

**Information Pertaining to Required Documentation
by the City of Irving for Reimbursement
from the City's Community Chest Fund**

- 1. List and Explanation of Basic Data Elements Required to be Collected for the City of Irving for Reimbursement.**
- 2. Sample Intake & Exit Forms Provided by the City of Irving**

Additional Required Information Includes but may not be limited to:

- Intake documentation for each Program beneficiary via spreadsheet from approved registration form**
- Where applicable, log of each room, the name(s) of the resident(s) assigned to the room, length of stay of the resident(s) via spreadsheet**
- Invoices and/or receipts for authorized financial assistance, including the name of the Program beneficiary and the type of financial assistance provided, as authorized in the Program Description above.**
- Canceled checks or other documentation that reflect payment for authorized financial assistance**

For more information, please refer to City Contract Overview on the ICAN Website

List and Explanation of Basic Data Elements to be Collected for the City of Irving

Data elements below are the basic data to be collected for each person served by the Program. Agency can add questions or manipulate forms in the way that best fit the workflow of the agency, particularly if servicing multi-person households.

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Project Start Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Client Location
- Housing Move-in Date
- Living Situation

Below are data element definitions to assist in data collection.

1. Client Name (First, Middle, Last)

Full Name Reported	Records should use a client's full, legal name whenever possible.
Partial, Street name, or code name reported	<p>Select 'Partial, street name, or code name reported' in any of the following circumstances: 1) a partial, short, or nickname was used instead of the full first name; 2) a street name or code name was used for street outreach clients at initial intake and until the client was able to supply their full legal name; 3) a name modification was used for security reasons; or 4) for any other reason the name does not match the clients full name as it would appear on identification.</p> <p>Street Outreach and Coordinated projects may record a project entry with limited information about the client and improve on the accuracy and completeness of client data over time by editing data as they engage the client. The initial data collection may be as basic as the project entry date and a “made-up” (e.g., “Redhat Tenthstreetbridge”) response in the name field that would be identifiable for retrieval by the worker in the system. Over time, the data must be edited for accuracy (e.g. replacing “Redhat” with “Robert”) as the worker learns that detail.</p>
Client Doesn't Know	Select 'Client doesn't know' when client does not know their name. Use 'Client doesn't know' rather than 'Partial, street name or code name reported' if a false name/made up name was entered in order to create a record in the system solely because the client did not know or was unable to provide their name.

Client Refused	Select 'Client refused' when client refuses to provide their name. Use 'Client refused' rather than 'Partial, street name, or code name reported' if a false name/made up name was entered in order to create a record in the system solely because the client refused to tell staff their name.
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2. Social Security Number

Full SNN Reported	
Approximate or Partial SSN Reported	Any SSN other than a complete and valid 9 digit SSN, regardless of the reason, is provided.
Client Doesn't Know	Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'
Client Refused	

3. Date of Birth

Full DOB Reported	
Approximate or Partial DOB Reported	<p>The client cannot provide their full or exact date of birth but is able to provide their age within one year.</p> <p>If the client cannot remember their birth year, it may be estimated by asking the person's age and calculating 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.</p>
Client Doesn't Know	<p>Use 'Client doesn't know' rather than 'Approximate or partial DOB reported' if the client did not know their date of birth within one year.</p> <p>If a client is not able to estimate their age within one year of their actual age, select "Client doesn't know." If the client is able to provide their birth year, but refuses to provide their birth day and month, record an approximate date as indicated above and indicate that the response is "Approximate or partial DOB reported."</p>
Client Refused	<p>Select "Client refused" when a client refuses to provide their birth year.</p> <p>"Client doesn't know," "Client refused," and "Data not collected" are explanations for missing DOB data. None of these three options are valid in conjunction with a valid or approximated date entered in 'Date of Birth.'</p>

4. Race

- a. Record the self-identified race(s) of each client served. Help the client select the race or races that they most identify with. Allow clients to identify as many racial categories as apply (up to five).

