

HPRP HMIS Data Collection Template Instructions

Overview

This document provides data collection instructions for data required to be collected for programs receiving funding through the U.S. Department of Housing & Urban Development's (HUD) Homelessness Prevention and Rapid Re-Housing Program (HPRP). Data collection instructions are based on HUD's Homeless Management Information System (HMIS) Data Standards, which can be found at www.HUDHRE.info. These instructions have been developed for HPRP grantees and subgrantees, along with the following five template HPRP HMIS data collection forms:

- Intake Form
- Income Form
- HPRP Financial Assistance Provided
- HPRP Housing Relocation & Stabilization Services Provided
- Exit Form

The template HPRP HMIS data collection forms contain all data elements required for HPRP-funded programs to collect from HPRP participants. Grantees and subgrantees may use or adapt to these instructions and data collection templates to meet data collection requirements.

Instructions

The template HPRP HMIS data forms may be used in conjunction with existing program intake forms to ensure all HMIS data is collected from HPRP participants. HMIS data forms should be completed by HPRP staff with responsibility for collecting information from HPRP 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 HPRP 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.

PROGRAM ENTRY DATE

Subjects: All clients

When Data are Collected: At time of program entry

Directions: Record the month, day, and year of entry into the program. After each break in services, a new program entry date should be recorded. The program entry date may represent the day of program enrollment, the day a service was provided, or the first date of a period of continuous participation in a service (e.g., daily, weekly or monthly). There should be a new program entry date (and corresponding program exit date) for each period of service. Therefore, any return to a program after a break in services, completion of the program, or termination of the program by the user or provider must be recorded as a new program entry date. A definition of what constitutes a break in services depends on the program and needs to be defined by program staff.

CURRENT NAME

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: Seek full legal names only, avoiding aliases. Record the first, middle, and last names as well as any suffixes.

Sample Question: What is your full legal name?

SOCIAL SECURITY NUMBER AND TYPE

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: If only a partial social security number is given, record the numbers given in the correct place in the social security number (e.g. write first three digits written in first three boxes or last four written in the last four boxes). "Social Security Number Type" describes the quality of the data reported.

DATE OF BIRTH AND TYPE

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: Record the month, day, and year of client's birth. If is unsure, ask the client's age and calculate an approximate date of birth. Use "01" for approximate month and day. "Date of Birth Type" describes the quality of the data reported.

RACE

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: Collect the client's self-identified race; do not use staff observation. Recording more than one race is permitted. Definitions of each of the race categories are as follows:

- *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.
- *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.
- *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."
- *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.
- *White* is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

ETHNICITY

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: Collect the client's self-identified ethnicity; do not use staff observation. 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.

Sample Question: Do you consider yourself to be of Hispanic or Latino descent?

GENDER

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: Collect the client's self-perceived gender identity; do not use staff observation. A transgendered person is someone who identifies with or presents themselves as a gender that is different from their gender at birth.

VETERAN STATUS

Subjects: All adults

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: A veteran is someone who has served on active duty in the Armed Forces of the United States of America. It does not include inactive military reserves or National Guard members unless the individual was called up to active duty.

Sample Question: Are you a veteran of the U.S. military?

DISABLING CONDITION

Subjects: All clients

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).

Directions: A disabling condition is defined as one of the following:

- (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.

RESIDENCE PRIOR TO PROGRAM ENTRY

Subjects: All adults and unaccompanied youth

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

Directions: Record the type of living arrangement the client was in 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).

Sample Question: Where did you stay the night before you entered this program? [If housing was rented or owned by client] Did you receive an ongoing rent subsidy? If so, who provided this rent subsidy?

LENGTH OF STAY IN PREVIOUS PLACE

Subjects: All adults and unaccompanied youth

When Data are Collected: Concurrently with "residence prior to program entry"

Directions: Record the client's length of stay in the place spent the night prior to program entry.

Sample Question: How long did you stay there?

ZIP CODE OF LAST PERMANENT ADDRESS AND TYPE

Subjects: All adults and unaccompanied youth

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: Record the five digit zip code of the apartment, room, or house where the client last lived for 90 days or more consecutively. For programs (e.g. homelessness prevention programs) serving clients who are still residing in housing they have lived in for 90 days or more as of program entry, record the zip code of the client's current address. "Zip Code of Last Permanent Address Type" describes the quality of the data reported.

