



DATA ENTRY WORKFLOW FOR SSVF PROGRAMS IN SERVICEPOINT v5.7.22

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BACKGROUND

The Veterans Administration Supportive Services for Veterans Families “SSVF” programs began using HMIS to record and report program data starting in 2011. Client level data is reported to the Veterans Administration via an electronic data transfer file in XML format. The data elements required for the SSVF program are similar to those required for HPRP but some important differences in the workflow and required elements, which should be noted:

- The SSVF program will utilize “VA” entry type rather than an HPRP entry type.
- In addition to the Financial Assistance categories used by HPRP (Rental Assistance, Moving Expenses, Utility Assistance, etc) there are three additional categories allowed under SSVF. These Financial Assistance types are expenses for Transportation, Child Care, and Emergency Supplies. These services are not currently HUD data elements, and do not correspond to an existing HPRP Financial Assistance Type. These however can/should be recorded in ServicePoint as standard service transactions so that they can be tracked using the canned Client Served report or a service based ART report.
- There are also data elements collected/required by the VA that do not currently exist in the HMIS Data Standards. It is expected that these will be added to the HMIS Data Standard in 2012 at which point Bowman Systems will add them as stock questions into ServicePoint and incorporate them into SSVF reporting. Until that time, customers may wish to clarify reporting expectations concerning these items with their VA representative or HUD TA. If necessary, the customer could potentially add these items as custom questions into their ServicePoint implementation and report on them using ART.

PROVIDER CONFIGURATION

A separate provider should be created for each SSVF program/grant. SSVF providers should be used exclusively for recording the services and assessment data related to the SSVF funded clients, and should not be recording program stays, services and data related to non-SSVF clients. SSVF Provider and assessment configuration is similar to HPRP. In order to facilitate the SSVF workflow the SSVF provider should be configured as outlined in Appendix C.

IMPORTANT

System Administrators must contact their Customer Support Specialist to have the SSVF features turned on.

SERVICEPOINT® WORKFLOW

Bowman Systems recommends the following workflow for SSVF data entry into ServicePoint. Complete data entry will maximize the reporting capability for both the required reports as well as Ad Hoc reporting using ART.

For additional guidance on your program's requirements for reporting on SSVF, please contact your HUD TA or Field Office or VA Representative.

The workflow is divided into five (5) sections: client arrival, assessment, services, exit, and reporting.

Client Arrival

This step is also referred to as the client's "point of entry" or "intake." In essence, it involves capturing the client's story at the time that they officially entered the program. For financial assistance programs, it may also provide needed information for pre-screening or eligibility determination. The information collected at arrival is generally static and fixed and is referred to in reporting as "Entry Data".

Step One: Enter Data As

- End Users should switch to the appropriate provider for data entry. Click on the "Enter Data As" link on the upper right hand side of the screen. The end user will receive a popup with Providers they have available for data entry. Click on the Green Plus sign next to the provider they will be doing data entry as. (Figure 1-1)

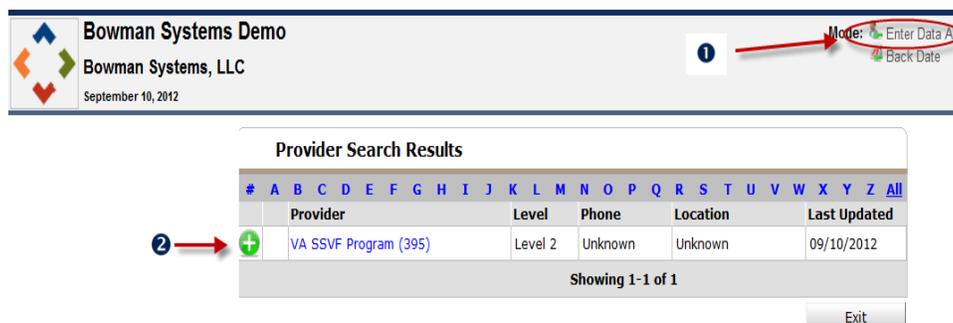


Figure 1-1

- When finished the end user screen will look similar to Figure 1-2.

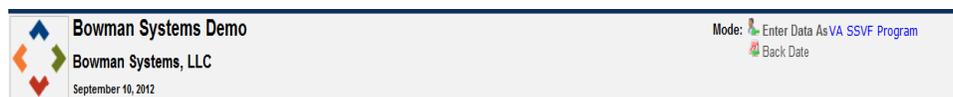


Figure 1-2

Note: *The SSVF provider may be your default provider. Verify this step with your System Administrators*

Step Two: Back Date Mode

- Unless data entry is being done the day that it is collected Back Date Mode will need to be used. Back Date Mode will ensure that data is entered on the correct date and time for reporting purposes. To set a new back date click on the “Back Date” link in the upper right hand corner. A pop up window will appear where the end user will need to enter the date as to when the data was collected and click on the “Set Back Date” button. (Figure 2-1)

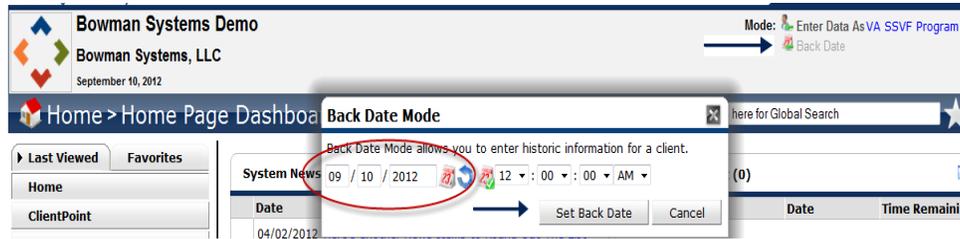


Figure 2-1

Step Three: Create or edit the client’s record

- Enter **ClientPoint** and search the database for possible matches. (Figure 3-1(1))

Figure 3-1

- For maximum search results, make sure to search for name only, and then search by social security number only.
- If the client already has an existing record in ServicePoint, simply click on the client’s name (a blue hyperlink) to access the record. (Figure 3-2 (1)) If the search results yield no adequate matches, add the client as new. (Figure 3-2 (2))

Client Search

i Please Search the System before adding a New Client.

	First	Middle	Last	Suffix
Name	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="text"/>
Alias	<input type="text"/>			
Social Security Number	<input type="text" value="123"/>	- <input type="text" value="45"/>	- <input type="text" value="6789"/>	
Social Security Number Data Quality	<input type="text" value="Full SSN Reported (H)"/>			
Exact Match	<input type="checkbox"/>			

Client Number

Enter or scan a Client ID number to go directly to that Client's profile.

Client ID #

Client Results

	ID	Name ▲	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
	629	Doe, Jane	***-**-7865	01/01/1980		Male		1
	630	Doe, John		01/01/1980		Male		0

Figure 3-2

- Upon completion of this step, the client’s record will appear in the **Client Profile** screen. (Figure 3-3) All of the client’s profile information should be completed at this time. (Figure 3-3(1)) Programs can/will also attach an assessment to the profile screen to collect additional information at intake. This assessment screen will display beneath the client’s profile information and should be completed at this time. (Figure3-3 (2))

Note: System Administrators may not have an assessment assigned on the profile screen. Ask your System Administrator for details.

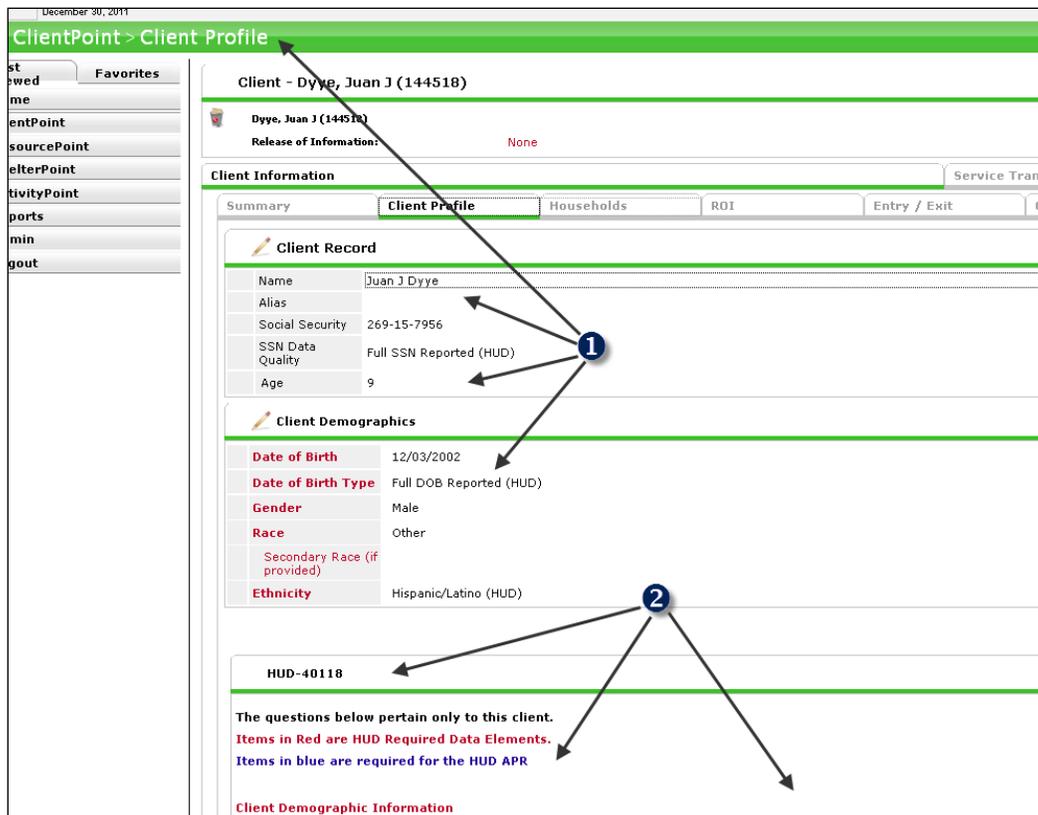


Figure 3-3

Step Four: Create or edit client's household

- Enter **Households** screen. (Figure 4-1)
 - If the client has one or more existing households, these households will be displayed. (Figure 4-1(1)) If the household data is accurate, reflects the client's current household configuration, and includes all of the current household members, then proceed to step 5.
 - If the makeup of the household has changed it should be updated by clicking on the edit pencil adjacent to the household record, (Figure 4-1(2)) triggering a pop-up window and allowing household members to be removed or added as needed.
 - If the client was just added to the database in Step One, they will not have an existing household and one must be created which includes the client's current household members. This can be accomplished in one of two ways:
 - If you know or are able to determine that one (or more) of the client's household members is already in the database, you can locate their household and add the client to it. (Figure 4-1(3))
 - If the client's household members are not already in a household grouping then a new household should be created (Figure 4-1(4)) and as the various members are entered into ServicePoint they should be added to this new household.
 - It is not necessary to create a household for a single individual for SSVF reporting since reports will count a single individual as a one-person household.

- Note:** Information will most likely already exist for a client with an existing record in ServicePoint and will populate the profile and assessment screens with the most recent information, however it is important that the client's household and demographic information be reviewed and updated as needed each time a program entry, program exit, or service is recorded.

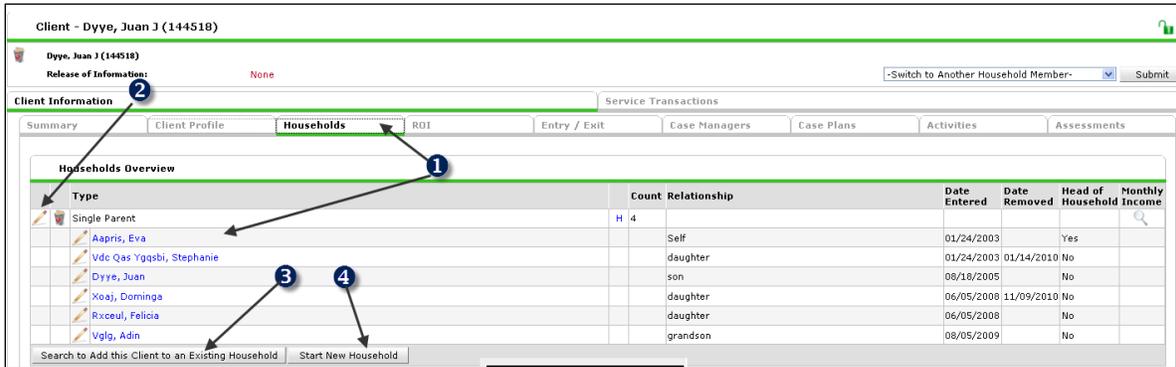


Figure 4-1

- Note:** It is very important that ALL household members be properly included in their household grouping BEFORE creating any ROIs, program entry records or service transactions for any given household/client.

Alternative Step Four: Create or edit client's household using the new Household management available in ServicePoint

- ServicePoint version 5.6 and after offer a completely new method of creating and managing households which can greatly reduce the time and effort connected with the Household portion of a workflow. The creation of households and the clients that they contain are combined into a single coordinated process. This new functionality is activated through Provider Admin / Modular Settings by selecting the ServicePoint Settings Module, scrolling down to the Households tab and checking the box labeled "Prompt Users to Create Households when Creating Clients". (Figure 4A-1(1)). Once this functionality is activated, the user will now be given the option of creating the client and household simultaneously. (Figure 4A-2). Instructions and training videos for using the new household functionality are available in CollaboranGo and through your Customer Service Specialist.

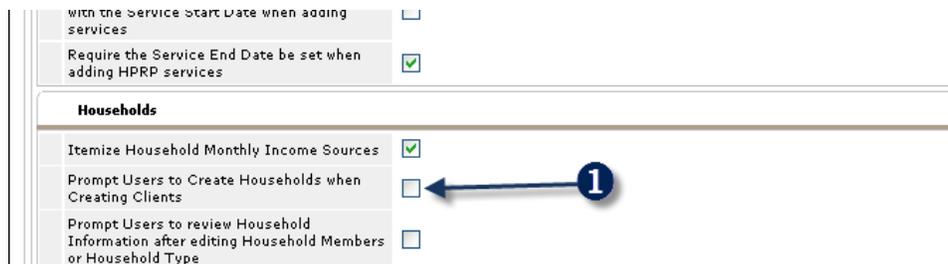


Figure 4A-1

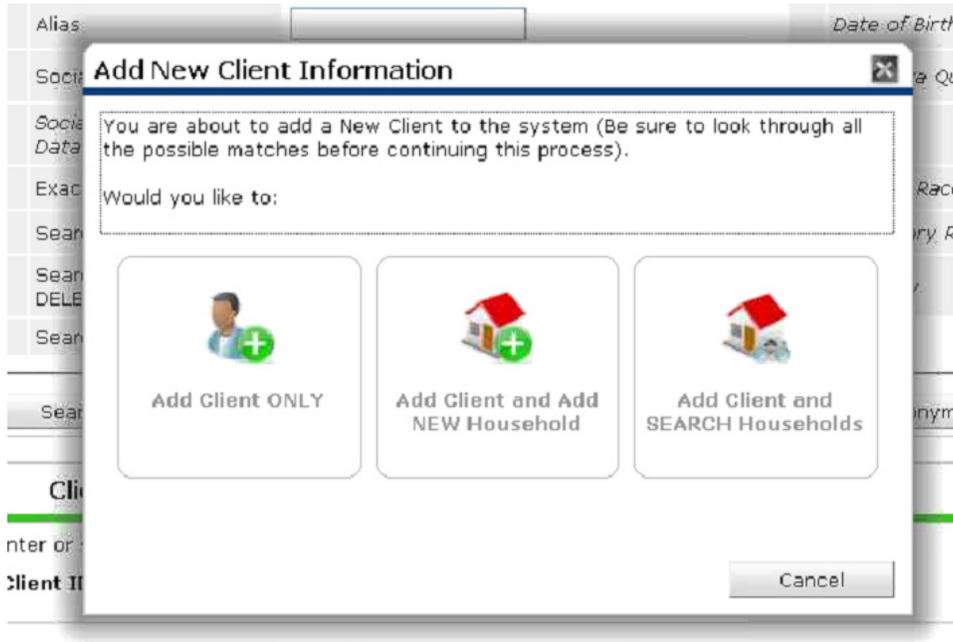


Figure 4A-2

Step Five: Record ROI (some programs may not require)

- Enter **ROI** screen (Figure 5-1(1)) and click on “Add Release of Information” (Figure 5-1(2)). This will activate a popup window (Figure 5-1(3)) allowing an ROI to be recorded and applied to each member of the household that was created in Step 2(Figure 5-1(4)). Be sure to select the proper provider and to complete the ROI end date and other ROI related data in the ROI popup screen. (Figure 5-1(5))

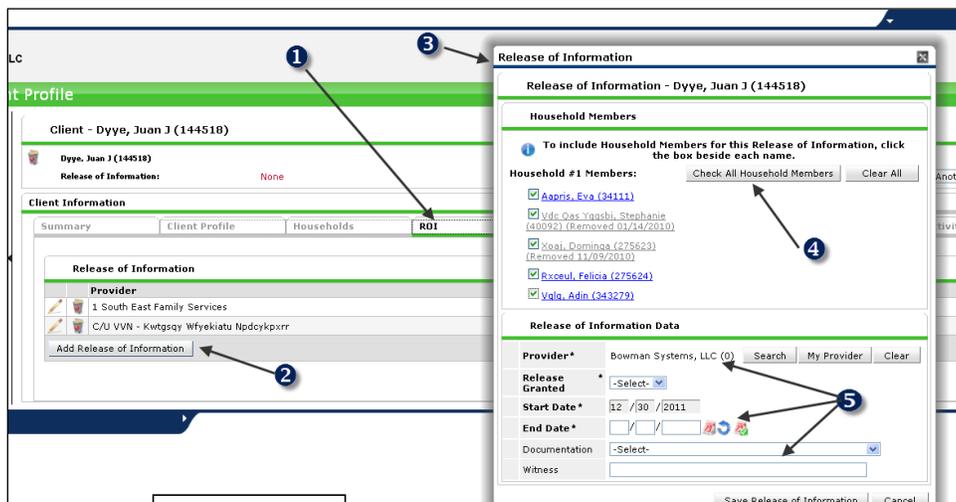


Figure 5-1

Program Entry

Step Six: Record program entry (Single or Households)

- Enter the **Entry / Exit** screen (Figure 6-1(1)) and add a program entry record, (Figure 6-1(2)), again applying it each member of the household (Figure 6-1(3)), and populating the Entry / Exit pop-up screen with the needed information. For SSVF Programs select “VA” as the “Type” of entry, (Figure 6-1(4)) and make sure the proper SSVF provider and entry date is displaying before the entry record is saved. (Figure 6-1(5))

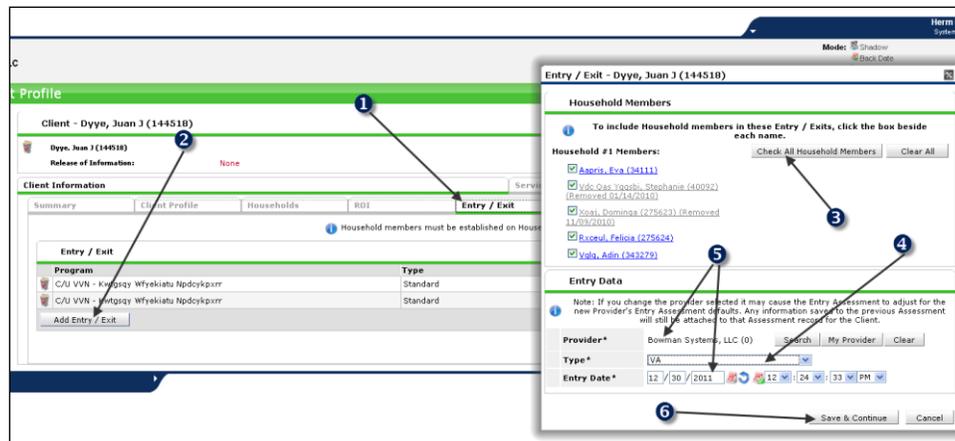


Figure 6-1

- Upon saving the entry record, (Figure 6-1(6)), the entry assessment will appear. (Figure 6-2) This assessment contains the data that SSVF programs are required to record at time of entry and any additional entry information that the program has elected to add to the entry assessment. This information should be entered for every household member. Click on the name of the first Household member on the left and enter the assessment data on the right. When finished with this household member click the save button at the bottom of the page and repeat this process for every household member. Every time client information is saved, the member will have a green check marked entered next to their name indicating their assessment has been answered for this instance of the assessment.

Entry/Exit Data

Note: If you change the provider selected it may cause the Assessments to adjust for the new Provider's Entry/Exit Assessment defaults. Any information saved to the previous Assessment will still be attached to that Assessment record for the Client.

Provider* VA SSVF Program (395)
 Type* VA
 Update

Household Members Associated with this Entry / Exit

Name	Head of Household	Entry Date	Exit Date	Reason for Leaving	Destination	Notes
(630) Doe, John	Yes	09/09/2012				
(629) Doe, Jane	No	09/09/2012				

Include Additional Household Members Showing 1-2 of 2

Entry Assessment

Household Members: (630) Doe, John (Age: 32), (629) Doe, Jane (Age: 32)

HUD-40118 Entry Date: 09/09/2012 12:00:00 AM

Household Information

Is Juvenile Parent?

Homeless Information

Type of Living Situation: -Select- G

Housing Status: -Select- G

Length of Stay: -Select- G

Is Client Homeless?: -Select- G

Is Client Chronically Homeless?: -Select- G

Has McKinney-Vento Homeless Assistance liaison?: -Select- G

If no, Date Last Enrolled in School: / / G

Child Enrollment Difficulties

Enrollment Problem	Start Date*	End Date
Add		

Figure 6-2

- As in the profile assessment, the most recent information previously recorded for clients will pre-populate the assessment form to simplify data entry, however it is very important to check the accuracy of this information and make appropriate edits as necessary.

IMPORTANT

If “Don’t Know” or “Refused” are selected as the Housing Status response, or if this question is left unanswered, **the client will not be reported** in the HPRP APR report, which is being used as the interim reporting tool for SSVF program.

Note: In some cases, System Administrators may have configured a “Household Data Sharing” assessment to be available. This special assessment will usually include required data elements such as prior living situation, zip code of last address, and housing status whose answers are very often common for all members of the Household. Using this special assessment properly can save time and improve data

consistency. If this assessment is being used, respond to the questions for the first member of the household, scroll to the top of the page and then click “Add Household Data” (Figure 6-3) which activated a pop-up window containing the Household Data Sharing Assessment (Figure 6-4).

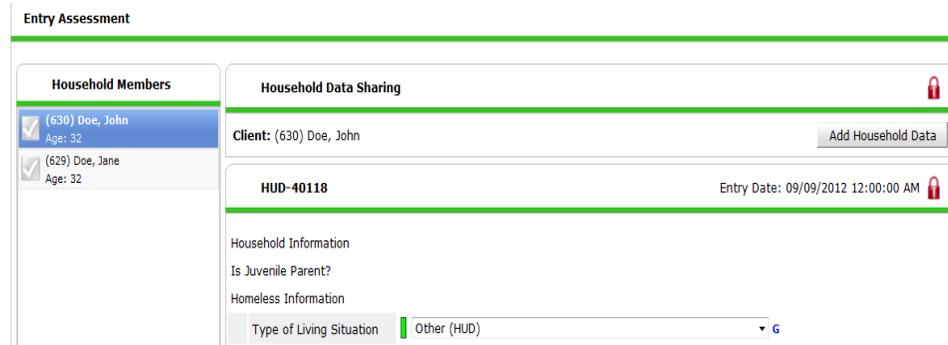


Figure 6-3

- Simply answer the questions in this assessment and use the check boxes at the top of the worksheet to apply them to all or some of the household members (Figure 4-4(1)).
- After completing the entry assessment for the first client in the household, save and exit to the program entry screen.

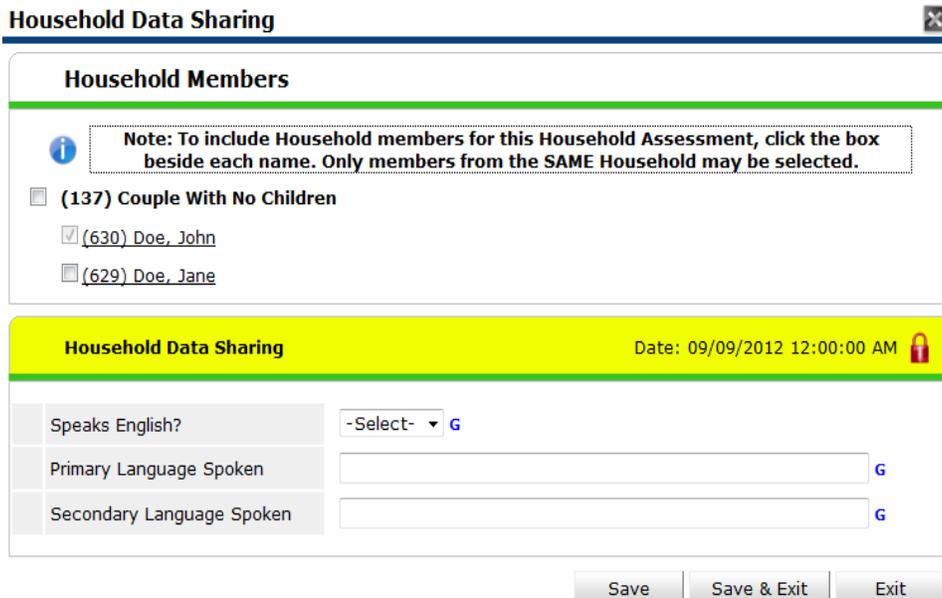


Figure 6-4

Data Entry Instructions:

- It is very important to understand that the data, which is inputted through the entry worksheets/assessments, is being date stamped to coincide with the date of the program entry. If it becomes necessary to add entry data or to edit previously recorded data, always make sure to

access the entry assessment THROUGH THE ENTRY/EXIT tab (and not through the assessment tab) since this will insure that the new data and/or edits are being properly date stamped and attached to the entry record. Backdate all data to the date it was received from the client.

- Always be sure to check existing data for accuracy as of the client's entry into your program. Make any necessary changes to the data to reflect the client's status as of the date of entry into the program remembering to always save any changes.
- Sub-assessments are special sets of questions designed to capture data such as income, which may change frequently. Each record in the subassessment has a start date and an end date, which control the reporting for that piece of information. For example if a client has earned income of \$500 a month at time of program entry. The start date for that entry should be recorded as the date of program entry, (or earlier if the date the income started is known). The end date should be left blank to indicate that it is on going and reportable until which time an end date is recorded.
- When changes to a sub-assessment are necessary, i.e. income or non-cash benefits, click the pencil and add end date values to recordsets that are no longer in effect and add new recordsets with start dates as appropriate. In cases where one value is ending and another is starting, such as when recording an increase in earned income, the end date of the expiring value should be set to the day before the start date of the new value.

Services and Financial Assistance

Service transaction records and additional information can be added at any time after the client has entered the program and before the client has exited the program. When a client begins receiving services such as case management or financial assistance, Service transaction records must be created. Services can be added to the client record one transaction at a time or by using the multiple services function, which allows several to be entered at once. The first methodology explained below is the single transaction methodology:

Step Seven: Entering service transactions for the client/ household

- In the **Service Transactions** tab, select **Add a Service** to access the service transaction screen (Figure 7-1). Include ALL THE MEMBERS of the household when recording ANY SSVF service or financial assistance. Even when the services/assistance was given to a specific household member, the SSVF program assumes that all of the household members benefited directly or indirectly from such assistance. Household members are included by clicking on the box marked **Check All Household Members or** by checking the boxes next to each household member's name individually. (Figure 7-1(1))

IMPORTANT

Include ALL THE MEMBERS of the household when recording ANY SSVF services or financial assistance. Even when the services/assistance was given only to a specific household member, the SSVF program assumes that all of the household members benefited directly or indirectly from such assistance.

- Remember to Enter Data As the proper SSVF program. The Service Provider and Entry Exit provider must be the same. (Figure 7-1-(2))

IMPORTANT

The service transaction display is determined by the HPRP Configuration in ServicePoint Settings under Module Settings for your provider. At the very least, check “Display Financial Assistance Type question when adding services”, “Display Financial Assistance Start and End dates when adding services”, and “Display Housing relocation and stabilization service when adding services”.

- Enter a **Start Date** for the Service (Figure 7-1-(3)) and select the type of service from the drop-down picklist. (Figure 7-1-(4)). The Service Start Date must be after the Entry Date and time. If the Service Start Date is before the client’s entry into the program, the Service will not be counted or reported properly. For ongoing Services that span or apply to more than one calendar day, the Start and End Dates are intended to reflect the dates to which the Service applies. For example, Case management services may span the entire time that the client is enrolled in the programs in which case the Service Start Date be the same as the Entry Date and the Service End Date would be the same as the Exit Date.

IMPORTANT

The Service Start Date must be after the Entry Date and time. If it is before, it will not report properly on the HPRP APR report. The Service Provider needs to be the same as the Entry Exit Provider. If it is not, the service will not report on the HPRP APR report.

- When recording an ongoing service such as case management, the service End Date can be left blank until the service has ended, or until the client is exiting the program. The maximum length of a service transaction is three months, at which time the service must be reviewed and reconfirmed before allowing it to continue. For this reason, an error message will appear if the End Date is greater than 3 months from the Start Date. If a service is approved to be continued beyond the three month limit, the first three month service should be ended and a new service begun.
- Refer to Appendix A for guidance on service Start Dates and service End Dates that are connected with financial assistance. Generally, financial assistance is recorded as a one day service based on the date that the check is issued, while the time period covered by the assistance is reflected in HPRP Financial Assistance Start Date and the HPRP Financial Assistance End Date (described below). For example if a check was issued on January 9th to cover February’s rent, the service Start Date and service End Date would both be recorded as January 9, while the HPRP Financial Assistance Start Date would be February 1 and the HPRP Financial Assistance End Date would be February 28.

- The next section of the Service Transaction worksheet is entitled **Service Costs** (Figure 7-1-(5)) and can be used to capture financial data related to financial assistance type service transactions. Programs using this functionality should refer to Appendix A for guidance in selecting the proper unit type for the particular type of service, which is being entered.
- Below the Service Cost section is a special section used to categorize SSVF /HPRP service and financial assistance transactions. It is imperative that SSVF programs complete this section accurately to insure proper reporting. This section contains the following four questions and complete guidance on completion of these items is contained in Appendix A.: (Figure 7-1-(6))
 - HPRP Housing Relocation and Stabilization Service
 - HPRP Financial Assistance Type
 - HPRP Financial Assistance Start Date
 - HPRP Financial Assistance End Date
- The next section of the Service Transaction worksheet is the follow-up utility. (Figure 7-1-(7)) This functionality allows the user to trigger reminder messages prompting them to perform client specific follow-ups such as the three month service reviews described earlier. When a scheduled follow-up becomes due, the utility triggers a reminder message to appear on the user's home screen. Use of the follow-up module is optional to the SSVF program workflow since it has no impact on SSVF reporting.
- The final section of the Service Transaction worksheet is for recording need status and outcome. (Figure 7-1-(8)) When a service transaction is recorded in ServicePoint, the software automatically records a corresponding client need for that particular service. The status of the need can be set to "Identified", "In Progress" or "Closed" while the need's outcome can be recorded as "Fully Met" "Partially Met", "Service Pending" or "Not Met". As need data is compiled it can be reported to assist in identifying unmet community needs of a program's success at meeting need, The classification of need status and outcome can vary from program so users should consult their Agency Administrator concerning their particular workflow, and for guidance in completing this portion of the Service Transaction worksheet.

Note: *Housing Relocation & Stabilization Services provided are required to be done every 90 days during program enrollment (see page 5 of SSVF Data Collection Guide).*

Add Service

Household Members

Note: To include Household members for this Service, click the box beside each name. Only members from the SAME Household may be selected.

(137) Couple With No Children } 1

(630) Doe, John

(629) Doe, Jane

Service Provider * VA SSVF Program (395) 2

Start Date * 09 / 10 / 2012 6 : 54 : 20 PM 3

End Date / / : :

Service Type * -Select- Look Up 4

Provider Specific Service -Select-

Service Location -Select-

Service Staff -Select-

Service Notes

Service Costs

The following fields will be divided among selected household members:

Funding Sources

Source	Amount Paid By Source
Add Funding Source	
Number of Units	
Unit Type	-Select- 5
Cost per Unit	
Total Cost of Units	

HPRP Housing Relocation & Stabilization Service Provided -Select- } 6

HPRP Financial Assistance Type -Select-

HPRP Financial Assistance Start Date / / : :

HPRP Financial Assistance End Date / / : :

Projected Follow Up Date / / : : } 7

Follow Up User Bowman Systems, LLC (0) -Select-

Follow Up Made -Select-

Completed Follow Up Date / / : :

Need Status * Identified } 8

Outcome of Need -Select-

If Need is Not Met, Reason -Select-

Save & Exit Exit

Figure 7-1

Multiple Services Entry The procedures described above involves the use of the single service entry methodology. ServicePoint also provides a means of entering groupings of services at the same time referred to as Multiple Services Entry. This methodology can be

especially useful and efficient in instances where the program serves a high volume of clients, and/or in programs where clients generally receive the same set of services. It is the preferred method of highly skilled/experienced data entry personnel. It can often reduce the amount of time needed to process a client record. Since the SSVF programs provides a broad range of services that are highly tailored to the individual needs of their clientele, the single service entry method will probably be the preferred workflow for most programs, however programs should be aware of the Multiple Services Entry option and explore its usefulness in improving the efficiency of data entry.

Step Eight: Assessment question updates

- Questions can be updated in a client’s record at any time by entering the assessments screen in ServicePoint (Figure 8-1-(1)). However, information needs to be time stamped appropriately when entered so that it reports properly.
- All updated data must be entered into the appropriate provider by using Enter Data As or by assigning users at the SSVF program provider.

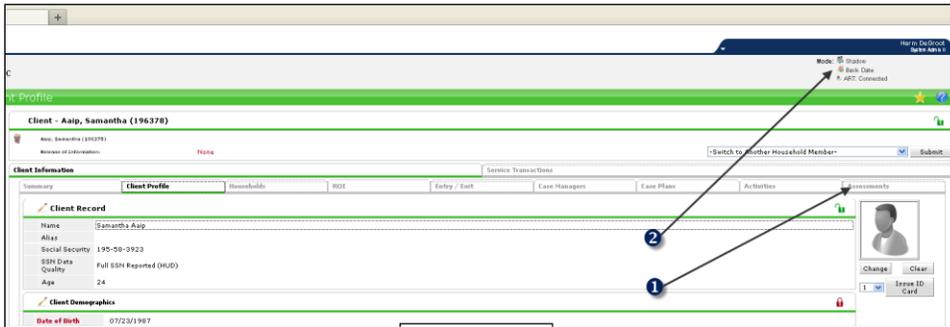


Figure 8-1

- If data is not being entered in real time, then backdate mode (Figure 8-1-(2)) should be used to time stamp the record appropriately.
- Housing Relocation & Stabilization Services provided are required to be done every 90 days during program enrollment (see page 5 of SSVF Data Collection Guide).
- If the intent is to edit the entry or exit values of a particular assessment question, the data needs to be inputted through the entry/exit work sheet (Figure 8-2-(1)-(2)). This method will ensure that the data is properly time stamped with the exact data and time matching the entry or exit.

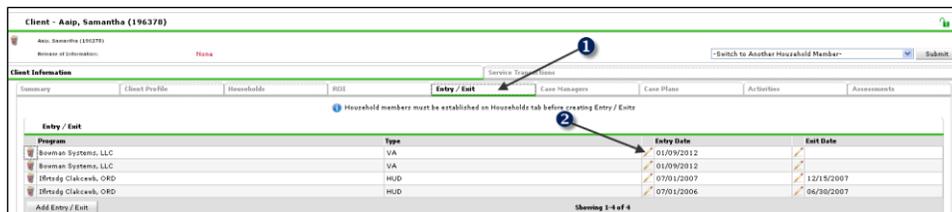


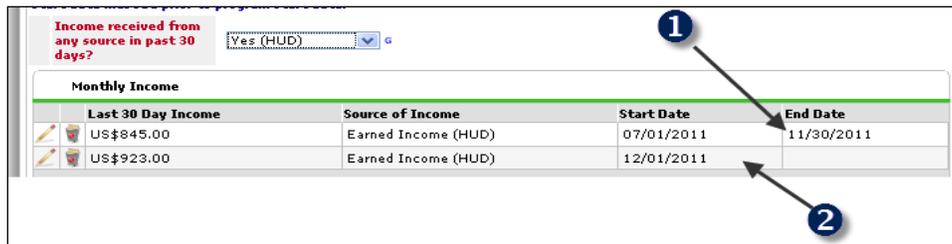
Figure 8-2

IMPORTANT

- If the intent is to edit the entry or exit values of a particular assessment question, the data needs to be inputted through the entry/exit worksheet as opposed to entering it through the assessment worksheet as this method will insure that the data is properly time stamped with the exact data and time matching the entry or exit.

Step Nine: Sub-assessment data updates

- The client disability information, income records, non-cash benefit information, and any other data collected in sub-assessments can also be updated at any time through the assessment worksheet by selecting the assessment in which the subassessment is embedded. Unlike assessment data, subassessment data reporting is not determined by the date stamp of the data, but rather by the start data and end dates of the subassessment recordsets. For this reason changes to sub-assessment records often a two-step process, involving the recording of an end date on the expiring recordset, and recording a new recordset with and appropriate start date. In cases where one value is ending and another is starting, such as when recording an increase in earned income, the end date of the expiring value should always be set to the day before the start date of the new value.



Monthly Income			
Last 30 Day Income	Source of Income	Start Date	End Date
US\$845.00	Earned Income (HUD)	07/01/2011	11/30/2011
US\$923.00	Earned Income (HUD)	12/01/2011	

Figure 9-1

IMPORTANT

When recording changes in income and other subassessment data do not overwrite the existing value since this will nullify the previous value. Instead, end date the old value and add a new recordset to start the new value. The end date of the expiring value should always be set to the day before the start date of the new value

PROGRAM EXIT

Step Ten: Creating the exit record

- Review the client's Service Transactions and record an end date for each un-ended transaction (Figure 10-1).

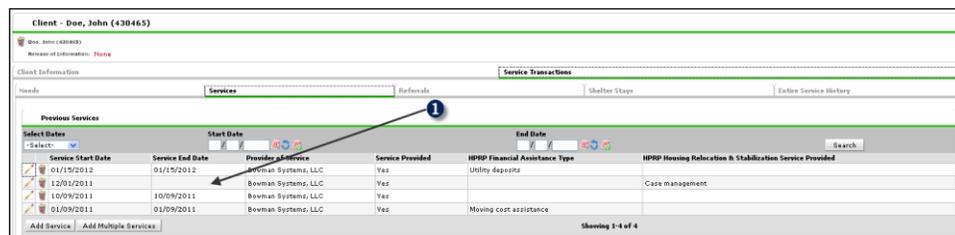


Figure 10-1

- Change the related Need Status to closed and edit the outcome of the related need to reflect whether the clients need was met (Figure 10-2).



Figure 10-2

- Enter the Entry/ Exit worksheet, (Figure 10-3-(1)) click on the exit pencil for the current entry (Figure 10-3-(2)).

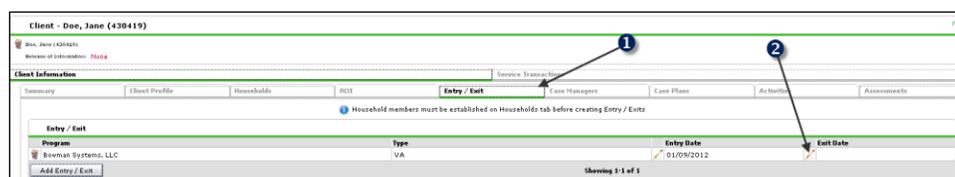


Figure 10-3

- Record the client's exit date, reason for leaving and exit destination (Figure 10-4). Check the other household members who are sharing the exit (Figure 10-4). Normally these three pieces of information will be the same for all of the household members, however if it is not then separated exits should be recorded as needed.

Edit Exit Data - (630) Doe, John

Household Members

Note: To update Household members for this Exit Data, click the box beside each name.

(137) Couple With No Children

(630) Doe, John

(629) Doe, Jane

Edit Exit Data - (630) Doe, John

Exit Date *	09 / 10 / 2012    8 : 39 : 16 PM
Reason for Leaving	-Select-
If "Other", Specify	<input type="text"/>
Destination *	-Select-
If "Other", Specify	<input type="text"/>
Notes	<input type="text"/>
Subsidy	-Select-

Figure 10-4

- Since program entry and exit data are frequently compared when evaluating the effectiveness of a program, it is very important to insure that the exit assessment is complete and accurate. Information about the household members that may have changed during the client's program stay will be included on an exit assessment/worksheet which will be attached to the client's exit record. The most recent assessment values will auto populate the exits assessment, so if it has been kept up to date during their stay, little editing may be needed. Housing Status should always be checked and updated since it will frequently change as the client exits the program. Make sure to end date any sub assessment information that is no longer true and create new sub assessments records as needed to reflect an accurate assessment of the client's situation at time of exit. Review the information for every household member on this worksheet carefully and record any changes as appropriate (Figure 10-5)). Click on the name of the first Household member on the left and enter the assessment data on the right. When finished with this household member click the save button at the bottom of the page and repeat this process for every household member. Every time client information is saved, the member will have a green check marked entered next to their name indicating their assessment has been answered for this instance of the assessment.