American Indian or Alaskan Native	A person having origins to any of the indigenous peoples of North and South America, including Central America.
Asian or Asian American	A person having origins of Asian descent, including but not limited to Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.
Black, African American, or African	A person having origins to any of the Black racial groups of Africa, including Afro-Caribbean.
Native Hawaiian or Pacific Islander	A person having origins in any of the indigenous peoples of Hawaii,

	Guam, Samoa, or another Pacific Island.
White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
Client Doesn't Know	
Client Refused	

5. Ethnicity

- a. Record the self-identified ethnicity of each client served.

Non-Hispanic	A person NOT of Central American, Latin American, or South American origin, separate from race.
Hispanic/Latino	A person of Central American, Latin American, or South American origin, separate from race.

6. Gender

- a. Record the self-reported gender of each client served. Gender identity is a person's internal perception of themselves and may not match the sex they were assigned at birth. This data element is asking about gender identity and not sex assigned at birth.
- b. If a client does not understand what a particular gender response may mean, the definitions below can be provided. The availability of these options is not intended to indicate that transgender individuals are expected to disclose their status; each response is provided as an option in case an option (or more than one option) are better suited to a client's preferred terminology, needs, or situation. Clients may select as many responses to the Gender field as they would like to, with up to a total of five options possible for a client's preferred terminology, need or situation. However, a response of 'Client doesn't know' should not be used interchangeably with the response option 'Questioning.' 'Questioning' is about exploring one's gender identity. 'Client doesn't know' should only be selected when a client does not know their gender from the options available, including 'Questioning.' Additionally, 'Client doesn't know,' 'Client refused,' and 'Data not collected' are not valid in conjunction with any other response.
- c. If a client discloses being transgender, staff should ask if the client prefers to have the record reflect the client's transgender status. For instance, if a client identifies as a transgender male but they do not want their transgender identity recorded, the staff person would select 'Male' instead of both 'Male' and 'Transgender.'

Female	
Male	
A gender that is not singularly 'Female' or 'Male'	Clients who live or identify as a gender other than female, a gender other than male, a gender outside the binary, no gender, more than one gender, or a gender that changes over time.
Transgender	Client who live or identify with a transgender history, experience or identity.
Questioning	Clients who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time. Note that 'Client doesn't know' is different than 'Questioning.' 'Questioning' is about exploring one's gender identity. 'Client doesn't know' should only be selected when a client doesn't know their gender from the options available, including 'Questioning.'
Client Doesn't	

Know	
Client Refused	

7. Veteran Status

No	Veteran Status should be "No" for anyone who has not been on active duty. This includes individuals who attended training but were discharged before reporting to a duty station, and Reservists or National Guard who were never activated or deployed.
Yes	<ol style="list-style-type: none"> 1) Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. <ol style="list-style-type: none"> a) Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training. b) Reserves and National Guard: active duty is any time spent activated or deployed, either in the United States or abroad, OR 2) Anyone who was disabled in the line of duty during a period of active-duty training, OR 3) Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

8. Disabling Condition

No	
Yes	<p><i>A disabling condition is one or more of the following:</i></p> <ol style="list-style-type: none"> a) <i>A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:</i> <ol style="list-style-type: none"> 1. <i>Is expected to be long-continuing or of indefinite duration;</i> 2. <i>Substantially impedes the individual's ability to live independently; and</i> 3. <i>Could be improved by the provision of more suitable housing conditions.</i> b) <i>A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or</i> c) <i>The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).</i> d) <i>Additionally, if the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.</i> e) <i>In addition, a client indicating the following sources of Income (data element 4.02) can be considered to have a disabling condition: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), VA Service-Connected Disability Compensation or VA Non-Service-Connected Disability Pension.</i>
Client Doesn't Know	
Client Refused	

9. Project Start Date

- a. Record the month, day, and year of each client's project start. The project start date indicates a client is now being assisted by the project.

- b. For each client's enrollment in a project, there must only be one Project Start Date. Different project types use Project Start Date differently, to address the difference in meaning associated with “starting” residential, service, and permanent housing projects. See descriptions below for more information.
- c. Each individual client in a household will have their own project start date. If a new client is added to a household after the original household members' start dates, the new client's start date should reflect the actual day that client started the project. If this client is a newborn baby, the project start date would reflect the date the project started providing housing or services to the newborn, consistent with the responses for project types identified below, which may be any date on or after the baby's date of birth.