Sample Question: What was the zip code of the last address you lived for 90 or more days in a row?

HOUSING STATUS

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry.

Directions: NOTE: all HPRP clients must have a Housing Status identified in order to be reported as a HPRP client. Determine the housing status of each client using the following definitions:

- **Literally homeless includes** people who are:
 - sleeping in a place not meant for human habitation or an emergency shelter,
 - sleeping in a hospital or other institution if they were in a place not meant for human habitation immediately prior to entering the institution,
 - graduating or timing-out of a transitional housing program for any reason, OR
 - a victim of domestic violence.
- **At imminent risk of losing housing** includes people who are:
 - being evicted from a private dwelling (including housing provided by family or friends),
 - being discharged from a hospital or other institution, OR living in a house that has been condemned by housing officials as not fit for human habitation AND
 - have no appropriate subsequent housing options, AND
 - lack the financial resources and support networks needed to immediately obtain other housing or remain in their existing housing.
- **At-risk of losing housing** includes people who are not in immediate danger of losing their housing but who are:
 - in their own housing or “doubled up” with friends or relatives, or
 - are at-risk of losing housing due to high housing costs, conflict, or other problems AND
 - lack the resources and support networks needed to maintain their current housing.
- **Stably housed** includes people who do not meet any of the previous criteria.

NON-CASH BENEFITS

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry, at time of program exit, and at least once annually during program enrollment, if the period between program entry and exit exceeds one year.

Directions: Record “yes” if that member of the household received any non-cash benefits from any source over the past 30 days. The “Don’t Know” and “Refused” responses should only be used when clients do not know or refuse to answer whether they have any non-cash benefits.

Sample Question: Have you received any non-cash benefits, such as Medicaid, Supplemental Security Income, or food stamps in the past 30 days?

If the client reports that he/she has received non-cash benefits in the last 30 days, ask: Which of the following non-cash benefits have you received over the last 30 days?

Directions: Record all non-cash benefits that the client has received over the past 30 days. For the most accurate data, you should list each type of non-cash benefit and ask if they have received any of the benefits listed in the last 30 days. For multiple-person households, benefits should only be assigned to those members for whom the benefit is intended (e.g., only members enrolled in Medicaid would be considered to have received Medicaid non-cash benefits). 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 answered “Yes” for all household members and the “Source of non-cash benefit: Medicaid health insurance program” would be answered “Yes” for all household members.

Sample Question: Which non-cash benefits did you receive in the last 30 days? For the most accurate data, you should list each type of non-cash benefit and ask if they have received that benefit in the last 30 days.

INCOME AND SOURCES

Subjects: All clients

When Data are Collected: At time of program entry or as soon as possible after entry, at time of program exit, and at least once annually during program enrollment, if the period between program entry and exit exceeds one year.

Directions: Record “yes” if the client received any income over the past 30 days, even if they do not know the type of income or the amount received. 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.

Sample Question: Have you received any income from any source over the past 30 days?

If the client states that he/she has received income within the last 30 days then ask: 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.

Directions: For the past 30 days, record if the client has received each type of income and state the amount of all earned income; recording the amount of other income sources is optional. For the most accurate data, you should list each of the response categories for non-cash benefits and ask if they have received that benefit in the last 30 days. Round income source amounts to the nearest dollar. Also record the total monthly income, rounded to the nearest dollar. Family income is assigned to the household member if the income source/amount would leave the household upon departure of that member. The same income source/amount should not be assigned to multiple members of the same household. For SSI income received on behalf of a specific, identifiable minor child, income source/amount should be assigned to the minor child.

DESTINATION

Subjects: All clients

When Data are Collected: At time of program exit

Directions: Choose the response that best describes where the client expects to stay after leaving the program. If the client is staying with family or friends, determine expected tenure of the stay, either permanent or temporary. If the client is moving into their own rental or owned housing determine if they are receiving a VASH subsidy, another form of subsidy or no subsidy. 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).

Sample Questions: Where do you plan to live after leaving this program? [If moving in with family or friend] Will this only be temporary? [If housing is rented or owned by client] Will you receive an ongoing rent subsidy? If so, who will provide this rent subsidy?