Entry/Exit Data

i Note: If you change the provider selected it may cause the Assessments to adjust for the new Provider's Entry/Exit Assessment defaults. Any information saved to the previous Assessment will still be attached to that Assessment record for the Client.

Provider* VA SSVF Program (395)
Type* VA

Household Members Associated with this Entry / Exit

Name	Head of Household	Entry Date	Exit Date	Reason for Leaving	Destination	Notes
(630) Doe, John	Yes	09/09/2012	09/10/2012	Completed program	Deceased (HUD)	
(629) Doe, Jane	No	09/09/2012	09/10/2012	Completed program	Deceased (HUD)	

Showing 1-2 of 2

Entry Assessment
Exit Assessment

Household Members

- (630) Doe, John
Age: 32
- (629) Doe, Jane
Age: 32

HUD-40118 Exit Date: 09/10/2012 08:39:16 PM

Household Information

Is Juvenile Parent?

Homeless Information

Type of Living Situation Other (HUD)

Housing Status Literally Homeless (HUD)

Length of Stay More than one week, but less than one month (HUD)

Is Client Homeless? Yes

Is Client Chronically Homeless? No

Figure 10-5

Monitoring Data Quality

Step Eleven: Data Quality Reports

- Programs should develop a data quality plan for insuring that data is accurate and that data entry errors and omissions are identified and corrected. This plan should include a regular schedule of running and reviewing appropriate data quality reports. Suggested reports can be found in the “Reporting” section below.

WORKFLOW CHECK LIST

- ✓ Enter Data As
- ✓ Back Date
- ✓ Locate/Create Client in the ServicePoint database
- ✓ Create/Update Household Member Information
- ✓ Create Electronic ROI Record(s) for Each Agency & Program Providing Services (where Applicable)
- ✓ Create an VA Entry/Exit ENTRY Worksheet

- ✓ Answer the **Housing Status** question on the ENTRY Worksheet for each client in the household individually, along with any other assessment questions required by your Provider.
- ✓ Record the client/household history of services and financial assistance by creating Service Transaction records using the SSVF Crosswalk Appendix A as a guide.
- ✓ If necessary, regularly update Assessment Information (using backdate mode where applicable) to ensure that all required Universal Data Elements have responses during the client's affiliation with the SSVF program.
- ✓ Housing Relocation & Stabilization Services provided are required to be done every 90 days during program enrollment (see page 5 of SSVF Data Collection Guide).
- ✓ When the client/household is ready to exit the program record End Dates for any service transaction without end dates
- ✓ Record the clients/household exit from the Program recording their Exit Date, Destination and Reason for Leaving.
- ✓ Update client/household Assessment Information on the Exit Worksheet.
- ✓ Save Changes
- ✓ Run HPRP APR and Data Quality Reports Regularly!

REPORTING

Reporting Context

Since SSVF reporting is done on the program level, reports are designed to be run by Agency Administrators **AT THE PROGRAM LEVEL**. Reports may not be accurate when run at higher security levels since this may result in extraneous data being included in the report. It is recommended that a reporting license be attached at the SSVF program level for running the required reports. If the report is run at a higher level, it is very important the EDA reporting functionality be utilized to focus reporting to the program level.

Summary of Requirements

- SSVF reporting requires monthly data uploads from ServicePoint to the VA Data Repository
- Uploads are due on the 5th business day of the month.

Required Report

SSVF Data Transfer Utility

The SSVF data transfer tool is built directly into ServicePoint, and needs to be activated by the Customer Service Specialist. Once activated, the utility will appear as an option in the ServicePoint Report menu. This utility facilitates the direct transfer of client level data from ServicePoint into the VA data depository. This utility uses an XML 5.0 format and replaces the HPRP APR as the monthly reporting mechanism. Complete instructions on using the XML export tool can be found in Appendix E.

Recommended Reports for Monitoring and Data Quality

0623 – HPRP APR

This ART Gallery report has been created to facilitate the extraction of data from HMIS for the completion of the HPRP APR. Since the SSVF reporting requirements are very similar to HPRP, this report is useful for monitoring the SSVF data between submissions.

0624 – HPRP APR Detail

This ART Gallery report is a companion report to the 0625 HPRP APR, and will be very useful in the monitoring much of SSVF client level data and for purposed of data cleaning prior to the monthly reporting cycle.

252 – Data Quality Report Card (EE)

This report is data quality monitoring tool that generates a letter grade based upon program's data completion rate. The report considers the twenty data elements including the HUD Universal and Program Specific Data Elements. Completion rates are calculated and reported based on the percentage of program entry exits where the requirement has been met. The report can be run for multiple programs and is sectioned by provider so that each provider's report card will be displayed on a separate page, allowing batch printing. Prompts allow the user to specify a date range and to select the provider(s) on which to base the report. The report includes a detail section to assist users in finding and fixing data entry omissions.

Client Served Report (canned provider report inside of ServicePoint)

SSVF grantees will find this report particular useful for tracking SSVF services, and especially those such as transportation, child care, and purchased supplies that do not have a corresponding HPRP Financial Assistance Type/ Housing Relocation and Stabilization Service category in the current HMIS Data Standards.

230 – HPRP Data Quality Part 1

This ART report is designed to monitor data quality by locating client data, which is missing, incorrect or inconsistent with other data for the same client. This report focuses on locating errors and incongruities specifically related to HPRP reporting, but because of close similarities, may be useful for monitoring SSVF as well. Eight common data quality issues are identified.

Entry Exit Report (canned provider report inside of ServicePoint)

This real-time canned report will also be very useful in monitoring client level data and identifying data quality issues prior to submitting the required reports.

APPENDIXES

- A) Service Crosswalk**
- B) Data Collection Guide**
- C) Provider Admin Configuration**
- D) VA Specific Data Elements**
- E) XML uploads**

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APPENDIX A Recording SSVF Service Transactions

#	SSVF Service Category	Recommended AIRS Service Code		HPRP Financial Assistance Category	HPRP Housing Relocation and Stabilization Service Category	Unit Type	Number of Units	Cost of Units	Amount of Funding	Funding Source	Service Start Date	Service End Date	HPRP Financial Assistance Start Date	HPRP Financial Assistance End Date								
1	Outreach	PH-8000	Street Outreach Programs	-	Outreach and Engagement	Cost and unit data are generally not recorded				VA												
2	Case Management Services	PH-1000	Case/Care Management	-	Case Management																	
3	Assistance in Obtaining VA Benefits	FT-1000.9000	Veteran Benefit Assistance	-	Case Management																	
4	Assistance in Obtaining and Coordinating Other Public Benefits	TJ-3000	Information and Referral	-	Case Management																	
5	Other Supportive Services	FT	Legal Services	-	Legal Services																	
		BH-3900.3100	Housing Search Assistance		Housing Search and Placement																	
		DM-1500.1500	Credit Counseling		Credit Repair																	
		others as appropriate			Currently the HMIS data standards do not include an HPRP HRSS category for "other" VA Services.																	
6	Eligible Temporary Financial Assistance / Rental Assistance	BH-3800.7000	Rent Payment Assistance	Rental Assistance	-										Months Arrearage	Number of months covered by the payment.						
Months Subsidy																						
7	Eligible Temporary Financial Assistance / Utility Fee Payment Assistance	BV-8900	Utility Assistance	Utility Payments	-										Months Arrearage							
Months Subsidy																						
8	Eligible Temporary Financial Assistance / Deposits	BH-3800.7250	Rental Deposit Assistance	Security Deposits	-	As Appropriate	As Appropriate	Amount of financial assistance divided by the number of units provided	Amount of financial assistance provided	Record as a one day service starting and ending on the date on which the payment was made or the check was dated. Each payment should be recorded as a separate service.												
BV-8900.9150		Utility Deposit Assistance	Utility Deposits	-																		
9	Eligible Temporary Financial Assistance / Moving Cost	BH-5000.5100	Moving Expense Assistance	Moving Cost Assistance	-																	
10	Eligible Temporary Financial Assistance / Purchase of Emergency Supplies for a Participant	BM	Material Goods	Currently the HMIS data standards do not include corresponding HPRP Financial Assistance Types for these VA Services.	-																	
11	Eligible Temporary Financial Assistance / Transportation Assistance	BT	Transportation		-																	
12	Eligible Temporary Financial Assistance / Child Care Assistance	PH-1250	Child Care Providers		-																	

APPENDIX B

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.

The Guide includes the following sections:

Section 1: Data Collection Elements at a Glance

Required SSVF Data Collection Elements Table
VA SSVF Data Elements and Response Categories

Section 2: Program Set-Up

Program Descriptor Data Dictionary Tool

Section 3: Data Collection Templates and Instructions

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

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 ¹	All Persons in the Household		X			X
4.14	Housing Relocation & Stabilization Services Provided ²	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		

¹ 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"

² 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
UNIVERSAL DATA ELEMENTS			
3.1	Name		
	First, Middle, Last, Suffix	At Entry	All Household Members
3.2	Social Security Number	At Entry	All Household Members
	## # - ## - ###		
	Social Security Number Type		
	1 = Full SSN reported.		
	2 = Partial SSN reported.		
	8 = Don't know or don't have SSN.		
	9 = Refused.		
3.3	Date of Birth	At Entry	All Household Members
	mm/dd/yyyy		
	Date of Birth Type		
	1 = Full DOB reported.		
	2 = Partial or Approximate DOB reported.		
	8 = Don't know.		
	9 = Refused.		
3.4	Race	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	Ethnicity	At Entry	All Household Members
	0 = Non-Hispanic/Non-Latino.		
	1 = Hispanic/Latino.		
	8 = Don't Know		
	9 = Refused		
3.6	Gender	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	Veteran Status	At Entry	All Adults
	0 = No.		
	1 = Yes.		
	8 = Don't Know.		
	9 = Refused.		
3.8	Disabling Condition	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	Residence Prior to Program Entry	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	Length of Stay in Previous Place		
	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	Zip Code of Last Permanent Residence	At Entry	All Adults
	# # # #		
	ZIP Code Data Quality		
	1 = Full or Partial Zip Code Recorded.		
	8 = Don't Know.		
	9 = Refused.		
3.11	Housing Status	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	Program Entry Date	At Entry	All Household members
	mm/dd/yyyy		
3.13	Program Exit Date	At Exit	All Household Members
	mm/dd/yyyy		
3.14	Personal Identification Number	System Generated	All Household Members
3.15	Household Identification Number	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
Program Specific Data Elements			
4.1	Source and Amount of Income	At Entry; At Exit; Every 90 Days if Period of Enrollment is Greater than 12 Months.	All Household Members
	Income Received in the Last 30 Days?		
	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		
	Total Monthly Income		
4.2	Non Cash Benefits	At Entry; At Exit; Every 90 Days if Period of Enrollment is Greater than 12 Months.	All Household Members
	Non-cash benefit received from any source in past 30 days?		
	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	Destination	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	Financial Assistance Provided	When assistance is provided as a one-time transaction 0r Every 90 Days During Program Enrollment	All Household Members
	Start Date of Financial Assistance __/__/____ (Month) (Day) (Year)		
	End Date of Financial Assistance __/__/____ (Month) (Day) (Year)		
	Financial Assistance Type	SSVF Data Element	
	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	
	Financial Assistance Amount \$ ____00		

VA SSVF Data Collection Elements and Response Categories

HUD ID	HUD - 2010 Data Element Standards	When Collected	Collected on Whom
	If yes, number of months in war zone		
	# months		
	If yes, received hostile or friendly fire		
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	Branch of the Military		
	1 = Army		
	2 = Air Force		
	3 = Navy		
	4 = Marines		
	5 = Other		
	8 = Don't know		
	9 = Refused		
	Discharge Status		
	1 = Honorable		
	2 = General		
	3 = Medical		
	4 = Bad conduct		
	5 = Dishonorable		
	6 = Other		
	8 = Don't know		
	9 = Refused		

VA Custom Data Elements			
	Category of Permanent Housing	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)		
	Formerly Chronically Homeless	At Entry	All Heads of Households or Adults
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	Currently Chronically Homeless	At Entry	All Heads of Households or Adults
	0 = No		
	1 = Yes		
	8 = Don't know		
	9 = Refused		
	Percent of AMI	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	Direct Service Code	At time program is recorded in HMIS - Assigned once	All CoC Programs - Contributory and Non-Contributory. See HMIS Data Standards for definitions.	Direct Service Code
		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	Site Information	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.	Site Information
R	2.6A	Program Site Configuration Type			Record the appropriate site configuration type according to the following descriptions:
		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	Site Address			Site Address
		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	Geocode			Geocode http://www.hudhre.info/documents/FY2011_PPRNAmts.pdf

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	Site Type 1 = Non-residential: services only			Site Type 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	Housing Type 1 = Mass shelter/barracks 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			Housing Type Code as 7 = Not applicable: non-residential program.
		Continuum of Care 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.	Continuum of Care Number - http://www.hudhre.info/documents/FY2011_ListingCoCs.pdf .
R	2.7	HUD-assigned CoC Number			Enter HUD assigned CoC Number.
		Program Type Code	At time program is recorded in HMIS - Assigned once and reviewed annually.		Program Type Code
R	2.8	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)			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	Bed and Unit Inventory Information	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	Bed and Unit Inventory Information
	2.9A	Housing Type			Housing Type
		1 = Households without children			Not Applicable - Leave Blank
		2 = Households with children			Not Applicable - Leave Blank
	2.9B	Bed Type			Bed Type
		1 = Facility-based			Not Applicable - Leave Blank
		2 = Voucher			Not Applicable - Leave Blank
		3 = Other			Not Applicable - Leave Blank
	2.9C	Availability			Availability
		1 = Year-round			Not Applicable - Leave Blank
		2 = Seasonal			Not Applicable - Leave Blank
		3 = Overflow			Not Applicable - Leave Blank
	2.9D	Bed Inventory			Bed Inventory
		Integer			Not Applicable - Leave Blank
	2.9E	CH Bed Inventory (PSH only)			CH Bed Inventory (PSH only)
		Integer			Not Applicable - Leave Blank
	2.9F	Unit Inventory			Unit Inventory
		Integer			Not Applicable - Leave Blank
	2.9G	Inventory Start Date			Inventory Start Date
		mm/dd/yyyy			Not Applicable - Leave Blank
	2.9H	Inventory End Date			Inventory End Date
		mm/dd/yyyy			Not Applicable - Leave Blank
	2.9I	HMIS Participating Beds			HMIS Participating Beds
		Integer			Not Applicable - Leave Blank
	2.9J	HMIS Participation Start Date			HMIS Participation Start Date
		mm/dd/yyyy			Not Applicable - Leave Blank
	2.9K	HMIS Participation End Date			HMIS Participation End Date
		mm/dd/yyyy			Not Applicable - Leave Blank
O	2.10	Target Population A (Optional)	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.	Target Population A (Optional)
		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			
		Target Population B			Target Population 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			
		Method for Tracking Residential Program Occupancy			Method for Tracking Residential Program Occupancy
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			
		Grantee Identifier			Grantee Identifier
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
Total monthly income	Monthly income from all sources		\$. 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

	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
Total monthly income	Monthly income from all sources		\$.	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.

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) <i>[All clients]</i>														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 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	\$. 0 0
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
Total monthly income	Monthly income from all sources		\$.	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. 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 ¹	All Persons in the Household		X			X
4.14	Housing Relocation & Stabilization Services Provided ²	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		

¹ 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"

² 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

Rationale: To determine the start of a client’s period of program involvement with the ESG Program. This data element is needed for reporting purposes for all programs and to measure lengths of stay for residential programs.

Data Source: Program staff.

When Data are Collected: Upon any program entry (whether or not it is an initial program entry).

Subjects: All clients.

Definitions and Instructions: Record the month, day, and year of first day of service or program entry. For non-residential service programs, the entry date may represent the day a service was provided or the first date of a period of ongoing service. The entry date should coincide with the date the client is considered a program participant. Programs should have a clear and consistently applied procedure for determining when a client who is receiving supportive services is considered a client. For example, if a person will be receiving weekly counseling as part of an ongoing treatment program the first date of service is the date of the first 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.

Response:

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

		/			/					
Month			Day			Year				

3. Name

Rationale: The first, middle, last names, and suffix should be collected to support the unique identification of each person served.

Data Source: Client interview or self-administered form.

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

Subjects: All clients.

Definitions and Instructions: Four fields should be created in the HMIS database to capture the client’s full first, middle, and last names and any suffixes (e.g., John David Doe, Jr.). Programs should seek to obtain legal names only and avoid aliases or nicknames.

Response:

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"/>

4. Social Security Number

Rationale: The collection of a client’s Social Security Number (SSN) and other personal identifying information is required and key to producing an accurate, unduplicated local count of homeless persons accessing services covered by HMIS.

Data Source: 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 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="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"/>							
Total monthly income	Monthly income from all sources		\$.	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.

Response:

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.

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
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
--/~/--	--/~/--	\$	\$	\$	\$	\$	\$	\$	\$
Total SSVF amount		\$	\$	\$	\$	\$		\$	\$

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"/>
--/--/----	--/--/----	<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"/>

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> |

Appendix C

Provider Configuration and Assessment Administration

- Required provider settings
 - Check “HUD/ HMIS Provider” in the provider configuration
 - Check “Uses ServicePoint” in the provider configuration
 - Set “Program Type Code” to “Rapid Re-Housing (HUD)” in HUD Standards Information on the Profile > Standards Information tab
 - Activate the SSVF provider checkbox in the provider configuration
- **IMPORTANT: Contact Customer Support to activate the SSVF xml upload utility**
- Required User settings
 - Provide Users with Access to ClientPoint
- Services Configuration
 - Service Quicklist should contain the service codes as shown below:

Service Quick List	
Service Code	Description
 BH-1800.8500-300	Homeless Motel Vouchers
 BH-3800.7000	Rent Payment Assistance
 BH-3800.7250	Rental Deposit Assistance
 BH-3900.3100	Housing Search Assistance
 BH-5000.5100	Moving Expense Assistance
 BM	Material Goods
 BT	Transportation
 BV-8900	Utility Assistance
 BV-8900.9150	Utility Deposit Assistance
 DM-1500.1500	Credit Counseling
 FT	Legal Services
 FT-1000.9000	Veteran Benefits Assistance
 PH-1000	Case/Care Management
 PH-1250	Child Care Providers
 TJ-3000	Information and Referral
 TJ-6500.6300	Outreach Programs

- Service History Display Recommendation:

Service History Display	
Name	
Service Start Date	
Service End Date	
Provider of Service	
Cost of Service	
HPRP Housing Relocation & Stabilization Service Provided	
HPRP Financial Assistance Type	
Funding Sources	

- Picklist Administration Recommendation:

- Unit type picklist should be configured to include unit types appropriate to the services/assistance being given.

EXAMPLES:

- Month(s) Arrearage ... for past due rental assistance
- Month(s) Subsidy ... for current/future rental assistance
- Bus tickets ... for transportation assistance
- Monthly bus passes ... for transportation assistance
- Hours ... for day care assistance
- Boxes of food ... emergency supply assistance

- Assessment Design

- It is recommended that programs design SSFV specific assessments for program entry and for program exit based on the data collection requirements of the program as outline in the SSVF program guide:

Exhibit M: Required SSVF HMIS Data Elements

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 and Unaccompanied Youth	X		
3.9a	Length of Stay in Previous Place	All Adults in Household and Unaccompanied Youth	X		
3.10	Zip Code of Last Permanent Address	All Adults in Household and Unaccompanied Youth	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		
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 ¹	All Persons in the Household	X		X
4.14	Housing Relocation & Stabilization Services Provided ²	All Persons in the Household		X	X

- Although not required, programs should consider adding additional questions related to the client’s military history and or program eligibility criteria. Questions of local interest can also be added as desired.
- Once created, the assessments should be configured to “show on VA entry” and to “show on VA exit”. This is done in Provider administration under the assessment tab. If a household sharing assessment is being used to help facilitate data entry for household members, it should be also be configured to “show on entry” and to “show on exit”.

Household Data Sharing Assessment Administration						
Name	Visible	Show on Profile	Show Household Edit	Show on Entry	Show on Exit	Show on ShelterPoint Check In
Household Data Sharing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

APPENDIX D

VA Custom Data Elements		
Category of Permanent Housing	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)		
Formerly Chronically Homeless	At Entry	All Heads of Households or Adults
0 = No		
1 = Yes		
8 = Don't know		
9 = Refused		
Currently Chronically Homeless	At Entry	All Heads of Households or Adults
0 = No		
1 = Yes		
8 = Don't know		
9 = Refused		
Percent of AMI	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		

APPENDIX E

Using the SSVF XML Data Export Utility

This data transfer utility has been designed according to specifications provided by the Veterans Administration for the purpose of uploading SSVF data to the VA data repository. The SSVF data which is automatically extracted from ServicePoint includes service record information, program identifying information, client profile information and client assessment data. Instruction for use is as follows.

1. Contact your Customer Service Specialist and request that the utility be activated on your site. Once activated, a button for accessing the utility will appear in the Provider Report section of the Report Dashboard in ServicePoint.
2. Make sure that all data entry has been completed for the month being reported.
3. Use the various data quality reports and ServicePoint's ad hoc reporting capabilities to monitor data quality and identify data entry errors and omissions.
4. Correct errors and omissions by editing the client records in ServicePoint.
5. Select the SSVF report from the Provider Report section of the Report Dashboard.
6. Run the report responding to the prompts as appropriate. Note that the start date for the report should always be specified as 9/15/2011.
7. When the report finishes running a zipped xml file will appear in the tray at the bottom of the screen and a message will be delivered to the email address in your ServicePoint User configuration. The message will specify the number of clients, services, and entry exits contained in the upload file. If the validation check finds errors, the message may also include one or more error messages,
8. If errors are indicated, further data cleaning may be required prior to submission.
9. Once errors have been corrected and the upload file has been validated, then return to the SSVF report screen, click on the zipped transfer file located in the tray at the bottom of the screen, download it, and save it to your computer.
10. Now go to the Veterans Administration Data Repository web site log in screen:
<https://www.hmisrepository.va.gov/login.php>
11. Log in using the User name and Password supplied by your Agency Administrator of Sys Admin.
12. (NOTE: First time users will need to "register a new account" by clicking the link on the login page and following the screen instructions.)
13. Click "Upload XML" link to activate the upload utility.
14. Select the proper program from the "Affiliated Program" picklist. (This is assigned when you register as a first-time user)
15. Enter the date on which you downloaded the data from ServicePoint into "Date of Export:"
16. Click "Browse and navigate to the zip file you saved in step 9.
17. Click on the "Upload File" button to initiate the upload.

18. Wait for the upload to be completed. This may take several minutes depending upon the size of the XML. Once the upload is complete this screen will appear:



The screenshot displays the 'My Account' page on the Department of Veterans Affairs website. The page features a dark blue header with the VA logo and navigation links. Below the header, the 'My Account' section is visible, with a sub-section titled 'File Validation'. This section is divided into three steps: 'Step 1. File Upload', 'Step 2. DB Insert', and 'Step 3. Validation'. Step 1 shows the file 'ssvftest.zip' with a size of 334,570,312.5 Kb. Step 2 indicates that the file has been successfully uploaded to the database with file ID 2064. Step 3 states that the user will receive an email with the results of the upload after the Repository administrator has processed the file. The page also includes a search bar, a main menu, and a footer with contact information and a review date of September 1, 2010.

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

Search All VA Web Pages
Search
Open Advanced Search

Home Veteran Services Business About VA Media Room Locations Contact Us

My Account
[XML Upload](#) | [Main Menu](#)

File Validation

Step 1. File Upload

File name: ssvftest.zip
File type: XML
File size: 334,570,312.5 Kb
File temp: /tmp/phpiGYUbd
Stored in: /tmp/hmis/upload/502d37fdc93d/ssvftest.zip

Step 2. DB Insert

ssvftest.zip with file id 2064 has been uploaded to the database

Step 3. Validation

You will receive an email with the results of the upload after the Repository administrator has processed the file.

[XML Upload](#) | [Main Menu](#)

[VA Home](#) | [Privacy Policy](#) | [FOIA](#) | [Web Policies](#) | [No FEAR Act Data](#) | [Site Index](#) | [USA.gov](#) | [White House](#) | [National Resource Directory](#) | [Inspector General](#)
U.S. Department of Veterans Affairs - 810 Vermont Avenue, NW - Washington, DC 20420
Reviewed/Updated Date: September 1, 2010

19. Now the XML file will be processed by the repository administrator, you will receive an email that indicates the status of the validation and gives further instructions.
20. If file is not validated it may be necessary to correct the errors which are indicated and resubmit the upload for validation.