Street Outreach	Date of first contact with the client.
Emergency Shelter	Night the client first stayed in the shelter. Night by night shelters will have a project start date and will allow clients to re-enter as necessary without “exiting” and “restarting” for each stay for a specified period.
Safe Haven & Transitional Housing	Date the client moves into the residential project (i.e. first night in residence).
Permanent Housing, including Rapid Re-Housing	Date the client was admitted into the project. <ul style="list-style-type: none"> i) To be admitted indicates the following factors have been met: <ol style="list-style-type: none"> 1. Information provided by the client or from the referral indicates they meet the criteria for admission; 2. The client has indicated they want to be housed in this project; 3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, or scattered-site subsidy) or expects to have one in a reasonably short amount of time.
Other Service Project (including but not limited to: <u>Services Only</u> , <u>Day Shelter</u> , <u>Homelessness Prevention</u> , <u>Coordinated Entry</u>):	Date the client first began working with the project and generally received the first provision of service.

10. Project Exit Date

- a. Different project types use Project Exit Date differently, to address the difference in meaning associated with “ending” residential and service projects.
- b. Each individual client in a household will have their own Project Exit Date. If one member of a household leaves the project before the rest of the household, the leaver's exit date should reflect the actual day that client left the project.

Residential Projects	This date represents the last day of a continuous stay in the project before the client transfers to another residential project or otherwise stops residing in the project. For
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	example, if a person checked into an overnight shelter on January 30, 2019, stayed overnight and left in the morning, the exit date for that shelter stay would be January 31, 2019.
Rapid Re-Housing Projects	To be exited after the last RRH service is provided. If eligible RRH case management services are provided past the final date of receiving rental assistance, for example, the client must not be exited until those services cease.
Non-Residential Projects	Exit date must represent the last day a contact was made or a service was provided. The exit date should coincide with the date the client is no longer considered a participant in the project. Projects must have a clear and consistently applied procedure for determining when a client who is receiving supportive services is no longer considered to be participating in the project. For example, if a person has been receiving weekly counseling as part of an ongoing treatment project and either formally terminates their involvement or fails to return for counseling, the last date of service is the date of the last counseling session.
Street outreach services project	Clients may be exited when the outreach worker has been unable to locate the client for an extended period of time and there are no recorded contacts.

In addition, the client may be exited upon entering another project type, finding housing, engaging with another outreach project, or passing away. In those cases, the client would be exited as of the date of the last contact recorded.

If a client uses a service for just one day (i.e., starts and stops before midnight of same day), then the Project Exit Date may be the same as the Project Start Date.

11. Destination

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

Living Situation List	
Homeless Situations	
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	Safe Haven
	Place not meant for habitation
Other	
Client doesn't know	Data not collected
Client refused	Deceased
No exit interview completed	Other
Institutional Situations	
Foster care home or foster care group home	Long-term care facility or nursing home
Hospital or other residential non-psychiatric medical facility	Psychiatric hospital or other psychiatric facility
Jail, prison, or juvenile detention facility	Substance use disorder treatment facility or detox center
Transitional and Permanent Housing Situations	
Hotel or motel paid for without emergency shelter voucher	Residential project or halfway house with no homeless criteria
Owned by client, no ongoing housing subsidy	Staying or living with family, permanent tenure
Owned by client, with ongoing housing subsidy	Staying or living with friend, temporary tenure (e.g. room, apartment, or house)
Staying or living with friends, permanent tenure	Staying or living with family, temporary tenure (e.g. room, apartment, or house)
Moved from one HOPWA funded project to HOPWA PH	Moved from one HOPWA funded project to HOPWA TH
Permanent housing (other than RRH) for formerly homeless persons	Transitional housing for homeless persons (including homeless youth)
Rental by client, no ongoing housing subsidy	Host home (non-crisis)
Rental by client, with GPD TIP housing subsidy	Rental by client, with RRH or equivalent subsidy
Rental by client, with VASH housing subsidy	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
Rental by client, with other ongoing housing subsidy	Rental by client in a public housing unit

12. Relationship to Head of Household

- a. Identify one member of a household to whom all other household members can be associated. A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit, or, for persons who are not housed, who would live together in one dwelling unit if they were housed.