PROGRAM EXIT DATE

Subjects: All clients

When Data are Collected: At time of program exit

Directions: Record the month, day, and year of the last date of service. Each program entry date should have its own program exit date. The program exit date may represent the day a service was provided (if one-time assistance) or the last date of a period of ongoing service. The program 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 services is no longer considered a client. If assistance is one-time (including rental assistance for one month or less, rental arrears assistance, utility arrears assistance, or security deposit assistance), the “program exit date” will typically be the same as the “program entry date” if no other on-going assistance is provided (e.g. case management provided over a period of time exceeding one day). For ongoing financial assistance (e.g. rental assistance lasting two or more months) the “program exit date” should be the last day of the last month for which the rental assistance applies. “After care” or “follow-up” services can occur after the “program exit date” if the additional contact with the client post-exit is a regular part of the program.

HPRP FINANCIAL ASSISTANCE PROVIDED

Subjects: All clients

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

Directions: Record the “Type” and “Amount” of HPRP financial assistance that is provided to a third party for the benefit of each client and the associated “Start Date” and “End Date”. With the exception of ongoing rental assistance for two or more consecutive months and hotel/motel voucher assistance for two or more consecutive days, a separate financial assistance transaction must be recorded for each instance of assistance and for each type of assistance, as identified below.

HPRP Financial Assistance Types	Directions for each type of HPRP Financial Assistance
<p style="text-align: center;">Rental Assistance</p>	<p>Record a separate Financial Assistance transaction for each instance of each type of rental assistance as described below. If a single payment is issued for more than one type of rental assistance, record a separate transaction and corresponding amount for each type.</p> <ul style="list-style-type: none"> ➤ One-time payment for current month or first month’s rent: Enter the start date as the first day for which rental assistance applies and the end date as the last day of the month for which rental assistance applies. ➤ One-time payment for last month rent: Enter the start date as the day rental assistance was approved for the participant. Enter the end date as the same day as the start date. ➤ One-time payment for one to six months of rent arrears: Enter the start date as the day rental assistance for arrears (up to six month’s worth) was approved for the participant. Enter the end date as the same day as the start date. ➤ One-time or multiple monthly payments for two to three consecutive months of rental assistance. A new transaction must be recorded at minimum every three months. Enter the start date as the first day of the first month for which rental assistance applies and the end date as the last day of the last month for which rental assistance applies. If there is a break of one or more months in rental assistance, a new financial assistance transaction (with corresponding start and end dates) must be recorded.
<p style="text-align: center;">Utility Payments</p>	<p>Record a separate Financial Assistance transaction for each instance of utility assistance. For all instances (whether one-time utility payment for current utility bill or one to six months of arrears) enter the start date as the day utility assistance for current bill or for arrears (up to six month’s worth) was approved for the participant. Enter the end date as the same day as the start date.</p>
<p style="text-align: center;">Security Deposit</p>	<p>Record a separate Financial Assistance transaction for each instance of security deposit assistance. Enter the start date as the day security deposit assistance was approved for the participant. Enter the end date as the same day as the start date.</p>
<p style="text-align: center;">Utility Deposit</p>	<p>Record a separate Financial Assistance transaction for each instance of utility deposit assistance. Enter the start date as the day utility deposit assistance was approved for the participant. Enter the end date as the same day as the start date.</p>

Moving Costs	Record a separate Financial Assistance transaction for each instance of moving cost assistance. Enter the start date as the day moving cost assistance was approved for the participant. Enter the end date as the same day as the start date.
Motel & Hotel Vouchers	Record a separate Financial Assistance transaction for each instance of motel/hotel voucher assistance. Enter the start date as the first day for which motel/hotel voucher assistance applies and the end date as the last day for which motel/hotel voucher assistance applies. If there is a break of one or more days in motel/hotel voucher assistance, a new financial assistance transaction (with corresponding start and end dates) must be recorded.

HPRP HOUSING RELOCATION & STABILIZATION SERVICES PROVIDED

Subjects: All clients

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.

Directions: Record each type of HPRP housing relocation and stabilization service provided during a given period of service. For data collection purposes, a period of service must not exceed three months and should not overlap with other recorded periods. A new service record with start and end dates must be recorded at least every three months during a period of program participation (as established by a program entry date and program exit date). Programs may decide to record services provided information for intervals less than three months (e.g. every month). For programs that provide one-time services to clients (e.g. credit services), the start date and end date can be entered as the same day.