatric)		
	7 = Jail, prison or juvenile detention facility		
	8 = Don't Know		
	9 = Refused		
	10 = Rental by client, no ongoing housing subsidy		
	11 = Owned by client, no ongoing housing subsidy		
	12 = Staying or living with family, temporary tenure		
	13 = Staying or living with friends, temporary tenure		
	14 = Hotel or motel paid for without emergency shelter voucher		
	15 = Foster care home or foster care group home		
	16 = Place not meant for habitation		
	17 = Other		
	18 = Safe Haven		
	19 = Rental by client, with VASH housing subsidy		
	20 = Rental by client, with other (non-VASH) ongoing housing subsidy		
	21 = Owned by client, with ongoing housing subsidy		
	22 = Staying or living with family, permanent tenure		
	23 = Staying or living with friends, permanent tenure		
	24 = Deceased		
4.13	<b>Financial Assistance Provided</b>	When assistance is provided as a one-time transaction 0r Every 90 Days During Program Enrollment	All Household Members
	<b>Start Date of Financial Assistance</b> --/--/----- (Month) (Day) (Year)		
	<b>End Date of Financial Assistance</b> --/--/----- (Month) (Day) (Year)		
	<b>Financial Assistance Type</b>	<b>SSVF Data Element</b>	
	1 = Rental Assistance	Rent	
	2 = Security Deposits	Deposits	
	3 = Utility Deposits	Deposits	
	4 = Utility Payments	Utilities	
	5 = Moving Cost Assistance	Moving Costs	
	6 = Motel & hotel vouchers	Not applicable	
	<i>Assistance with Child Care, Transportation, and Emergency Supply expenses does not have an equivalent in HMIS. Grantees should work with their HMIS vendor to either create these categories or track through a separate accounting process.</i>	Transportation Emergency Supplies Child Care	
	<b>Financial Assistance Amount</b> \$_____00		

VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
4.14	<b>Housing Relocation &amp; Stabilization Services Provided</b>	Every 90 Days During Program Enrollment; At Exit	All Household Members
	Start Date of Service    --/--/----- (Month) (Day) (Year)		
	End Date of Service    --/--/----- (Month) (Day) (Year)		
	<b>Type(s) of Service</b>	<b>SSVF Data Element</b>	
	1 = Case management - <i>Enter assistance in obtaining VA benefits or other public benefits under Case Management in HMIS if your HMIS system does not include these response options.</i>	Assistance Obtaining VA Benefits Assistance Obtaining Other Public Benefits Case Management Services	
	2 = Outreach and engagement	Outreach Services	
	3 = Housing search and placement	Not Applicable	
	4 = Legal services	Not Applicable	
	5 = Credit repair	Not Applicable	
4.15E	<b>Veteran's Information</b>	At Entry	All Persons that Answered "Yes" to Veterans Status Data Element
	<b>Military Service Eras</b>		
	1 = Persian Gulf Era (August 1991 – September 10, 2001)		
	2 = Post Vietnam (May 1975 – July 1991)		
	3 = Vietnam Era (August 1964 – April 1975)		
	4 = Between Korean and Vietnam War (February 1955– July 1964)		
	5 = Korean War (June 1950 – January 1955)		
	6 = Between WWII and Korean War (August 1947 – May 1950)		
	7 = World War II (September 1940 – July 1947)		
	8 = Don't know		
	9 = Refused		
	10= Post September 11, 2001 (September 11, 2001 -Present)		
	<b>Duration of Active Duty</b>		
	#  months		
	<b>Served in a War Zone</b>		
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	<b>If yes, name of war zone</b>		
	1 = Europe		
	2 = North Africa		
	3 = Vietnam		
	4 = Laos and Cambodia		
	5 = South China Sea		
	6 = China, Burma, India		
	7 = Korea		
	8 = South Pacific		
	9 = Persian Gulf		
	10 = Other		
	11 = Afghanistan		
	12 = Don't know		
	13 = Refused		

VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
	<b>If yes, number of months in war zone</b>		
	_#_ months		
	<b>If yes, received hostile or friendly fire</b>		
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	<b>Branch of the Military</b>		
	1 = Army		
	2 = Air Force		
	3 = Navy		
	4 = Marines		
	5 = Other		
	8 = Don't know		
	9 = Refused		
	<b>Discharge Status</b>		
	1 = Honorable		
	2 = General		
	3 = Medical		
	4 = Bad conduct		
	5 = Dishonorable		
	6 = Other		
	8 = Don't know		
	9 = Refused		
<b>VA Custom Data Elements</b>			
	<b>Category of Permanent Housing</b>	At Entry; Every 90 Days During Program Enrollment;	All Adults in Household
	1 = Category 1: Residing in permanent housing		
	2 = Category 2: Homeless and scheduled to become resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing		
	3 = Category 3: Exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences		
	4 = Other (ineligible): (Describe)		
	<b>Formerly Chronically Homeless</b>	At Entry	All Heads of Households or Adults
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	<b>Currently Chronically Homeless</b>	At Entry	All Heads of Households or Adults
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	<b>Percent of AMI</b>	At Entry	All Heads of Households or Adults
	1 = Less than 30% AMI		
	2 = 30% to 50% AMI		
	3 = Greater than 50% AMI (ineligible)		
	8 = Don't know		
	9 = Refused		

## 2. Section 2: Program Set-Up

SSVF Program Descriptor Data Elements  
March 2010 HMIS Data Standards

Required (R) vs. Optional (O)	Program Descriptor Data Elements March 2010	Program Descriptor Data Elements	When Collected	Subjects	SSVF Program Response
	#	Data Element	Collected by HMIS	Lead Agency	
R	2.1	Organization Identifier  A unique Organization Identifier automatically generated by the software at the time the program is created in HMIS. There is no specified format for this data element.	At time program recorded in HMIS - Assigned once	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	Organization Identifier  Automatically generated by the HMIS software.
R	2.2	Organization Name  A unique Organization Name needs to be recorded for each distinct organization that operates a CoC program.	At time program is recorded in HMIS - Assigned once and reviewed annually	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	Organization Name  Record the organization/grantee name
R	2.3	Program Identifier  A unique Program Identifier automatically generated by the software at the time the program is created in HMIS. There is no specified format for this data element.	At time program is recorded in HMIS - Assigned once	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	Program Identifier  Automatically generated by the HMIS software.
R	2.4	Program Name  A unique Program Name must be recorded to each distinct CoC Program.	At time program is recorded in HMIS - Assigned once and reviewed annually	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	Program Name  A unique Program Name must be recorded for each distinct CoC Program. Use the suffix "SSVF" in the program name to explicitly distinguish this program from other programs such as HPRP.

SSVF Program Descriptor Data Elements  
March 2010 HMIS Data Standards

Required (R) vs. Optional (O)	Program Descriptor Data Elements March 2010	Program Descriptor Data Elements	When Collected	Subjects	SSVF Program Response
R	2.5	<b>Direct Service Code</b>	At time program is recorded in HMIS - Assigned once	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	<b>Direct Service Code</b>
		0 = No			Code is 1=Yes if client records will be attributed to this program in HMIS. Refer to instructions in Data Standards for more information.
		1 = Yes			
R	2.6	<b>Site Information</b>	At time program is recorded in HMIS - Assigned once and reviewed annually.	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	<b>Site Information</b>
R	2.6A	<b>Program Site Configuration Type</b>			<b>Record the appropriate site configuration type according to the following descriptions:</b>
		1 = Single site, single building			1. Single site, single building. Housing units (or service encounters) are at one site, in a single structure.
		2 = Single site, multiple buildings			2. Single site, multiple buildings. Housing units (or service encounters) are at one site, in multiple structures (e.g., single apartment complex with multiple buildings and program units in two or more buildings).
		3 = Multiple sites			3. Multiple sites. Housing units (or service encounters) are at multiple sites (e.g., scattered-site housing, outreach).
R	2.6B	<b>Site Address</b>			<b>Site Address</b>
		Address			
		City			For the principal program service site, record the street address, city, state and zip code. Programs without a principal program service site (e.g., mobile programs such as street outreach and scattered-site housing programs) should record the address of their administrative office.
		State (two-letter state abbreviation)			
R	2.6C	<b>Geocode</b>			<b>Geocode</b> <a href="http://www.hudhre.info/documents/FY2011_PPRNAmts.pdf">http://www.hudhre.info/documents/FY2011_PPRNAmts.pdf</a>

SSVF Program Descriptor Data Elements  
March 2010 HMIS Data Standards

Required (R) vs. Optional (O)	Program Descriptor Data Elements March 2010	Program Descriptor Data Elements	When Collected	Subjects	SSVF Program Response
		Numeric geocode format			For the principal program service site, record the geocode associated with the geographic location of the site. HUD provides a list of geocodes as part of the annual CoC application process. Geocodes must be updated annually. Mobile programs (e.g., street outreach) should record the Geocode based on the location of their administrative office. Scattered-site housing programs should record the Geocode where the majority of beds are located or where most beds are located as of the last inventory update.
R	2.6D	<b>Site Type</b> 1 = Non-residential: services only			<b>Site Type</b> Code as 1 = Non-residential: services only. Rental assistance will be recorded as service transactions.
		2 = Residential: special needs and non-special needs			
		3 = Residential: special needs only			
R	2.6E	<b>Housing Type</b> 1 = Mass shelter/barracks			<b>Housing Type</b> Code as 7 = Not applicable: non-residential program.
		2 = Dormitory/hotel/motel			
		3 = Shared housing			
		4 = Single Room Occupancy (SRO) units			
		5 = Single apartment (non-SRO) units			
		6 = Single homes/townhomes/duplexes			
		7 = Not applicable: non-residential program			
R	2.7	<b>Continuum of Care Number</b> HUD-assigned CoC Number	At time program is recorded in HMIS - Assigned Once and reviewed annually.	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	<b>Continuum of Care Number</b> - <a href="http://www.hudhre.info/documents/FY2011_ListingCoCs.pdf">http://www.hudhre.info/documents/FY2011_ListingCoCs.pdf</a> Enter HUD assigned CoC Number.
R	2.8	<b>Program Type Code</b> 1 = Emergency Shelter 2 = Transitional Housing 3 = Permanent Supportive Housing 4 = Homeless Outreach 5 = Homelessness Prevention and Rapid Re-Housing 6 = Services Only Program 7 = Other 8 = Safe Haven 9 = Permanent Housing (e.g., Mod Rehab SRO, subsidized housing without services)	At time program is recorded in HMIS - Assigned once and reviewed annually.		<b>Program Type Code</b> Code is 5 = Homelessness Prevention and Rapid Re-Housing

SSVF Program Descriptor Data Elements  
March 2010 HMIS Data Standards

Required (R) vs. Optional (O)	Program Descriptor Data Elements March 2010	Program Descriptor Data Elements	When Collected	Subjects	SSVF Program Response
R	2.9	<b>Bed and Unit Inventory Information</b>	At time program is recorded in HMIS - At least annually or more frequently if inventory or coverage changes.	All Residential Homeless Programs - Contributory and Non-Contributory	<b>Bed and Unit Inventory Information</b>
	2.9A	<b>Housing Type</b>			<b>Housing Type</b>
		1 = Households without children			Not Applicable - Leave Blank
		2 = Households with children			Not Applicable - Leave Blank
	2.9B	<b>Bed Type</b>			<b>Bed Type</b>
		1 = Facility-based			Not Applicable - Leave Blank
		2 = Voucher			Not Applicable - Leave Blank
		3 = Other			Not Applicable - Leave Blank
	2.9C	<b>Availability</b>			<b>Availability</b>
		1 = Year-round			Not Applicable - Leave Blank
		2 = Seasonal			Not Applicable - Leave Blank
		3 = Overflow			Not Applicable - Leave Blank
	2.9D	<b>Bed Inventory</b>			<b>Bed Inventory</b>
		Integer			Not Applicable - Leave Blank
	2.9E	<b>CH Bed Inventory (PSH only)</b>			<b>CH Bed Inventory (PSH only)</b>
		Integer			Not Applicable - Leave Blank
	2.9F	<b>Unit Inventory</b>			<b>Unit Inventory</b>
		Integer			Not Applicable - Leave Blank
	2.9G	<b>Inventory Start Date</b>			<b>Inventory Start Date</b>
		mm/dd/yyyy			Not Applicable - Leave Blank
	2.9H	<b>Inventory End Date</b>			<b>Inventory End Date</b>
		mm/dd/yyyy			Not Applicable - Leave Blank
	2.9I	<b>HMIS Participating Beds</b>			<b>HMIS Participating Beds</b>
		Integer			Not Applicable - Leave Blank
	2.9J	<b>HMIS Participation Start Date</b>			<b>HMIS Participation Start Date</b>
		mm/dd/yyyy			Not Applicable - Leave Blank
	2.9K	<b>HMIS Participation End Date</b>			<b>HMIS Participation End Date</b>
		mm/dd/yyyy			Not Applicable - Leave Blank
O	2.10	<b>Target Population A (Optional)</b>	At time program is recorded in HMIS - Assigned once and reviewed annually	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	<b>Target Population A (Optional)</b>
		1 = SM			
		2 = SF			
		3 = SMF			
		4 = CO			

SSVF Program Descriptor Data Elements  
March 2010 HMIS Data Standards

Required (R) vs. Optional (O)	Program Descriptor Data Elements March 2010	Program Descriptor Data Elements	When Collected	Subjects	SSVF Program Response
		5 = SM+HC			Not Applicable - Leave Blank
		6 = SF+HC			
		7 = HC			
		8 = YM			
		9 = YF			
		10 = YMF			
		11 = SMF+HC			
		<b>Target Population B</b>			<b>Target Population B</b>
R	2.11		At time program is recorded in HMIS - Assigned once and reviewed annually	All Residential Homeless Programs - Contributory and Non-Contributory	
		1 = DV: Domestic Violence victims			Not Applicable - Leave Blank
		2 = VET: Veterans			
		3 = HIV: Person with HIV/AIDS			
		4 = NA: Not Applicable			
		<b>Method for Tracking Residential Program Occupancy</b>			<b>Method for Tracking Residential Program Occupancy</b>
R	2.12		At time program is recorded in HMIS - Assigned once and reviewed annually	All Residential Homeless Programs - Contributory and Non-Contributory	
		0 = Program Entry and Exit Date Comparison			Not Applicable - Leave Blank
		1 = Bed Management Model			
		2 = Service Transaction Model			
		<b>Grantee Identifier</b>			<b>Grantee Identifier</b>
O	2.13		At time program is recorded in HMIS - Assigned once and reviewed annually	HPRP/SSVF Grantee or Subgrantee	SSVF Grantees may use this field to assist with aggregating subgrantee data.

### 3. Section 3: Data Collection Template and Instructions

#### SSVF DATA COLLECTION TEMPLATE INTAKE DATA

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"  
Fill out separate form for each household member and clip together.

Note: Data elements and response categories marked in red are typically not entered into HMIS, but must still be collected for SSVF quarterly reporting purposes.

**DATA COLLECTION DATE** (e.g., 05/24/2010) [All clients]

		/			/					
Month			Day			Year				

**PROGRAM ENTRY DATE** (e.g., 05/24/2010) [All clients]

		/			/					
Month			Day			Year				

**CURRENT NAME** (first, middle, last name, suffix (e.g., Jr, Sr, III)) [All clients]

	N/A	Client does not know	Client refused to provide
First name		<input type="checkbox"/>	<input type="checkbox"/>
Middle name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name		<input type="checkbox"/>	<input type="checkbox"/>
Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SOCIAL SECURITY NUMBER** [All clients]

			-							
--	--	--	---	--	--	--	--	--	--	--

**DATE OF BIRTH** (e.g., 10/23/1978) [All clients]

		/			/					
Month			Day			Year				

**SOCIAL SECURITY NUMBER AND TYPE** [All clients]

- Full SSN reported
- Partial SSN reported
- Client does not know or does not have SSN
- Client refused to provide

**DATE OF BIRTH AND TYPE** [All clients]

- Full date of birth reported
- Approximate or partial date of birth reported
- Client does not know
- Client refused to provide

**RACE** More than one race is permitted. [All clients]

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native / Hawaiian or Other Pacific Islander
- White
- Client does not know
- Client refused to provide

**ETHNICITY** [All clients]

- Non-Hispanic / Non-Latino
- Hispanic / Latino
- Client does not know
- Client refused to provide

**GENDER** *[All clients]*

<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Transgendered male to female	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Transgendered female to male	

**DISABLING CONDITION** *[All clients]*

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide

**VETERAN STATUS** *[All adults]*

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide



**[IF YES] In which military service era did the client serve?**

<input type="checkbox"/> Persian Gulf Era (August 1991 – September 10, 2001)	<input type="checkbox"/> Between WWII and Korean War (August 1947 – May 1950)
<input type="checkbox"/> Post Vietnam (May 1975 – July 1991)	<input type="checkbox"/> World War II (September 1940 – July 1947)
<input type="checkbox"/> Vietnam Era (August 1964 – April 1975)	<input type="checkbox"/> Post September 11, 2001 (September 11, 2001 - Present)
<input type="checkbox"/> Between Korean and Vietnam War (February 1955– July 1964)	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Korean War (June 1950 – January 1955)	<input type="checkbox"/> Client refused to provide



**Duration of Active Duty** *[Veteran]*

<input type="text"/>	Number of months	<input type="checkbox"/> Client does not know
		<input type="checkbox"/> Client refused to provide



**Served In A War Zone** *[Veteran]*

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide



**[IF YES] Name of War Zone** *[Veteran] Use "Other" category for Iraq and note "Iraq" in Description*

<input type="checkbox"/> Europe	<input type="checkbox"/> South Pacific
<input type="checkbox"/> North Africa	<input type="checkbox"/> Persian Gulf
<input type="checkbox"/> Vietnam	<input type="checkbox"/> Afghanistan
<input type="checkbox"/> Laos and Cambodia	<input type="checkbox"/> Other: (Describe) <u>(Iraq)</u>
<input type="checkbox"/> South China Sea	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> China, Burma, India	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Korea	



**[IF YES] Number of Months in War Zone [Veteran]**

<input type="text"/>	Number of months	<input type="checkbox"/> Client does not know
		<input type="checkbox"/> Client refused to provide



**[IF YES] Received Hostile or Friendly Fire [Veteran]**

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide



**Branch of the Military [Veteran]**

<input type="checkbox"/> Army	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Air Force	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Navy	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Marines	



**What type of discharge did you receive?**

<input type="checkbox"/> Honorable	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> General	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Medical	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Client refused to provide

**RESIDENCE PRIOR TO PROGRAM ENTRY [All adults]**

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Foster care home or foster care group home	

**LENGTH OF STAY IN PREVIOUS PLACE** *[All adults]*

- |  |  |
|--|--|
| <input type="checkbox"/> One week or less                            | <input type="checkbox"/> One year or longer        |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> Client does not know      |
| <input type="checkbox"/> One to three months                         | <input type="checkbox"/> Client refused to provide |
| <input type="checkbox"/> More than 3 months, but less than one year  |  |

**ZIP CODE OF LAST PERMANENT HOUSING ADDRESS AND TYPE** *[All adults]*

- Zip code
- |  |
|--|
| <input type="checkbox"/> Full or partial zip code reported |
| <input type="checkbox"/> Client does not know              |
| <input type="checkbox"/> Client refused to provide         |

**HOUSING STATUS** *[All clients]*

- |  |  |
|--|--|
| <input type="checkbox"/> Literally homeless                            | <input type="checkbox"/> Stably housed             |
| <input type="checkbox"/> Imminently losing their housing               | <input type="checkbox"/> Client does not know      |
| <input type="checkbox"/> Unstably housed and at-risk of losing housing | <input type="checkbox"/> Client refused to provide |

**CATEGORY OF PERMANENT HOUSING** *[All adults]*

- |  |
|--|
| <input type="checkbox"/> Category 1: Residing in permanent housing   |
| <input type="checkbox"/> Category 2: Homeless and scheduled to become resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing |
| <input type="checkbox"/> Category 3: Exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences |
| <input type="checkbox"/> Other ( <i>ineligible</i> ): (Describe) _____   |

**FORMERLY CHRONICALLY HOMELESS** *[All adults or Head of Household]*

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Client does not know      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused to provide |

**CURRENTLY CHRONICALLY HOMELESS** *[All adults or Head of Household]*

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Client does not know      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused to provide |

**HOUSEHOLD INCOME AS A PERCENTAGE OF AREA MEDIAN INCOME (AMI)** *[All adults]*

- |   |
|---|
| <input type="checkbox"/> Less than 30% AMI                          |
| <input type="checkbox"/> 30% to 50% AMI                             |
| <input type="checkbox"/> Greater than 50% AMI ( <i>ineligible</i> ) |

**INCOME AND SOURCES** *[All clients]*

Have you received any income from any source over the last 30 days?

- No                       Client does not know  
 Yes                         Client refused to provide



[IF YES] Please state whether you have received income from the following sources within the last 30 days. If you have received income from a source, state the amount of income you received in the last 30 days.

Source of income	Receiving income		Amount from source (round to nearest dollar)			
	from source?					
Earned income (i.e., employment income)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Unemployment Insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Social Security Disability Income (SSDI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Veteran's disability payment	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Private disability insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Worker's compensation	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
General Assistance (GA)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Retirement income from Social Security	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Veteran's pension	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Pension from a former job	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Child support	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Other source	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
<b>Total monthly income</b>	<b>Monthly income from all sources</b>		<b>\$</b>			<b>. 0 0</b>

**NON-CASH BENEFITS** *[All clients]*

Did you receive any non-cash benefits over the last 30 days?

- No  Client does not know  
 Yes  Client refused to provide



[IF YES] Which of the following non-cash benefits have you received over the last 30 days?

Received benefit?		Source of non-cash benefit
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps)
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (SCHIP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance



	Yes	<input type="checkbox"/>	\$				.	0	0
General Assistance (GA)	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Retirement income from Social Security	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Veteran's pension	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Pension from a former job	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Child support	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Alimony or other spousal support	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Other source	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
<b>Total monthly income</b>	<b>Monthly income from all sources</b>		<b>\$</b>				.	0	0

**NON-CASH BENEFITS** *[All clients]*

**Did you receive any non-cash benefits over the last 30 days?**

- No
  Client does not know
- Yes
  Client refused to provide



**[IF YES] Which of the following non-cash benefits have you received over the last 30 days?**

Received benefit?		Source of non-cash benefit
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps)
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (SCHIP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance

**SSVF DATA COLLECTION TEMPLATE: FINANCIAL ASSISTANCE PROVIDED**

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"**

Fill out separate form for each household member and clip together.

Note: Data elements and response categories marked in red are typically not entered into HMIS, but must still be collected for SSVF quarterly reporting purposes.

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) [All clients]													N/A	Client does not know	Client refused to provide
First name														<input type="checkbox"/>	<input type="checkbox"/>
Middle name													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name														<input type="checkbox"/>	<input type="checkbox"/>
Suffix													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SSVF FINANCIAL ASSISTANCE PROVIDED [All clients]**

Record start date and end of financial assistance provided by type of assistance and amount. Collect and enter when financial assistance is provided as a one-time transaction and at least once every three months for programs that provide on-going assistance for consecutive months. Child care, transportation and emergency supplies assistance may not be available for data entry in HMIS, but must be collected for quarterly reporting purposes. Amount of assistance in these categories may be entered in HMIS if the HMIS system includes these options.

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Rental assistance amount	Security deposit amount	Utility payment amount	Utility deposit amount	Moving costs amount	Child care Amount	Transportation amount	Emergency supplies amount
--/--/----	--/--/----	\$	\$	\$	\$	\$	\$	\$	\$
--/--/----	--/--/----	\$	\$	\$	\$	\$	\$	\$	\$
--/--/----	--/--/----	\$	\$	\$	\$	\$	\$	\$	\$
--/--/----	--/--/----	\$	\$	\$	\$	\$	\$	\$	\$
--/--/----	--/--/----	\$	\$	\$	\$	\$	\$	\$	\$
--/--/----	--/--/----	\$	\$	\$	\$	\$	\$	\$	\$



**SSVF DATA COLLECTION TEMPLATE: SUPPORTIVE SERVICES PROVIDED**

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"**  
 Fill out separate form for each household member and clip together.

<b>CURRENT NAME</b> (first, middle, last name, suffix (e.g., Jr, Sr, III)) <i>[All clients]</i>														<b>N/A</b>	<b>Client does not know</b>	<b>Client refused to provide</b>	
First name																<input type="checkbox"/>	<input type="checkbox"/>
Middle name															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name																<input type="checkbox"/>	<input type="checkbox"/>
Suffix															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SSVF SUPPORTIVE SERVICES PROVIDED** *[All clients]*

Check (✓ or X) all services that were provided during each start and end date. Time between start and end dates cannot exceed three months. Enter assistance in obtaining VA benefits or other public benefits under Case Management in HMIS if your HMIS system does not include these response options.

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Case Management			Outreach and engagement
		General case management	Case management assistance in obtaining VA benefits	Case management assistance in obtaining other public benefits	
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**SSVF DATA COLLECTION TEMPLATE  
EXIT DATA**

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"**  
Fill out separate form for each household member and clip together.

PROGRAM EXIT DATE (e.g., 05/24/2010) [All clients]

		/			/					
Month			Day			Year				

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) [All clients]											N/A	Client does not know	Client refused to provide	
First name													<input type="checkbox"/>	<input type="checkbox"/>
Middle name													<input type="checkbox"/>	<input type="checkbox"/>
Last name													<input type="checkbox"/>	<input type="checkbox"/>
Suffix													<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SECURITY NUMBER [All clients]

				-							
--	--	--	--	---	--	--	--	--	--	--	--

HOUSING STATUS [All clients]  
Optional for Emergency Shelters

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Imminently losing their housing	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Unstably housed and at-risk of losing housing	<input type="checkbox"/> Client refused to provide

DESTINATION [All Clients]

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Staying or living with family, temporary tenure	<input type="checkbox"/> Rental by client, no ongoing housing subsidy

<input type="checkbox"/>	(e.g., room, apartment or house)	<input type="checkbox"/>	
<input type="checkbox"/>	Staying or living with friends, temporary tenure (e.g., room apartment or house)	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Staying or living with family, permanent tenure	<input type="checkbox"/>	Client does not know
<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Client refused to provide
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	

**INCOME AND SOURCES** *[All clients]*

**Have you received any income from any source over the last 30 days?**

- No                       Client does not know  
 Yes                         Client refused to provide



**[IF YES] Please state whether you have received income from the following sources within the last 30 days. If you have received income from a source, state the amount of income you received in the last 30 days.**

Source of income	Receiving income from source?		Amount from source (round to nearest dollar)				
	No	Yes	\$				
Earned income (i.e., employment income)	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Unemployment Insurance	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Social Security Disability Income (SSDI)	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Veteran's disability payment	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Private disability insurance	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Worker's compensation	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
General Assistance (GA)	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Retirement income from Social Security	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Veteran's pension	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Pension from a former job	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Child support	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0

	Yes	<input type="checkbox"/>	\$				.	0	0
Alimony or other spousal support	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
Other source	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$				.	0	0
<b>Total monthly income</b>	<b>Monthly income from all sources</b>		<b>\$</b>				.	0	0

**NON-CASH BENEFITS Optional [All clients]**

**Did you receive any non-cash benefits over the last 30 days?**

- No                       Client does not know  
 Yes                         Client refused to provide



**[IF YES] Which of the following non-cash benefits have you received over the last 30 days?**

Received benefit?		Source of non-cash benefit
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps)
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (SCHIP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance

**SSVF SUPPORTIVE SERVICES PROVIDED [All clients]**

Check (✓ or X) all services that were provided during each start and end date. Time between start and end dates cannot exceed three months. Enter assistance in obtaining VA benefits or other public benefits under Case Management in HMIS if your HMIS system does not include these response options.

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Case Management			Outreach and engagement
		General case management	Case management assistance in obtaining VA benefits	Case management assistance in obtaining other public benefits	
__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Supportive Services for Veterans Families (SSVF): HMIS Data Collection Templates Instructions

### Overview

This document provides data collection instructions for Homeless Management Information System (HMIS) data that must be collected from clients receiving assistance through the U.S. Department of Veterans Affairs (VA) Supportive Services for Veterans Families (SSVF). Public Law 110-387 authorized the VA to develop the SSVF program and makes HMIS participation a statutory requirement for SSVF grant recipients and sub-recipients. Grantees providing SSVF assistance and services must report client-level data into the applicable community CoC HMIS system. In addition, reports to the VA on SSVF activity and outcomes must be generated from HMIS.

Data collection instructions below are based on HUD's HMIS Data Standards, revised March 2010, which can be found at [http://www.hudhre.info/documents/FinalHMISDataStandards\\_March2010.pdf](http://www.hudhre.info/documents/FinalHMISDataStandards_March2010.pdf). These instructions have been developed for SSVF grant recipients and sub-recipients, along with five SSVF HMIS templates, which may be used as they are or adapted to meet local needs:

### Supportive Services for Veterans Families Grant HMIS Templates

- Intake Template
- Income Template
- Financial Assistance Provided Template
- Supportive Services Provided Template
- Exit Template

### Required SSVF HMIS Data Elements

The following tables group the HMIS data elements by type (Universal, Program-Specific and VA Custom Data Elements) and summarizes requirements regarding: 1) from whom the data are collected (for client-specific data elements); and 2) when the data are collected.

HUD #	Universal Data Elements	Subjects	Collect at Entry	Collect at Exit	Collect at 90 days
3.1	Name	All Persons in the Household	X		
3.2	Social Security Number	All Persons in the Household	X		
3.3	Date of Birth	All Persons in the Household	X		
3.4	Race	All Persons in the Household	X		
3.5	Ethnicity	All Persons in the Household	X		
3.6	Gender	All Persons in the Household	X		
3.7	Veteran Status	All Adults in Household	X		
3.8	Disabling Condition	All Persons in the Household	X		
3.9	Residence Prior to Program Entry	All Adults in Household	X		
3.9a	Length of Stay in Previous Place	All Adults in Household	X		
3.10	Zip Code of Last Permanent Address	All Adults in Household	X		
3.11	Housing Status	All Persons in the Household	X	X	
3.12	Program Entry Date	All Persons in the Household	X		
3.13	Program Exit Date	All Persons in the Household		X	
3.14	Unique Person Identification Number	All Persons in the Household – System Generated	X		
3.15	Household Identification Number	All Persons in the Household – System Generated	X		

HUD #	Program Specific Data Elements	Subjects	Collect at Least Annually	Collect When Assistance Provided	Collect at Entry	Collect at Exit	Collect at 90 days
4.1	Source and Amount of Income	All Persons in the Household	X		X	X	
4.1a	Income Received in Last 30 Days	All Persons in the Household	X		X	X	
4.2	Non-Cash Benefits	All Persons in the Household	X		X	X	
4.2a	Non-Cash Benefits Received in Last 30 Days	All Persons in the Household	X		X	X	
4.10	Destination	All Persons in the Household				X	
4.13	Financial Assistance Provided <sup>1</sup>	All Persons in the Household		X			X
4.14	Housing Relocation & Stabilization Services Provided <sup>2</sup>	All Persons in the Household				X	X
4.15E	Veteran's Information	All Persons that Answered "Yes" to Veterans Status Data Element			X		

VA Custom Data Elements		Subjects	Collect at Entry	Collect at Exit	Collect at 90 days
<i>The following data elements may not be currently available in your CoC HMIS system. However, grantees are required to collect this information in order to meet quarterly reporting requirements.</i>					
Category of Permanent Housing	All Adults in Household		X		X
Formerly Chronically Homeless	All Heads of Household or All Adults		X		
Currently Chronically Homeless	All Heads of Household or All Adults		X		
Percent of AMI	All Heads of Household or All Adults		X		

<sup>1</sup> Rent Assistance should be tracked in HMIS as "Rent"; Utility Assistance should be tracked in HMIS as either "Utility deposit" or "Utility payment"; Moving Expenses should be tracked in HMIS as "Moving cost assistance"

<sup>2</sup> Outreach Services should be tracked in HMIS as "Outreach and engagement"; Case Management Services should be tracked in HMIS as "Case management"; Assistance in Obtaining VA Benefits and Assistance in Obtaining Other Public Benefits should both be tracked as "case management" in HMIS.

## Data Collection Instructions

The template SSVF HMIS data collection forms may be used in conjunction with existing program intake forms to ensure all HMIS data is collected from SSVF participants. HMIS data forms should be completed by SSVF program staff with responsibility for collecting information from SSVF participants. Completed forms should be given to the person who enters data into HMIS or other comparable data system. Copies of HMIS data forms should be kept in the participant's case file. **Completed HMIS data forms must be kept in a secure location to protect personal information.**

Note: Most data elements include a "Don't Know" or "Refused" response category. These are considered valid responses if the client does not know or the client refuses to respond to the question. The "Don't Know" or "Refused" responses should not be used to indicate that the case manager or data entry person does not know the client's response.

### 1. Data Collection Date

**Rationale:** To determine the date that the data collection occurred.

**Data Source:** Program staff.

**When Data are Collected:** Upon initiating data collection.

**Subjects:** All clients.

**Definitions and Instructions:** Record the month, day, and year of the date the data was collected.

#### Response:

DATA COLLECTION DATE (e.g., 05/24/2010) [All clients]

		/			/				
Month	Day		Year						

### 2. Program Entry Date



**When Data are Collected:** Upon initial program entry or as soon as possible thereafter.

**Subjects:** All clients.

**Definitions and Instructions:** In one field, record the nine-digit Social Security Number. In another field, record the appropriate SSN type (data quality code). If you do not have the entire SSN, make sure to place the numbers you do have in the appropriate location in the box. For example, last four digits of the SSN should be recorded in the last four boxes. Leave the rest of the boxes blank, unless your CoC has a policy for what to record in blank fields.

**Response:**

**SOCIAL SECURITY NUMBER** [All clients]

				-						
--	--	--	--	---	--	--	--	--	--	--

**SOCIAL SECURITY NUMBER AND TYPE** [All clients]

- Full SSN reported
- Partial SSN reported
- Client does not know or does not have SSN
- Client refused to provide

## 5. Date of Birth

**Rationale:** The date of birth can be used to calculate the age of persons served at time of program entry or at any point in receiving services. It will also support the unique identification of each person served.

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** Upon initial program entry or as soon as possible thereafter.

**Subjects:** All clients.

**Definitions and Instructions:** Collect the month, day, and year of birth for every person served. If a client cannot remember the year of birth, ask the person's age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, record an approximate date of "01" for month and "01" for day. In another field, record the appropriate date of birth type (data quality code).

**Response:**

**DATE OF BIRTH** (e.g., 10/23/1978) [All clients]

		/			/					
Month			Day			Year				

**DATE OF BIRTH AND TYPE** [All clients]

- Full date of birth reported
- Approximate or partial date of birth reported
- Client does not know
- Client refused to provide

## 6. Race

**Rationale:** Race is used to count the number of homeless persons who identify themselves within five different racial categories established by the federal Office of Management and Budget (OMB).

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** Upon initial program entry or as soon as possible thereafter.

**Subjects:** All clients.

**Definitions and Instructions:** In separate data fields, collect the self-identified race of each client served. Allow clients to identify multiple racial categories. Staff observations should not be used to collect information on race. Definitions of each of the race categories are as follows:

- 1 = American Indian or Alaska Native *is a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.*
- 2 = Asian *is 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.*
- 3 = Black or African American *is 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."*
- 4 = Native Hawaiian or Other Pacific Islander *is a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.*
- 5 = White *is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

**Response:**

RACE More than one race is permitted. *[All clients]*

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Native / Hawaiian or Other Pacific Islander	

### 7. Ethnicity

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

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** Upon initial program entry or as soon as possible thereafter.

**Subjects:** All clients.

**Definitions and Instructions:** Collect the self-identified Hispanic or Latino ethnicity of each client served. Staff observations should not be used to determine ethnicity. The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.

**Response:**

ETHNICITY *[All clients]*

<input type="checkbox"/> Non-Hispanic / Non-Latino	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Client refused to provide

### 8. Gender

**Rationale:** To create separate counts of homeless males, females, and transgendered clients served.

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** Upon initial program entry or as soon as possible thereafter.

**Subjects:** All clients.

**Definitions and Instructions:** Record the reported gender of each client served. Gender should be assigned based on the client's self-perceived gender identity. Transgender is defined as identification with, or presentation as, a gender that is different from the gender at birth.

**Response:**

GENDER [All clients]

<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Transgendered male to female	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Transgendered female to male	

**9. Disabling Condition**

**Rationale:** Disability condition is needed to help identify clients that meet HUD’s definition of chronically homeless and, depending on the source of program funds, may be required to establish client eligibility to be served by the program.

**Data Source:** Client interview, self-administered form, or assessment. Where disability is required to determine program eligibility, the data source is the evidence required by the funding source.

**When Data are Collected:** At any time *after* the client has been admitted into the program (unless a disabling condition is required for determining the client’s eligibility for the program).

**Subjects:** All clients served.

**Definitions and Instructions:** For this data element, a disabling condition means: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

**Response:**

DISABLING CONDITION [All clients]

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide

**10. Veteran Status**

**Rationale:** To determine the number of homeless veterans.

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** Upon initial program entry or as soon as possible thereafter.

**Subjects:** All adults served.

**Definitions and Instructions:** A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

**Response:**

VETERAN STATUS [All adults]

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide

**11. Additional Veteran Information**

**Rationale:** To collect a more detailed profile of the homeless veteran’s experience and to measure performance outcomes.

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** In the course of client assessment nearest to program entry.

**Subjects:** All persons who answered "Yes" to Veterans Status data element.

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

**Response:**

**[IF YES] In which military service era did the client serve?**

<input type="checkbox"/> Persian Gulf Era (August 1991 – September 10, 2001)	<input type="checkbox"/> Between WWII and Korean War (August 1947 – May 1950)
<input type="checkbox"/> Post Vietnam (May 1975 – July 1991)	<input type="checkbox"/> World War II (September 1940 – July 1947)
<input type="checkbox"/> Vietnam Era (August 1964 – April 1975)	<input type="checkbox"/> Post September 11, 2001 (September 11, 2001 - Present)
<input type="checkbox"/> Between Korean and Vietnam War (February 1955– July 1964)	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Korean War (June 1950 – January 1955)	<input type="checkbox"/> Client refused to provide



**Duration of Active Duty [Veteran]**

<input type="text"/>	Number of months	<input type="checkbox"/> Client does not know
		<input type="checkbox"/> Client refused to provide



**Served In A War Zone [Veteran]**

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide



**[IF YES] Name of War Zone [Veteran]**

<input type="checkbox"/> Europe	<input type="checkbox"/> South Pacific
<input type="checkbox"/> North Africa	<input type="checkbox"/> Persian Gulf
<input type="checkbox"/> Vietnam	<input type="checkbox"/> Afghanistan
<input type="checkbox"/> Laos and Cambodia	<input type="checkbox"/> Other: (Describe) <u>Iraq</u>
<input type="checkbox"/> South China Sea	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> China, Burma, India	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Korea	



**[IF YES] Number of Months in War Zone [Veteran]**

<input type="text"/>	Number of months	<input type="checkbox"/> Client does not know
		<input type="checkbox"/> Client refused to provide



**[IF YES] Received Hostile or Friendly Fire [Veteran]**

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide



**Branch of the Military [Veteran]**

<input type="checkbox"/> Army	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Air Force	<input type="checkbox"/> Client refused to provide

<input type="checkbox"/> Navy	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Marines	

↓

**What type of discharge did you receive?**

<input type="checkbox"/> Honorable	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> General	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Medical	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Client refused to provide

## 12. Residence Prior to Program Entry & Length of Stay in Previous Place

**Rationale:** To identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

**Data Source:** Interview or self-administered form.

**When Data are Collected:** At any time *after* the client has been admitted into the program (unless a residence just prior to program admission is required for determining the client's eligibility for the program).

**Subjects:** All adults served

**Definitions and Instructions:** Record the type of living arrangement of the client the night before their entry into the program. For rental by client and owned by client, select the response that includes the type of housing subsidy, if any, the client received. A housing subsidy may be tenant, project or sponsor-based and provides ongoing assistance to reduce rent burden. This includes either a housing subsidy provided through the Veterans Affairs Supportive Housing (VASH) program or other housing subsidy. Other housing subsidies may include a HUD-funded subsidy (e.g., public housing, Housing Choice Voucher or "Section 8") or other housing subsidy (e.g., state rental assistance voucher).

### Response:

#### RESIDENCE PRIOR TO PROGRAM ENTRY [All adults]

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Other: (Describe) _____
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Foster care home or foster care group home	

#### LENGTH OF STAY IN PREVIOUS PLACE (Last Night) [All adults]

<input type="checkbox"/> One week or less	<input type="checkbox"/> One year or longer
---	---

- |  |  |
|--|--|
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> Client does not know      |
| <input type="checkbox"/> One to three months                         | <input type="checkbox"/> Client refused to provide |
| <input type="checkbox"/> More than 3 months, but less than one year  |  |

*Special Issues:* This standard does not preclude the collection of residential history information beyond the residence experienced the night prior to program admission. This data element must be recorded in a transactional field each time a client enters a program. Communities may decide whether to include additional response values as long as they can be mapped to the categories included here, including the “other” category.

### 13. Zip Code of Last Permanent Address and Type

**Rationale:** To identify the former geographic location of persons experiencing homelessness or current geographic location of persons who are at risk of homelessness.

**Data Source:** Interview or self-administered form.

**When Data are Collected:** Upon any program entry or as soon as possible thereafter.

**Subjects:** All adults served.

**Definitions and Instructions:** In one field, record the five-digit zip code of the apartment, room, or house where the client last lived for 90 days or more. If you do not have the entire ZIP Code, make sure to place the numbers you do have in the appropriate location in the box. Do not use place holders, but leave unknown numbers blank, unless your CoC has a policy for what to record in blank fields. In another field, record the appropriate zip code type (data quality code).

**Response:**

ZIP CODE OF LAST PERMANENT HOUSING ADDRESS AND TYPE *[All adults]*

Zip code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Full or partial zip code reported
		<input type="checkbox"/> Client does not know
		<input type="checkbox"/> Client refused to provide

*Special Issues:* Homelessness prevention programs serving persons who are currently living in housing that they have resided in for 90 days or longer (as of the Program Entry Date) should record the zip code of the apartment, room, or house, where the client is currently living.

### 14. Housing Status

**Rationale:** To identify persons who, at program entry and program exit, are literally homeless; housed, but at imminent risk of losing their housing; housed, but at-risk of losing their housing; or in a stable housing situation. This data element allows programs that serve homeless and non-homeless persons to separate these two populations for reporting purposes.

**Data Source:** Client interview or self-administered form.

**When Data are Collected:** Upon initial program entry or as soon as possible thereafter and at program exit for all programs except emergency shelters. This information may be needed prior to admission to determine program eligibility.

**Subjects:** All clients.

**Definitions and Instructions:** For each client, determine whether the client is: literally homeless; imminently losing their housing; unstably housed and at-risk of losing their housing; or stably housed at program entry and exit. A client must be coded to a single response category. For clients exiting a program, the Housing Status should reflect their housing status immediately after exiting the program as determined by the client’s housing destination and anticipated housing stability.

Persons who are *literally homeless* include people who at program entry or program exit are in one of the following:

- Places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- A supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing for homeless persons);
- A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;
- Fleeing a domestic violence situation.

Persons who are *imminently losing their housing* include people who at program entry or program exit:

- Are currently housed and not literally homeless, per above definition;
- Are imminently losing their housing, whether permanent or temporary;
- Have no subsequent housing options identified; and
- Lack the resources or support networks needed to retain current housing or obtain temporary or permanent housing.

Examples of imminent housing loss include:

- Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations);
- Being discharged from a hospital or other institution;
- Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation.

Persons who are *unstable housed and at-risk of losing their housing* include people who at program entry or program exit:

- Are currently housed and not literally homeless or imminently losing their housing, per above definitions;
  - Are experiencing housing instability, but may have one or more other temporary housing options; and
  - Lack the resources or support networks to retain or obtain permanent housing.
- Housing instability may be evidenced by:
- Frequent moves because of economic reasons;
  - Living in the home of another because of economic hardship;
  - Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations);
  - Living in a hotel or motel not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations;
  - Living in severely overcrowded housing;
  - Being discharged from a hospital or other institution; or
  - Otherwise living in housing that has characteristics associated with instability and an increased risk of homelessness.

Persons who are *stably housed* are in a stable housing situation and not at risk of losing this housing (i.e., do not meet the criteria for any of the other housing response categories, per above definitions).

**Response:**

**HOUSING STATUS** *[All clients]*

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Imminently losing their housing	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Unstably housed and at-risk of losing housing	<input type="checkbox"/> Client refused to provide

*Special Issues:* For programs that serve only persons who are literally homeless, the HMIS software application may default the value of this data element to “1 = literally homeless.”

**15. Program Exit Date**

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

**Data Source:** Program staff.

**When Data are Collected:** Upon any program exit.

**Subjects:** All clients.

**Definitions and Instructions:** Record the month, day and year of last day of service. For SSVF programs, the exit date may represent the day a service was provided or the last date of a period of ongoing service. The exit date should coincide with the date the client is no longer considered a program participant. Programs should have a clear and consistently applied procedure for determining when a client who is receiving supportive services is no longer considered a client. For example, if a person has been receiving weekly counseling as part of an ongoing treatment program and either formally terminates his or her involvement or fails to return for counseling, the last date of service is the date of the last counseling session. If a client uses a service for just one day (i.e., starts and stops before midnight of same day, such as an outreach encounter), the entry and exit date would be the same date.

For SSVF programs the *Program Exit Date* may be the same as the *Program Entry Date* if the participation in the service begins and ends on the same day. For a client receiving short-term or medium-term rental assistance for two or more consecutive months, the *Program Exit Date* should be equivalent to the last day of the last month for which the rental assistance payment applies.

**Response:**

**PROGRAM EXIT DATE** (e.g., 05/24/2010) *[All clients]*

		/			/				
Month			Day			Year			

**16. Income and Sources**

**Rationale:** Income and sources of income are important for determining service needs of people at the time of program entry, determining whether they are accessing all income sources for which they are eligible, and describing the characteristics of the homeless population. Capturing the receipt of cash income from various sources will help to: ensure all income sources are counted in the calculation of total income; enable program staff to take into account the composition of income in determining needs; determine if people are receiving the mainstream program benefits to which they may be entitled; help clients apply for benefits assistance; and allow analysis of changes in the composition of income between entry and exit from the program and annual changes prior to program exit.

**Data Source:** Client interview, self-administered form, and/or case manager records.

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

**Subjects:** All clients served.

**Definition and Instructions:** In separate fields, determine (a) whether the client receives any income from any source listed below in the past 30 days, (b) if the client received any earned income, the amount of income received in the past 30 days (recording the amount of income received is optional for all other income sources, although recording client's total income is still required) and (c) the client's total monthly income (rounded to the nearest U.S. dollar). Allow clients to identify multiple sources of income.

As a general rule, income is assigned to a household member if the income source/amount leaves the household upon the departure of that member. The same income source and income amount should not be assigned to more than one person in the same household. For example, for a household with one adult and three children, if only the adult member of the household reports earned income then that adult's record should have a "Yes" for earned income, and the amount of earned income received over the past 30 days. The children in the household should have a "No" value for earned income. For Temporary Assistance for Needy Families, Child Support, Alimony or other spousal support income, the "Receiving Income from Source" and "Amount from Source" responses should be assigned to the adult member of the household who is issued the income payment. For Supplemental Security Income (SSI) received on behalf of a minor child, income source/amount should be assigned to the minor child. However, if it is not possible to discern which minor child the SSI benefit is intended for, the program may assign the SSI benefit to the child's parent or legal guardian.

**INCOME AND SOURCES** [All clients]

**Have you received any income from any source over the last 30 days?**

- No                       Client does not know  
 Yes                         Client refused to provide

**[IF YES] Please state whether you have received income from the following sources within the last 30 days. If you have received income from a source, state the amount of income you received in the last 30 days.**

Source of income	Receiving income		Amount from source (round to nearest dollar)			
	No	Yes	\$			
Earned income (i.e., employment income)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Unemployment Insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Social Security Disability Income (SSDI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Veteran's disability payment	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Private disability insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Worker's compensation	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
General Assistance (GA)	No	<input type="checkbox"/>				

	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
Retirement income from Social Security	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
Veteran's pension	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
Pension from a former job	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
Child support	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
Alimony or other spousal support	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
Other source	Yes	<input type="checkbox"/>	\$				.	0	0
	No	<input type="checkbox"/>							
<b>Total monthly income</b>	<b>Monthly income from all sources</b>		<b>\$</b>				.	0	0

*Special Issues:* Income should be reported at the client-level. Programs may choose to disaggregate the sources of income into more detailed categories as long as these categories can be aggregated into the above stated sources of income. Programs collecting data through client interviews should ask clients whether they receive income from each of the sources listed under "Required Response Categories" rather than asking them to state the sources of income they receive. The "Don't Know" and "Refused" responses should only be used when clients do not know or refuse to answer whether they have any income. When a client has income, but does not know the amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be left blank.

To reduce data collection and reporting burden, if a client reports receiving no income from any source in the past 30 days, no additional data collection is required. If a client reports receiving income, an HMIS may be designed such that programs only need to directly enter "Yes" for the benefits the clients received. The HMIS software may automatically generate a "No" response for the other income sources. The HMIS may also be designed to automatically generate a "Yes" response where income amounts are recorded. However, since clients often know the source of income, but not the precise amount, users should have the ability to enter "Yes" without recording an exact amount.

### 17. Non-Cash Benefits

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

**Data Source:** Client interview, self-administered form, and/or case manager records.

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

**Subjects:** All clients served.

**Definition and Instructions:** For each source listed below, determine if the client received any non-cash benefits in the past 30 days. Clients may identify multiple sources of non-cash benefits. For households with more than one member, non-cash benefits should be assigned in HMIS to all members of the household for whom the benefit is intended. For example, if an entire family is enrolled in Medicaid, the "Non-cash benefits received from any source in the past 30 days" question would be assigned as "Yes" for all household members and the "Source of non-cash benefit: Medicaid health insurance program" would be assigned as "Yes" for all household members.

**Response:**

**NON-CASH BENEFITS** [All clients]

**Did you receive any non-cash benefits over the last 30 days?**

- No  Client does not know  
 Yes  Client refused to provide



**[IF YES] Which of the following non-cash benefits have you received over the last 30 days?**

Received benefit?		Source of non-cash benefit
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps)
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE health insurance program
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (SCHIP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance

**18. Destination**

**Rationale:** Destination is an important outcome measure needed to complete required reporting requirements.

**Data Source:** Client interview or self-administered form.

**When Data Are Collected:** At program exit.

**Subjects:** All clients served.

**Definition and Instructions:** Determine the response value that best describes where the client will be staying after they leave the program. For clients who will be staying with family or friends, select the response that includes the expected tenure of the destination (permanent or temporary). For rental by client and owned by client, select the response that includes the type of housing subsidy, if any, the client will be receiving. A housing subsidy may be tenant-, project- or sponsor-based and provides ongoing assistance to reduce rent burden. This includes either a housing subsidy provided through the Veterans Affairs Supportive Housing (VASH) program or other housing subsidy. Other housing subsidies may include a HUD-funded subsidy (e.g., public housing, Housing Choice Voucher or "Section 8") or other housing subsidy (e.g., state rental assistance voucher).

**Response:**

**DESTINATION** [All Clients]

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher  Foster care home or foster care group home

<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/>	Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/>	Other: (Describe) _____
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Hospital (non psychiatric)	<input type="checkbox"/>	Rental by client, with other (non-VASH) housing subsidy
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Staying or living with friends, temporary tenure (e.g., room apartment or house,)	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Staying or living with family, permanent tenure	<input type="checkbox"/>	Client does not know
<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Client refused to provide
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher		

### 19. SSVF Financial Assistance Provided

**Rationale:** To determine the type of financial assistance (including rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, child care assistance, transportation costs and emergency supplies) and amount provided during program participation. Child care, transportation and emergency supplies assistance may not be available for data entry in HMIS, but must be collected for quarterly reporting purposes. Amount of assistance in these categories may be entered in HMIS if the HMIS system includes these options.

**Data Source:** Case manager records.

**When Data are Collected:** When SSVF financial assistance is provided as a one-time transaction and at least once every three months for participants receiving medium-term rental assistance.

**Subjects:** All clients served.

**Definition and Instructions:** Record SSVF financial assistance that is provided to a third party for the benefit of program clients. In separate fields record the following financial assistance information: start date for financial assistance, end date of financial assistance, type of financial assistance, and amount of SSVF financial assistance. Financial Assistance Provided data should be collected for each member of the household benefiting from SSVF financial assistance.

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

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

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

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

With the exception of on-going rental assistance for consecutive months clients who receive multiple instances of financial assistance for a single type of financial assistance (e.g., utility payment assistance for two consecutive months) or who are assisted with two or more distinct types of financial assistance (utility deposit, security deposit, etc.) should have a separate *Financial Assistance Provided* transaction recorded for each instance of assistance.

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



**20. SSVF Supportive Services Provided**

**Rationale:** To determine SSVF services provided during program participation.

**Data Source:** Case manager records.

**When Data are Collected:** At least once every three months during program enrollment, if the period between program entry and exit exceeds three months, and at program exit.

**Subjects:** All clients served.

**Definition and Instructions:** Services provided are those that the program provides directly for the benefit of program clients. In separate fields record the following information: start date of services, end date of services, and type of service(s) provided.

**Response:**

**SSVF SUPPORTIVE SERVICES PROVIDED** *[All clients]*

Check (✓ or X) all services that were provided during each start and end date. Time between start and end dates cannot exceed three months. Enter assistance in obtaining VA benefits or other public benefits under Case Management in HMIS if your HMIS system does not include these response options.

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Case Management			Outreach and engagement
		General case management	Case management assistance in obtaining VA benefits	Case management assistance in obtaining other public benefits	
--/~/--	--/~/--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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--/~/--	--/~/--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VA Custom Data Elements

### 21. Category of Permanent Housing

**Rationale:** Data element may not be currently available in your CoC HMIS system. However, grantees are required to collect this information in order to meet quarterly reporting requirements.

**Data Source:** Client interview or self-administered form.

**When Data Are Collected:** At program entry.

**Subjects:** All adults served.

**Definition and Instructions:** Determine the response value that best describes where the client has been staying prior to entering the program.

**Response:**

**HOUSING CATEGORY** *[All adults]*

- Category 1: Residing in permanent housing
- Category 2: Homeless and scheduled to become resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing
- Category 3: Exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences
- Other (*ineligible*): (Describe) \_\_\_\_\_

### 22. Formally Chronically Homeless

**Rationale:** Data element may not be currently available in your CoC HMIS system. However, grantees are required to collect this information in order to meet quarterly reporting requirements.

**Data Source:** Client interview or self-administered form.

**When Data Are Collected:** At program entry.

**Subjects:** All Adults or Head of Household served.

**Definition and Instructions:** Determine whether or not the household had previously experienced chronic homelessness based on the following definition:

**Chronic Homeless Definition:** An unaccompanied homeless adult individual (persons 18 years or older) or a family with at least one adult member (persons 18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

**Response:**

**FORMERLY CHRONICALLY HOMELESS** *[All Adults or Head of Household]*

- No
- Client does not know
- Yes
- Client refused to provide

### 23. Currently Chronically Homeless

**Rationale:** Data element may not be currently available in your CoC HMIS system. However, grantees are required to collect this information in order to meet quarterly reporting requirements.

**Data Source:** Client interview or self-administered form.

**When Data Are Collected:** At program entry.

**Subjects:** All Adults or Head of Household served.

**Definition and Instructions:** Determine whether or not the household is currently chronically homeless based on the following definition:

**Chronic Homeless Definition:** An unaccompanied homeless adult individual (persons 18 years or older) or a family with at least one adult member (persons 18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

**Response:**

**CURRENTLY CHRONICALLY HOMELESS** *[All adults or Head of Household]*

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Client does not know      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused to provide |

#### 24. Household Income as a Percentage of AMI

**Rationale:** Data element may not be currently available in your CoC HMIS system. However, grantees are required to collect this information in order to meet quarterly reporting requirements.

**Data Source:** Client interview or self-administered form.

**When Data Are Collected:** At program entry.

**Subjects:** All adults served.

**Definition and Instructions:** Determine if the household earns less than 30% of the area median income, between 30% and 50% of the area median income or more than 50% of the area median income as published annually by HUD at (<http://www.huduser.org>).

**Response:**

**HOUSEHOLD INCOME AS A PERCENTAGE OF AREA MEDIAN INCOME (AMI)** *[All adults]*

- |   |
|---|
| <input type="checkbox"/> Less than 30% AMI                        |
| <input type="checkbox"/> 30% to 50% AMI                           |
| <input type="checkbox"/> Greater than 50% AMI <i>(ineligible)</i> |