Self	
Head of Household's Child	
Head of Household's Spouse or Partner	
Head of Household's other relation Member (other relation to head of household)	

Other: Non-Relation Member	Groups of people may self-define their households or families, which may include other non-relations. However, If the group of persons are all children and youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as their own record in their own household.
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13. Prior Living Situation

- a. To identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households. This data element is to be used with other information to identify whether a client appears to meet the criteria for chronic homelessness at various points of enrollment (i.e. at the point of project entry, at a point during a project enrollment, or at any point over the course of a specified reporting period).
- b. Intake staff should ask clients about their homeless history, including specific instances the client spent on the street, in an emergency shelter, or in a Safe Haven project. This may require defining or explaining each field to the client.
- c. Different project types have different realities they are working in when it comes to interviewing clients. Some high volume shelters may simply ask people to quickly “ballpark” their responses to the required fields. Other project types are able to have more complex intake processes that allow staff to sit with the client and get a clearer picture of the client's housing history and their official “breaks” in homelessness, according to the definition of chronic homelessness.
- d. The responses are intended to reflect from the client's last living situation *immediately* prior to the *Project Start Date*. For projects that do not provide lodging, the 'prior' living situation may be the same as the client's current living situation.
 1. Select the 'Type of Residence' from the Living Situation Option List that *most closely matches* where the client was living prior to project start. Adult members of the same household may have different prior living situations.
 2. Record the length of time the client was residing in their previous place of stay.
 - a. If the client is entering Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Entry from an institutional setting:
 - i. Indicate if the client was in the institution for less than 90 days and if so, indicate if the client's living situation immediately prior to entering the institution was on the streets, in an emergency shelter or a safe haven.
 - ii. If 'Yes' to both, proceed to step 3. If 'No' to either, stop collecting data for this element.
 - b. If the client is entering Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Entry from any type of temporary, permanent, or other situation:
 - i. Indicate if the client was in the temporary, permanent, or other situation for less than 7 nights and if so, indicate if their living situation immediately prior to entering the temporary, permanent, or other situation was on the streets, in an emergency shelter or a safe haven.
 - i. If 'Yes' to both, proceed to step 3. If 'No' to either, stop.
 - c. If the client is entering Emergency Shelter, Safe Haven, or Street Outreach, proceed to step 3.
 3. Record the actual or approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places).

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

Living Situation Option List		
Homeless Situations		
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	Safe Haven	
	Place not meant for habitation	
Other		
Client doesn't know	Data not collected	Client Refused
Deceased	No Exit Inter Completed	Other
Institutional Situations		
Foster care home or foster care group home	Long-term care facility or nursing home	
Hospital or other residential non-psychiatric medical facility	Psychiatric hospital or other psychiatric facility	
Jail, prison, or juvenile detention facility	Substance use disorder treatment facility or detox center	
Transitional and Permanent Housing Situations		
Hotel or motel paid for without emergency shelter voucher	Residential project or halfway house with no homeless criteria	
Owned by client, no ongoing housing subsidy	Staying or living with family, permanent tenure	
Owned by client, with ongoing housing subsidy	Staying or living with friend, temporary tenure (e.g. room, apartment, or house)	
Staying or living with friends, permanent tenure	Staying or living with family, temporary tenure (e.g. room, apartment, or house)	
Moved from one HOPWA funded project to HOPWA PH	Moved from one HOPWA funded project to HOPWA TH	
Permanent housing (other than RRH) for formerly homeless persons	Transitional housing for homeless persons (including homeless youth)	
Rental by client, no ongoing housing subsidy	Host home (non-crisis)	
Rental by client, with GPD TIP housing subsidy	Rental by client, with RRH or equivalent subsidy	
Rental by client, with VASH housing subsidy	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)	
Rental by client, with other ongoing housing subsidy	Rental by client in a public housing unit	

For Street Outreach, Emergency Shelter, Safe Haven

1. Where was the client just before project start?

2. How long ago did the client start staying in that place?

3. How long has the client been in a "literal homeless" situation?

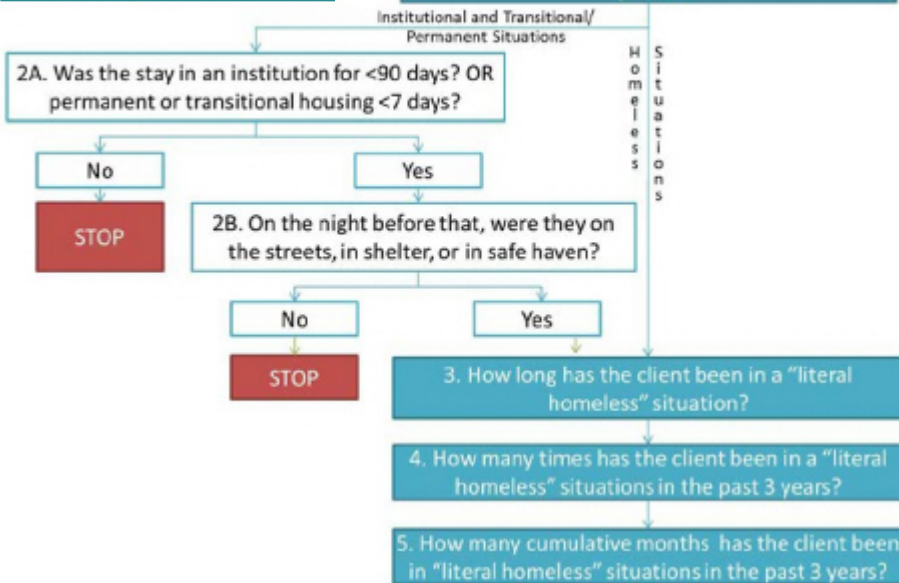
4. How many times has the client been in "literal homeless" situations in the past 3 years?

5. How many cumulative months has the client been in "literal homeless" situations in the past 3 years?

For All Other Project Types

1. Where was the client just before project start?

2. How long ago did the client start staying in that place?



Sample Intake & Exit Forms Provided by the City of Irving

This form is a sample intake and exit form that can be used by all project types and includes all required data elements. This sample form is a resource and use of this specific form is not required; however, data elements listed are required to be collected (i.e., agencies can use current forms and add missing data elements as needed). Agencies can add questions or manipulate these sample forms in a way that best fits the workflow of the agency, particularly if servicing multi-person households.

Data Collection for Project ENTRY

Section I: Client Information

NAME - [ALL CLIENTS] - [ALL PROJECTS]

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

CLIENT ID - (If known; for new clients this is system-generated)

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NAME DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

<input type="checkbox"/>	Full name reported	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/>	Client Refused

SOCIAL SECURITY NUMBER - [ALL CLIENTS] - [ALL PROJECTS]

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SOCIAL SECURITY NUMBER DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

For clients without a SSN, enter 'client doesn't know'.

<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial SSN reported	<input type="checkbox"/>	Client refused

VETERAN STATUS - [ALL CLIENTS] - [ALL PROJECTS]

Veteran Status is only collected on adults who are 18 years of age or older. When a minor turns 18 this field must be completed. Projects may also default to 'No' for minors, if they wish. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- For the **Army, Navy, Air Force, Marine Corps, and Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
- For the **Reserves and National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
- Or Anyone who was disabled in the line of duty during a period of active-duty training.

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

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

Section II: Basic Data Elements

PROJECT START DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

The 'Project Start Date' will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

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RELATIONSHIP TO HEAD OF HOUSEHOLD- [ALL CLIENTS] - [ALL PROJECTS]

In a household of a single individual, that person must be identified as the head of household. In multi-person households, only one person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

<input type="checkbox"/>	Self (head of household)	<input type="checkbox"/>	Head of household's other relation member (other relation to head of household)
<input type="checkbox"/>	Head of household's child	<input type="checkbox"/>	Other: non-relation member
<input type="checkbox"/>	Head of household's spouse or partner	<input type="checkbox"/>	Data not collected

DATE OF BIRTH (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

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, communities may record an approximate date of "01" for month and "01" for day.

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DATE OF BIRTH TYPE- [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Full date of birth reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial date of birth reported	<input type="checkbox"/>	Client refused

PRIMARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS is defined as: a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- ASIAN or ASIAN AMERICAN is defined as: 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, the Philippine Islands, Thailand, and Vietnam.
- BLACK, AFRICAN AMERICAN, OR AFRICAN is defined as: a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or PACIFIC ISLANDER is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
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<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

SECONDARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

The secondary race is the next closest racial grouping that the client identifies with. If the client does not identify with more than one racial group then leave this question blank.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

ETHNICITY - [ALL CLIENTS] - [ALL PROJECTS]

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.

<input type="checkbox"/>	Non-Hispanic / Non-Latin(a)(o)(x)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic / Latin(a)(o)(x)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

GENDER - [ALL CLIENTS] - [ALL PROJECTS]

Which of these genders best describes how the client identifies? Please select ALL that apply. Clients can select as many options as they would like.

<input type="checkbox"/>	Female	<input type="checkbox"/>	Questioning
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	A gender that is not singularly "female" or "male"	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Data not collected

DISABLING CONDITION - [ALL CLIENTS] - [ALL PROJECTS]

A disabling condition is any of the following disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health disorder, or substance use disorder) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug use disorder, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

RESIDENCE PRIOR TO PROJECT ENTRY - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

What type of place was the client residing in prior to the project start?

Homeless Situations		Other	
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Data not collected
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home

<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance use disorder treatment facility or detox center
Transitional (TH) and Permanent Housing Situations (PSH)			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Owned 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, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, with no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with Rapid Re-Housing (RRH) or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit

LENGTH OF STAY IN PRIOR LIVING SITUATION - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	One year or longer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

PRIOR RESIDENCE SUB-SECTION - START

EMERGENCY SHELTERS, STREET OUTREACH, AND SAFE HAVEN PROJECTS – SKIP THIS SECTION

Question 1: Was your client's previous residence a Homeless Situation?	
<input type="checkbox"/>	No – (Go to "Question 2")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")
Question 2: Was your client's previous residence an Institutional Situation?	
<input type="checkbox"/>	No – (Go to "Question 3")
<input type="checkbox"/>	Yes – (Continue with "Question 2b")
Question 2b: Did the client stay less than 90 days?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to "Question 2c")
Question 2c: On the night before did the client stay on the streets, Emergency Shelter (ES) or Safe Haven (SH)?	

<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue to question “Date the Client Started Being Homeless This Time”)

Question 3: Was your client’s previous residence a Transitional (TH) or Permanent Housing Situation (PSH)?

<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue with “Question 3b”)

Question 3b: Did the client stay less than 7 days?

<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue with “Question 3c”)

Question 3c: On the night before did the client stay on the streets, ES or SH?

<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue to question “Date the Client Started Being Homeless This Time”)

PRIOR RESIDENCE SUB-SECTION - END

DATE THE CLIENT STARTED BEING HOMELESS THIS TIME (Month / Day / Year)

At project entry, what is the start date for the client's current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e. jail, mental health treatment facility, etc).

		/			/				
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NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

Count all the different periods of homelessness (i.e. times the client was on the streets, in an emergency shelter, or in a safe haven) in the last 3 years where there are full breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

<input type="checkbox"/>	One time (this time)	<input type="checkbox"/>	Four or more times
<input type="checkbox"/>	Two times	<input type="checkbox"/>	Client doesn’t know
<input type="checkbox"/>	Three times	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

Count the number of months in which a person was "homeless" (i.e., on the streets, in an ES, or SH) in the last 3

years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

- IF any day of a given month is spent “homeless”, count the full month (e.g., if client sleeps on the street for 1/31 and 2/01, count 2 months).

<input type="checkbox"/>	One month or less (this is the first time)	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	11	<input type="checkbox"/>	12
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

Data Collection for Project EXIT

Section I: Exit Information

NAME

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

PROJECT EXIT DATE (Month / Day / Year)

		/			/				
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DESTINATION - [ALL CLIENTS] - [ALL PROJECTS]

Which of the following most closely matches where the client will be staying right after leaving this project?

Homeless Situations			
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Safe Haven
		<input type="checkbox"/>	Place not meant for habitation
Other			
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	No exit interview completed	<input type="checkbox"/>	Other
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance use disorder treatment facility or detox center
Transitional and Permanent Housing Situations			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living with family, permanent tenure
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living with friend, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit