

# 2026 Data Standards Training

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Data Entry Standards for all Housing Related Programs

# Information Sources



## Data Standards Manual

Primary guidelines for HUD data requirements.

[View PDF Manual](#)



## Interactive Tool

Online interactive lookup for universal elements.

[Launch Tool](#)



## Data Dictionary

Comprehensive resource for active database elements.

[View Dictionary](#)



## HMIS Admin Calls

Slide decks from Mar 18th & May 20th, 2026

[HMIS Admin Call Slidedecks](#)

# Contents

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**01** What Are Data Standards

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# What Are Data Standards?

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- Required elements for each project type
- Explanations of each data element captured during client creation, enrollment, and updates
- Self reported by client
- No documentation required for data entry
- Documentation is only required for entry into PSH or as required by funding source

# Project Requirements

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These are the data elements required in HMIS divided by project/funding type

- SSO
- SO
- ES NbN
- ES E/E
- TH
- PSH
- RRH

- Prevention
- SSVF
- HUD - VASH
- PATH
- YHDP
- RHY

# Universal Data Elements (UDEs)

Required for ALL CLIENTS in ALL PROJECT TYPES/FUNDING SOURCES

---

- Name + Name DQ
- SSN + SSN DQ
- DoB + DoB DQ
- Sex
- Race/Ethnicity
- Veteran Status
  - All adults
- Disabling Condition
- Project Start/Exit Dates
- Destination
- Relationship to HoH
- Enrollment CoC
- Housing Move-In Date
  - HoH only
  - Permanent housing projects only
  - E.g. PSH, RRH
- Prior Living Situation Data
  - HoH/Adults

# Project Specific Elements

Supportive Services Only (SSO)

---

## Income/Sources

- HoH/Adults

## Non-cash Benefits

- HoH/Adults

## Health Insurance

- All clients

## DV History

- HoH/Adults

## Current Living Situation

- HoH/Adults

## Date of Engagement

- HoH/Adults

# Project Specific Elements

## Street Outreach (SO)

---

### Income/Sources

- HoH/Adults

### Non-cash Benefits

- HoH/Adults

### Health Insurance

- All clients

### DV History

- HoH/Adults

### Current Living Situation

- HoH/Adults

### Date of Engagement

- HoH/Adults

# Project Specific Elements

Emergency Shelter Night by Night (NbN)

---

## Income/Sources

- HoH/Adults

## Non-Cash Benefits

- HoH/Adults

## Health Insurance

- All clients

## DV History

- HoH/Adults

## Current Living Situation

- HoH/Adults

## Date of Engagement

- HoH/Adults

## Bed-Night Date

- All clients

# Project Specific Elements

## Emergency Shelter Entry/Exit (E/E)

---

- Income/Sources
  - HoH/Adults
- Non-cash Benefits/Sources
  - HoH/Adults
- Health Insurance
  - All clients
- DV History
  - HoH/Adults

# Project Specific Elements

## Transitional Housing (TH)

---

- Income/Sources
  - HoH/Adults
- Non-cash Benefits/Sources
  - HoH/Adults
- Health Insurance
  - All clients
- DV History
  - HoH/Adults

# Project Specific Elements

## Permanent Supportive Housing (PSH)

---

- Income/Sources
  - HoH/Adults
- Non-Cash Benefits
  - HoH/Adults
- Health Insurance
  - All clients
- DV History
  - HoH/Adults
- Moving On Assistance
  - HoH only

# Project Specific Elements

## Rapid Rehousing (RRH)

---

- Income/Sources
  - HoH/Adults
- Non-cash Benefits/Sources
  - HoH/Adults
- Health Insurance
  - All clients
- DV History
  - HoH/Adults

# Project Specific Elements

## Prevention Projects

---

### Income/Sources

- HoH/Adults

### Non-cash Benefits

- HoH/Adults

### Health Insurance

- All clients

### DV History

- HoH/Adults

### Housing Assessment at Exit

- All Clients

# Project Specific Elements

## SSVF

---

- **Income/Sources**
  - HoH/Adults
- **Non-cash benefits/Sources**
  - HoH/Adults
- **Health Insurance**
  - All clients
- **DV History**
  - HoH/Adults
- **Connection with SOAR**
  - HoH/Adults
- **Last Grade Completed**
  - HoH/Adults
- **Percent of AMI**
  - HoH
- **Employment Status**
  - HoH/Adults
- **Service Provided - SSVF**
  - All clients receiving assistance
- **Financial Assistance - SSVF**
  - All clients receiving assistance
- **HP Targeting Criteria**
  - HoH
- **Mental Health Consultation**
  - All Veterans
- **Veteran's Information**
  - All Veterans
- **VAMC Station Number**
  - All Veterans/HoH

# Project Specific Elements

## HUD - VASH

---

- **Income/Sources**
  - HoH/Adults
- **Non-Cash Benefits**
  - HoH/Adults
- **Health Insurance**
  - All clients
- **DV History**
  - HoH/Adults
- **Connection with SOAR**
  - HoH/Adults
- **Last Grade Completed**
  - HoH/Adults
- **Employment Status**
  - HoH/Adults
- **General Health Status**
  - HoH/Adults
- **VAMC Station Number**
  - HoH/Veteran
- **HUD - VASH Voucher Tracking**
  - HoH/Veteran
- **HUD - VASH Exit Information**
  - HoH/Veteran
- **Veteran's Information**
  - All Veterans

# Project Specific Elements

## PATH

- **Income/Sources**
  - HoH/Adults
- **Non-cash Benefits**
  - HoH/Adults
- **Health Insurance**
  - All clients
- **DV History**
  - HoH/Adults
- **Connection with SOAR**
  - HoH/Adults
- **Current Living Situation**
  - HoH/Adults
- **Date of Engagement**
  - HoH/Adults
- **Services Provided - PATH**
  - HoH/Adults
- **Referrals Provided - PATH**
  - HoH/Adults
- **PATH Status**
  - HoH/Adults

# Project Specific Elements

## Youth Homelessness Demonstration Program (YHDP)

---

- **Income/Sources**
  - HoH/Adults
- **Non-cash Benefits**
  - HoH/Adults
- **Health Insurance**
  - All clients
- **DV History**
  - HoH/Adults
- **Current Living Situation**
  - HoH/Adults
- **Date of Engagement**
  - HoH/Adults
- **Youth Education Status**
  - HoH

# Project Specific Elements

## Runaway & Homeless Youth (RHY)

---

### For all RHY Clients:

- Income/Sources
- Non-Cash Benefits
- Health Insurance
- Current Living Situation
- Date of Engagement
- Referral Source
- BCP Status
- Last Grade Completed
- School Status
- Employment Status
- General Health Status
- Dental Health Status
- Mental Health Status
- Pregnancy Status
- Formerly ward of child welfare/foster care agency
- Formerly ward of juvenile justice system
- RHY service connections
- Commercial sexual exploitation/sex trafficking
- Labor exploitation/Trafficking
- Counseling
- Safe & Appropriate Exit
- After Care Plans
- Project Completion Status

# UNIVERSAL DATA ELEMENTS (UDEs)

Required for all project types

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## Core Definition

These fundamental data elements are mandatory regardless of the specific project type or funding source.

## Training Focus

- Element identification & meaning
- Identifying common data issues
- Issue Resolution

**Name** + NAME DATA QUALITY

**SSN** + SSN DATA QUALITY

**DoB** + DoB DATA QUALITY

*Name, SSN, & DoB are only half the required entries; the other half is the data quality field that is reported to HUD*

# Client Creation:

**i** Please Search the System before adding a New Client.

**i** Items in *Italics* are for Data Entry **ONLY** and will not be used for Search Results.

|                                      |                                                                                                                                                                                                                                                                                                      |        |      |                  |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|------------------|
| Name                                 | First                                                                                                                                                                                                                                                                                                | Middle | Last | Suffix           |
| Name Data Quality                    | -Select-                                                                                                                                                                                                                                                                                             |        |      |                  |
| Alias                                |                                                                                                                                                                                                                                                                                                      |        |      | Date of Birth    |
| Social Security Number               |                                                                                                                                                                                                                                                                                                      |        |      | DOB Data Quality |
| Social Security Number Data Quality  | -Select-                                                                                                                                                                                                                                                                                             |        |      | -Select-         |
| U.S. Military Veteran?               | -Select-                                                                                                                                                                                                                                                                                             |        |      |                  |
| Sex                                  | -Select-                                                                                                                                                                                                                                                                                             |        |      |                  |
| Race and Ethnicity                   | American Indian, Alaska Native, or Indigenous<br>Asian or Asian American<br>Black, African American, or African<br>Hispanic/Latina/o<br>Middle Eastern or North African<br>Native Hawaiian or Pacific Islander<br>White<br>Client doesn't know<br>Client prefers not to answer<br>Data not collected |        |      |                  |
| Personal ID                          |                                                                                                                                                                                                                                                                                                      |        |      |                  |
| Exact Match                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                             |        |      |                  |
| Search ACTIVE Clients                | <input checked="" type="radio"/>                                                                                                                                                                                                                                                                     |        |      |                  |
| Search INACTIVE / DELETED Clients    | <input type="radio"/>                                                                                                                                                                                                                                                                                |        |      |                  |
| Search ALL Clients                   | <input type="radio"/>                                                                                                                                                                                                                                                                                |        |      |                  |
| Clear All                            |                                                                                                                                                                                                                                                                                                      |        |      |                  |
| Search                               |                                                                                                                                                                                                                                                                                                      |        |      |                  |
| Clear                                |                                                                                                                                                                                                                                                                                                      |        |      |                  |
| Add New Client With This Information |                                                                                                                                                                                                                                                                                                      |        |      |                  |
| Add Anonymous Client                 |                                                                                                                                                                                                                                                                                                      |        |      |                  |

## Client Profile:

Client - (1) ZZ000000001, Anonymous INACTIVE

Mass Visibility Update

(1) ZZ000000001, Anonymous INACTIVE

Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Measurements

Activities

Assessments

Client Record

Issue ID Card

Name

ZZ000000001, Anonymous

Name Data Quality

Full Name Reported

Alias

Social Security

SSN Data Quality

U.S. Military Veteran?

Sex

Male

Personal ID

3cfa25f70d85f60e2eadb3798258b617

Age

Change

Clear

Issue ID Card

Client Demographics

Date of Birth

Date of Birth Type

To select multiple values hold down the "ctrl" or "cmd" key and click on each value

Race and Ethnicity

Additional Race and Ethnicity Detail (Optional)

Save

Save & Exit

Exit

- **Sex:** Required for all clients
- **Veteran Status:** Required for all Adults



These elements can be updated during **client creation** or through the **client profile tab**, following the same process as previous data points.

# Client Creation

Please Search the System be.

Items in Italics are for Data Entry ONLY and

|                                     |                                                                                                                                                                                                                                                                                                                          |        |      |        |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|--------|
| Name                                | First                                                                                                                                                                                                                                                                                                                    | Middle | Last | Suffix |
| Name Data Quality                   | -Select-                                                                                                                                                                                                                                                                                                                 |        |      |        |
| Alias                               |                                                                                                                                                                                                                                                                                                                          |        |      |        |
| Social Security Number              |                                                                                                                                                                                                                                                                                                                          |        |      |        |
| Social Security Number Data Quality | -Select-                                                                                                                                                                                                                                                                                                                 |        |      |        |
| U.S. Military Veteran?              | -Select-                                                                                                                                                                                                                                                                                                                 |        |      |        |
| Sex                                 | -Select-                                                                                                                                                                                                                                                                                                                 |        |      |        |
| Race and Ethnicity                  | <div>American Indian, Alaska Native, or Indigenous<br/>Asian or Asian American<br/>Black, African American, or African<br/>Hispanic/Latina/o<br/>Middle Eastern or North African<br/>Native Hawaiian or Pacific Islander<br/>White<br/>Client doesn't know<br/>Client prefers not to answer<br/>Data not collected</div> |        |      |        |
| Personal ID                         |                                                                                                                                                                                                                                                                                                                          |        |      |        |
| Exact Match                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                 |        |      |        |
| Search ACTIVE Clients               | <input checked="" type="radio"/>                                                                                                                                                                                                                                                                                         |        |      |        |
| Search INACTIVE / DELETED Clients   | <input type="radio"/>                                                                                                                                                                                                                                                                                                    |        |      |        |
| Search ALL Clients                  | <input type="radio"/>                                                                                                                                                                                                                                                                                                    |        |      |        |

Clear All

# Client Profile

## Client Information

|         |                |            |     |
|---------|----------------|------------|-----|
| Summary | Client Profile | Households | ROI |
|---------|----------------|------------|-----|

 Client Record

|                        |                                  |
|------------------------|----------------------------------|
| Name                   | ZZ000000001, Anonymous           |
| Name Data Quality      | Full Name Reported               |
| Alias                  |                                  |
| Social Security        |                                  |
| SSN Data Quality       |                                  |
| U.S. Military Veteran? |                                  |
| Sex                    | Male                             |
| Personal ID            | 3cfa25f70d85f60e2eadb3798258b617 |
| Age                    |                                  |

## Client Demographics

|                                                                                     |
|-------------------------------------------------------------------------------------|
| Date of Birth                                                                       |
| Date of Birth Type                                                                  |
| To select multiple values hold down the "ctrl" or "cmd" key and click on each value |
| Race and Ethnicity                                                                  |
| Additional Race and Ethnicity Detail (Optional)                                     |

**Race & Ethnicity:** Required for all clients



Can be updated during **client creation**, in the **client profile tab**, or during **program enrollment**.

## Client Creation

|                        |                                                                                                                                                                                                                                                                                                                          |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. Military Veteran? | -Select-                                                                                                                                                                                                                                                                                                                 |
| Sex                    | -Select-                                                                                                                                                                                                                                                                                                                 |
| Race and Ethnicity     | <div>American Indian, Alaska Native, or Indigenous<br/>Asian or Asian American<br/>Black, African American, or African<br/>Hispanic/Latina/o<br/>Middle Eastern or North African<br/>Native Hawaiian or Pacific Islander<br/>White<br/>Client doesn't know<br/>Client prefers not to answer<br/>Data not collected</div> |
| <div>Clear All</div>   |                                                                                                                                                                                                                                                                                                                          |

## Project Entry

|                                                                                     |                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEARCH FOR EXISTING PROJECTS                                                        |                                                                                                                                                                                                                                          |
| CE Client Notes                                                                     |                                                                                                                                                                                                                                          |
| If not via phone or email, where/how can client be contacted?                       | Start Date *                                                                                                                                                                                                                             |
| <div>Add</div>                                                                      |                                                                                                                                                                                                                                          |
| Required for All Clients                                                            |                                                                                                                                                                                                                                          |
| Date of Birth                                                                       | / /                                                                                                                                                                                                                                      |
| Date of Birth Type                                                                  | -Select-                                                                                                                                                                                                                                 |
| To select multiple values hold down the "ctrl" or "cmd" key and click on each value |                                                                                                                                                                                                                                          |
| Race and Ethnicity                                                                  | <div>American Indian, Alaska Native, or Indigenous<br/>Asian or Asian American<br/>Black, African American, or African<br/>Hispanic/Latina/o<br/>Middle Eastern or North African<br/>Native Hawaiian or Pacific Islander<br/>White</div> |

### Client Record

|                        |                                  |
|------------------------|----------------------------------|
| Name                   | ZZ000000001, Anonymous           |
| Name Data Quality      | Full Name Reported               |
| Alias                  |                                  |
| Social Security        |                                  |
| SSN Data Quality       |                                  |
| U.S. Military Veteran? |                                  |
| Sex                    | Male                             |
| Personal ID            | 3cfa25f70d85f60e2eadb3798258b617 |
| Age                    |                                  |
| Client Demographics    |                                  |
| Date of Birth          |                                  |
| Date of Birth Type     |                                  |

# Client Profile Details

The Client Profile tab houses essential demographics used across system modules.

## Universal Data

Core elements collected for identity:

- Client Name
- Social Security Number
- Date of Birth

## Demographics

Key classification indicators:

- Gender identity
- Military Veteran Status

## Race & Ethnicity

Mandatory reporting data:

- Required Race fields
- Ethnicity classification



This tab is highly efficient and can be used to **fix all the above data elements at once** instead of navigating multiple menus.

## **UDEs collected as part of project enrollment/updates:**

- Project start/exit dates
- Destination
- Relationship to HoH
- Enrollment CoC
- Prior Living Situation

# **Project Entry & Exit Dates**

Created automatically when creating an enrollment record and exiting the person from a project

(1) ZZ000000001, Anonymous INACTIVE  
Release of Information: None

#### Client Information

#### Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Measurements

Activities

Assessments

 Reminder: Household members must be established on Households tab before creating Entry / Exits

#### Entry / Exit

Program

Type

Project Start Date

Exit Date

Interims

Follow  
Ups

Client  
Count

 West TX CoC - Coordinated Entry (CE) (4)

HUD



4/25/2026



Add Entry / Exit

Showing 1-1 of 1

Exit

# Destination

**COLLECTED AT PROJECT EXIT**

Select the destination that most closely matches where the client will be staying after project exit

**Note: Destination is about where they are staying, not why they are staying there.**

# Homeless Situations

| Response                                                                       | Description                                                                                                                                         | Prior Living<br>Situation (3.917) | Current Living<br>Situation (4.12) | Destination<br>(3.12) |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|-----------------------|
| Place not meant for habitation<br>(e.g., vehicle, abandoned building, outside) | <i>No description provided</i>                                                                                                                      | ✓                                 | ✓                                  | ✓                     |
| Emergency shelter<br>(incl. hotel/motel with voucher, Host Home)               | A facility, the primary purpose of which is to provide temporary shelter for individuals and families experiencing homelessness.                    | ✓                                 | ✓                                  | ✓                     |
| Safe Haven                                                                     | A form of supportive housing that serves hard-to-reach persons experiencing homelessness with severe mental illness and/or substance use disorders. | ✓                                 | ✓                                  | ✓                     |

# Institutional Situations

| Response                                                       | Description                    | Prior Living Situation (3.917) | Current Living Situation (4.12) | Destination (3.12) |
|----------------------------------------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------|
| Foster care home or foster care group home                     | <i>No description provided</i> | ✓                              | ✓                               | ✓                  |
| Hospital or other residential non-psychiatric medical facility | <i>No description provided</i> | ✓                              | ✓                               | ✓                  |
| Jail, prison, or juvenile detention facility                   | <i>No description provided</i> | ✓                              | ✓                               | ✓                  |
| Long-term care facility or nursing home                        | <i>No description provided</i> | ✓                              | ✓                               | ✓                  |
| Psychiatric hospital or other psychiatric facility             | <i>No description provided</i> | ✓                              | ✓                               | ✓                  |
| Substance abuse treatment facility or detox center             | <i>No description provided</i> | ✓                              | ✓                               | ✓                  |

# Temporary Housing Situations

| Response                                                                 | Description                                                                                                  | Prior Living Situation (3.917) | Current Living Situation (4.12) | Destination (3.12) |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--------------------|
| Transitional housing for homeless persons (including homeless youth)     | <i>No description provided</i>                                                                               | ✓                              | ✓                               | ✓                  |
| Residential project or halfway house with no homeless criteria           | A sober living or other residential project with no lease or rights of tenancy, with or without time limits. | ✓                              | ✓                               | ✓                  |
| Hotel or motel paid for without emergency shelter voucher                | <i>No description provided</i>                                                                               | ✓                              | ✓                               | ✓                  |
| Host Home (non-crisis)                                                   | <i>No description provided</i>                                                                               | ✓                              | ✓                               | ✓                  |
| Staying or living with family, temporary tenure (e.g., room, apartment)  | <i>No description provided</i>                                                                               |                                |                                 | ✓                  |
| Staying or living with friends, temporary tenure (e.g., room, apartment) | <i>No description provided</i>                                                                               |                                |                                 | ✓                  |
| Moved from one HOPWA funded project to HOPWA TH                          | Limited to use by HOPWA-funded projects                                                                      |                                |                                 | ✓                  |
| Staying or living in a friend's room, apartment, or house                | <i>No description provided</i>                                                                               | ✓                              | ✓                               |                    |
| Staying or living in a family member's room, apartment, or house         | <i>No description provided</i>                                                                               | ✓                              | ✓                               |                    |

# Permanent Housing Situation

| Response                                         | Description                                                                        | Prior Living Situation (3.917) | Current Living Situation (4.12) | Destination (3.12) |
|--------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--------------------|
| Staying or living with family, permanent tenure  | <i>No description provided</i>                                                     |                                |                                 | ✓                  |
| Staying or living with friends, permanent tenure | <i>No description provided</i>                                                     |                                |                                 | ✓                  |
| Moved from one HOPWA funded project to HOPWA PH  | Limited to use by HOPWA-funded projects                                            |                                |                                 | ✓                  |
| Rental by client, no ongoing housing subsidy     | A rental that the client will pay for on their own (without a subsidy of any kind) | ✓                              | ✓                               | ✓                  |
| Rental by client, with ongoing housing subsidy   | Any subsidized rental housing.                                                     | ✓                              | ✓                               | ✓                  |
| Owned by client, with ongoing housing subsidy    | <i>No description provided</i>                                                     | ✓                              | ✓                               | ✓                  |
| Owned by client, no ongoing housing subsidy      | <i>No description provided</i>                                                     | ✓                              | ✓                               | ✓                  |

# Other Situations / Responses

| Response                     | Description                                                                                                                                                    | Prior Living Situation (3.917) | Current Living Situation (4.12) | Destination (3.12) |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--------------------|
| No exit interview completed  | This will be considered "missing data" for data quality and reporting purposes. This response should not be used in place of a valid Living Situation response |                                |                                 | ✓                  |
| Other                        | Any response of "Other" in Destination will not count in any HMIS-based reporting as a positive outcome.                                                       |                                | ✓                               | ✓                  |
| Deceased                     | <i>No description provided</i>                                                                                                                                 |                                |                                 | ✓                  |
| Worker unable to determine   | <i>No description provided</i>                                                                                                                                 |                                | ✓                               |                    |
| Client doesn't know          | <i>No description provided</i>                                                                                                                                 | ✓                              | ✓                               | ✓                  |
| Client prefers not to answer | <i>No description provided</i>                                                                                                                                 | ✓                              | ✓                               | ✓                  |
| Data not collected           | <i>No description provided</i>                                                                                                                                 | ✓                              | ✓                               | ✓                  |

# Disabling Condition

## 2 Part Data Entry Process:

1. Question: "Does client have disabling condition?"
2. Subassessment for specific disabling condition details

**Note: Incomplete or conflicting answers will result in data quality errors.**

Does the client have a disabling condition? -Select- G

 **Disabilities**

**HUD Verification** 

| Disability Type | Disability determination | Start Date * | End Date |
|-----------------|--------------------------|--------------|----------|
| <b>Add</b>      |                          |              |          |

Does client have disabling condition and is condition expected to be of long continued duration – answer yes if:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
  1. Is expected to be long-continuing or of indefinite duration; AND
  2. Substantially impedes the individual's ability to live independently; AND
  3. Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of [the Developmental Disabilities Assistance and Bill of Rights Act of 2000](#) (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

# Disability Types & Qualifying Criteria

## Physical Disability

For the purposes of these standards, a physical disability means a physical impairment that requires verification of disabling condition.

Standard Qualifier

## Developmental Disability

A severe, chronic disability attributed to mental/physical impairment before age 22, limiting independent living and economic self-sufficiency.

Yes by Default

## Chronic Health Condition

A diagnosed condition >3 months (e.g. heart disease, severe asthma, diabetes) that is not curable or limits daily living capabilities.

Standard Qualifier

## HIV / AIDS

A diagnosis of HIV/AIDS by a healthcare professional after undergoing clinical testing. No additional duration qualifiers required.

Yes by Default

## Mental Health Disorder

Ranges from situational depression to serious mental illnesses. Designed to gauge severity and overall impact on independence.

Standard Qualifier

## Substance Use Disorder

Includes alcohol use disorder, drug use disorder, or co-occurring disorders. Evaluated to check if independent living is impeded.

Standard Qualifier

★ **Standard Qualifier:**1) Expected to be of long-continued & indefinite duration, AND 2) Substantially impedes ability to live independently, AND 3) Can be improved by more suitable housing.

## Relationship to Head of Household (HoH)



Identifies household members to be linked



Requires the entire household to be in the same enrollment



Must be 1 and only 1 HoH for every household

Type \* HUD Update

Household Members Associated with this Entry / Exit

| Name                          | Head of Household | Project Start Date | Exit Date | Interims | Follow Ups | Reason for Leaving | Destination | Notes |
|-------------------------------|-------------------|--------------------|-----------|----------|------------|--------------------|-------------|-------|
| (6695) ZZ000006695, Anonymous | Yes               | 05/12/2026         |           |          |            |                    |             |       |
| (6696) ZZ000006696, Anonymous | No                | 05/12/2026         |           |          |            |                    |             |       |

Include Additional Household Members Showing 1-2 of 2

Entry Assessment

Household Members

- ☒ (6695) ZZ000006695, Anonymous  
Age: Unknown  
Veteran: Unknown
- ☒ (6696) ZZ000006696, Anonymous  
Age: Unknown  
Veteran: Unknown

Entry Assessment

No HUD Entry Assessment has been specified for this Provider

Client doesn't know  
Client prefers not to answer  
Data not collected Clear All

relationship to Head of household \* -Select-

Covered by Health -Select-

## Entering HoH information



### Create Entry

Create your program entry to begin the process.



### Select Members

Select all family members to be included in enrollment.



### Toggle & Answer

Toggle between family members to answer enrollment questions.

# Enrollment CoC

## Required for All Heads of Household and Adults

|                                  |              |
|----------------------------------|--------------|
| U.S. Military Veteran?           |              |
| Enrollment CoC                   | TX-625 ▼ G   |
| Prior Living Situation           | -Select-     |
| Length of Stay in Previous Place | -Select- ▼ G |
| Income from Any Source           | -Select- ▼ G |

**Enrollment CoC is required for all HoH & Adults**

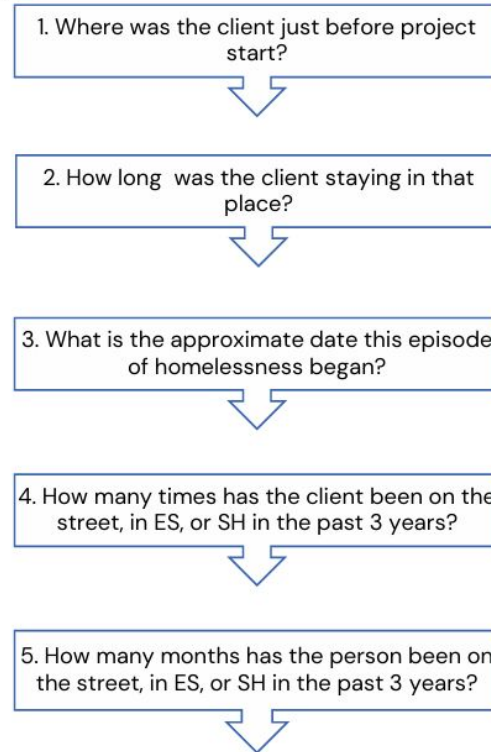
**Always TX-625**

# Prior Living Situation

Least understood of all data elements

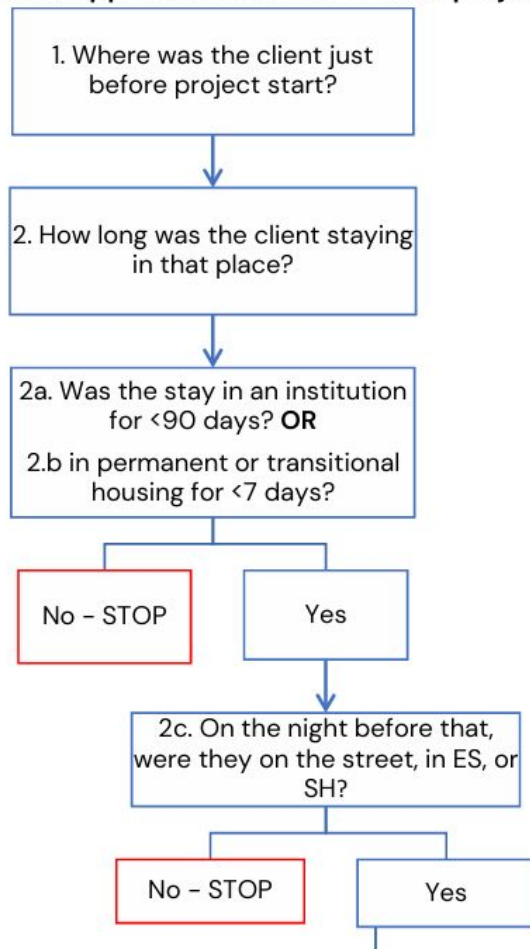
Contains a total of 5 questions that are linked including the Prior Living Situation Question

**3.917A Flow Chart is applicable only to Emergency Shelter, Street Outreach, and Safe Haven project types.**

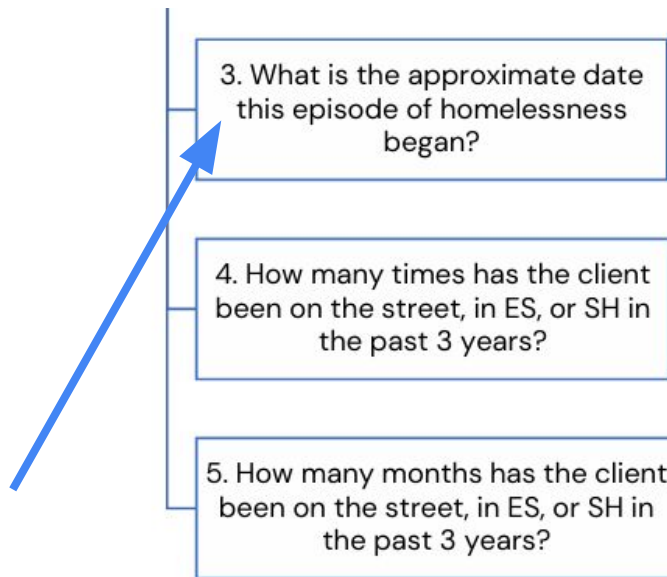


ES, SO flow chart for prior living situation

**3.917B Flow Chart is applicable to all other HMIS project types.**



All other project types



# Destinations and Living Situations

A client's destination or living situation is about where they are staying, not necessarily about why they are staying there

- The destination or living situation will depend on the specifics of the situation, but it is important to select a living situation or destination response that reflects the true nature of the situation

When intake workers are assessing the space to determine the destination or living situation, they should consider factors such as:

- If there is access to electricity and plumbing, including running water and toilet facilities (These facilities do not necessarily need to be in the unit, but must be reasonably accessible at all times);
- Whether the housing is heated and cooled (e.g., HVAC);
- If there are hazardous conditions present in the location (e.g., exposed wires);
- The type of flooring (e.g., dirt, cement, carpeted);
- In a housing unit that does not have the capacity for utilities (e.g., broken water pipes, nonfunctional wiring for electricity, etc.), the lack of utilities could be a characteristic supporting an assessment that the unit is not meant for human habitation. However, if the utilities have been disconnected due to nonpayment, this would be considered a characteristic of the household and would not support an assessment that the unit is a place not meant for human habitation; and
- Whether the individual or family has readily available to them another location that is considered a place meant for human habitation, where the household could reside as their primary nighttime residence



# Examples

Client is moving into or coming from a dorm or military-supplied housing

- Rental by client, with other ongoing housing subsidy

Client is moving into or coming from a “squatting” situation or occupying an abandoned or unoccupied area or land and/or building that the client does not own, rent, or otherwise have lawful permission to use

- Place not meant for habitation

Client is moving into or coming from an RV or camper trailer where they have no access to a toilet or running water

- Place not meant for habitation

Client is moving into or coming from an RV or camper trailer that has electricity and plumbing, is heated and cooled, and has the capacity for utilities

- Rental by client (with or without subsidy, depending on the situation)

Client is moving into housing with a relative during schooling

- Living with family, permanent tenure

4/22/2026

## 3.917 Prior Living Situation Recap



### Purpose

- To identify the type of living situation and length of stay in that situation immediately prior to Project Start.
- To identify whether a client appears to meet the criteria for chronic homelessness (when combined with other data).
- To demonstrate eligibility for reporting purposes.

### Data Collected About

- Adults and Head of Household

### Project Type Applicability

- 3.917A – applicable to Emergency Shelter, Street Outreach, and Safe Haven project types
- 3.917B – applicable to all other HMIS project types

## 3.917 Terms and Language



- Length of stay in prior living situation: The length of time the client was residing in the living situation. If the client moved around, but was 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 selected situation.
  - Type = same type of living situation *category* (i.e., Homeless Situations, Institutional Situations, Temporary Housing Situations, Permanent Housing Situations)

## 3.917 Situations and Length of Time Recap

- If a person is going from one living situation type to another within the same living situation category, the cumulative time they are in the living situation types should be included in the length of stay in prior living situation. Not doing so may negatively impact data collection.
- Example scenario for a person's 3.917B data collection at a Permanent Housing project:
  - Shelter 15 days >>> Jail 20 days >>> Detox 3 days >>> PH enrollment

|                                            | Treat institutional stays separately               | Combine institutional stays                        |
|--------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <b>3.917. 1 (prior living situation)</b>   | Substance abuse treatment facility or detox center | Substance abuse treatment facility or detox center |
| <b>3.917. 2 (length of stay)</b>           | 2-6 nights                                         | 1 week < 1 month                                   |
| <b>3.917.2a (&lt;90 in institution)</b>    | Yes                                                | 1 Yes                                              |
| <b>3.917.2b (&lt;7 in other situation)</b> | --                                                 | --                                                 |
| <b>3.917.2c (in ES/SH/Street prior)</b>    | No                                                 | Yes                                                |
| <b>3.917.3 (date homelessness started)</b> | --                                                 | 7/6/2025                                           |
| <b>3.917.4 (# of times)</b>                | --                                                 | 4 or more times                                    |
| <b>3.917.5 (# of months)</b>               | --                                                 | 12 months                                          |

# Income & Sources +Non Cash Benefits

For all Adults & Heads of Household

## Data Composition

- ✓ Includes earned income
- ✓ Non-cash benefits

Income from Any Source

No (HUD)

G

Monthly Income

HUD Verification

|                                                                                                                                                                     | Monthly Amount | Source of Income                                   | Receiving Income Source? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|--------------------------|
|   |                | VA Service Connected Disability Compensation (HUD) | No                       |
|   |                | Worker's Compensation (HUD)                        | No                       |
|   |                | VA Non-Service Connected Disability Pension (HUD)  | No                       |
|   |                | Unemployment Insurance (HUD)                       | No                       |
|   |                | TANF (HUD)                                         | No                       |

Add

View Gross Income

Showing 1-5 of 15

First

Previous

Next

Last

Total Monthly Income

0

G

Non-cash benefit from any source

Yes (HUD)

G

Non-Cash Benefits

HUD Verification

|                                                                                                                                                                     | Source of Non-Cash Benefit                           | Receiving Benefit? | Start Date * | End Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------|--------------|----------|
|   | Other Source (HUD)                                   | No                 | 05/22/2026   |          |
|   | TANF Child Care Services (HUD)                       | No                 | 05/22/2026   |          |
|   | Other TANF-Funded Services (HUD)                     | No                 | 05/22/2026   |          |
|   | Special Supplemental Nutrition Program for WIC (HUD) | Yes                | 05/22/2026   |          |
|   | TANF Transportation Services (HUD)                   | No                 | 05/22/2026   |          |

Add

Showing 1-5 of 6

First

Previous

Next

Last

# Income & Sources

## General Rule

**Record active income only.** Income data should be recorded only for sources of income that are current as of the **'Information Date'** (i.e., have not been terminated).

Clients may identify multiple sources of income.

### EXAMPLE 1: TERMINATED EMPLOYMENT

If a client's employment has been terminated and they have not yet secured additional employment, record the response for Earned Income as **"No"**.

### EXAMPLE 2: RECENT RATE CHANGES

If a client recently worked full-time for \$15/hr, but currently works 20 hours/week for \$12/hr, record the active job's income details at the time of data collection (**20 hours at \$12.00/hr**).

# Income Sources Glossary

**Earned Income:** Any income earned by the client, even if not supported by official documentation (e.g., collecting recycling, cash jobs like babysitting).

**Unemployment:** Payments received from government unemployment agencies or private companies during unemployment, including union strike benefits.

**SSI (Supplemental Security Income):** Monthly cash benefits paid to people with limited income and resources who are disabled, blind, or age 65+.

**SSDI (Social Security Disability):** Cash benefits for disabled persons and family members meeting "insured" requirements (worked and paid Social Security taxes).

**VA Service-Connected Disability:** Monetary benefit paid to Veterans disabled by an injury or illness incurred or aggravated during active military service.

**VA Non-Service Pension:** Monetary benefit paid to wartime Veterans with limited income who are no longer able to work.

**Private Disability Insurance:** Disability payments received due to health problems or disability (excluding Social Security benefits).

**Worker's Compensation:** Periodic payments received from public/private insurance for injuries received at work.

**TANF:** Cash public assistance payments intended to support low-income families with needy children.

**General Assistance (GA):** State or locally funded cash public assistance payments designated for low-income individuals.

**Social Security Retirement:** Monthly cash benefits replacing income when reducing working hours or stopping work entirely.

**Pension / Former Job Retirement:** Payments from employer pensions, unions, civil service, military, railroad retirement, IRAs, or 401(k) plans.

**Child Support:** Periodic support payments received from an absent parent, directly or through a state/local government office.

**Alimony & Spousal Support:** Periodic payments received from ex-spouses, excluding one-time property settlements.

# Non-Cash Benefits

## General Rule

**Record active benefits only.** Benefits data should be recorded only for sources of non-cash benefits that are current as of the **'Information Date'** (i.e., have not been terminated).

Clients may identify multiple sources of non-cash benefits.

### EXAMPLE 1: ONGOING BENEFITS

If a client received food stamps on the first of the month and expects to receive them again next month, record the response for SNAP as **"Yes"**.

### EXAMPLE 2: TERMINATING BENEFITS

If a client received food stamps on the first of the month but is not eligible to receive food stamps on the first of next month, record the response for SNAP as **"No"**.

# Non-Cash Benefits Glossary

---

**SNAP (Food Stamps):** Assistance that provides eligible low-income individuals and families with funds to purchase food.

**WIC:** Special Supplemental Nutrition Program for low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 at nutritional risk.

**TANF Child Care:** Assistance to low-income families receiving TANF to help cover the cost of child care while parents work, attend school, or participate in job training.

**TANF Transportation:** Assistance or support to help low-income families receiving TANF access transportation for work, education, or job training.

**Other TANF-Funded Services:** TANF funding varies by state, so available services may differ depending on location.

**Other Source (specify):** For any non-cash benefit other than those listed in this data element.

# Health Insurance

## Two-Part Process

01

### General Coverage

Does the client currently have health insurance?

02

### Detailed Assessment

Complete the Health Insurance subassessment for all clients.

Covered by Health Insurance ☒ No (HUD) ▼ G

Health Insurance

HUD Verification ☒

|                                                                                                                                                                     | Start Date * | Health Insurance Type                   | Covered? | End Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|----------|----------|
|   | 05/22/2026   | Other                                   | No       |          |
|   | 05/22/2026   | Indian Health Services Program          | No       |          |
|   | 05/22/2026   | State Health Insurance for Adults       | No       |          |
|   | 05/22/2026   | Private Pay Health Insurance            | No       |          |
|   | 05/22/2026   | Health Insurance obtained through COBRA | No       |          |

Add

Showing 1-5 of 10

First

Previous

Next

Last

# Health Insurance Glossary

---

**Medicaid:** A partnership between federal and state funds. It should always be listed as Medicaid, not State Health Insurance.

**Medicare:** A health insurance program primarily for people aged 65 and older, as well as certain younger individuals with disabilities or specific medical conditions.

**State Children's Health Insurance Program:** Provides low-cost health coverage to children in families with incomes too high to qualify for Medicaid but too low to afford private insurance.

**Veteran's Health Administration (VHA):** A healthcare program provided by the U.S. Department of Veterans Affairs (VA) for eligible military veterans.

**Employer-Provided Health Insurance:** Coverage offered to employees and dependents where the employer shares premium costs. Includes TRICARE for Veterans.

**Health Insurance obtained through COBRA:** Continued group health insurance coverage for a limited time after a qualifying event.

**Private Pay Health Insurance:** Health coverage solely paid for by the client, not through an employer or other source like Medicaid or Medicare.

**State Health Insurance for Adults:** State-funded subsidy programs for medical coverage. Eligibility varies by state. Texas does not provide such assistance.

**Indian Health Services Program:** Medical and health services to members of federally recognized Native American Tribes and Alaska Native people.

**Other - Specify Source:** A health insurance other than the ones identified in this list.

# Domestic Violence

## Three Key Questions

**01** Is client survivor?

**02** If yes, when did experience occur?

**03** Is client currently fleeing?

*\* Verification is not required, based on client self report.*

|   |                                                                      |              |
|---|----------------------------------------------------------------------|--------------|
| 1 | Survivor of Domestic Violence                                        | No (HUD) ▼ G |
| 2 | If Yes for Survivor of Domestic Violence, When experience occurred   | -Select- ▼ G |
| 3 | If Yes for Survivor of Domestic Violence, Are you currently fleeing? | -Select- ▼ G |

# Domestic Violence

## RESOLVING INCONSISTENCIES

**Staff-facilitated clarification is key when client responses appear inconsistent.**

A common scenario involves a client indicating they are **currently fleeing** an abusive situation, while also responding that the experience occurred **"One year ago or more"**.

With proper guidance, staff and clients can explore the conditions together to determine the most accurate response for 'When experience occurred'.

## HEARTH ACT DEFINITION

The definition of a DV experience is broad and encompasses more than a single violent event:

- **Broad Trauma Scope:** Includes experiencing trauma or lack of safety related to domestic/dating violence, sexual assault, stalking, or life-threatening conditions.
- **Housing & Resources:** Covers individuals with no safe residence who lack the resources to obtain permanent housing.
- **Delayed Fleeing:** Recognizes that fleeing can occur weeks or months after an episode if home conditions remain dangerous.

# Current Living Situation

## Subassessment

Each record indicates a client contact by street outreach or night by night shelter

Required for Street Outreach and Night by Night Emergency Shelters only

🔍 Current Living Situation

Start Date \*

End Date

Information Date

Current Living Situation

Add

## Current Living Situation

|                                                                                 |                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Start Date *                                                                    | 07 / 20 / 2026    G |
| End Date                                                                        | / /    G            |
| Information Date                                                                | / /    G            |
| Current Living Situation                                                        | -Select-  G                                                                                                                                                                         |
| Living situation verified by                                                    | -Select-  G                                                                                                                                                                         |
| Is client going to have to leave their current living situation within 14 days? | -Select-  G                                                                                                                                                                           |

If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.

|                                                                                                   |                                                                                              |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Has a subsequent residence been identified?                                                       | -Select-  G |
| Does individual or family have resources or support networks to obtain other permanent housing?   | -Select-  G |
| Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? | -Select-  G |
| Has the client moved 2 or more times in the last 60 days?                                         | -Select-  G |
| Location details                                                                                  | <div>G</div>                                                                                 |

Save

Save and Add Another

Cancel

# Date of Engagement

Records the date the client became “engaged” in project services after one or more contacts with street outreach or night by night shelter

|                    |                      |                      |                      |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
|--------------------|----------------------|----------------------|----------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date of Engagement | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |  |  |  |
|--------------------|----------------------|----------------------|----------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

# Bed-Night Date

---

For night by night shelters only

This element is automatically collected upon check in to a bed through the shelters module

# Moving on Assistance

Applicable to any Permanent supportive housing project (e.g. CoC & YHDP funded PSH projects)

This element is collected in service transactions.

To access, you must be under "enter data as" your psh project:

- Access client record
- Click service transactions tab
- Click the add service button

The screenshot displays the ECHO West Texas client record interface. At the top, the client information is shown: "Client - (1) ZZ000000001, Anonymous". Below this, the "Release of Information" is set to "None". The interface has two tabs: "Client Information" and "Service Transactions", with the latter being the active tab. The "Service Transaction Dashboard" is visible, featuring a grid of buttons: "Add Need", "Add Service" (highlighted with a red box), "Add Multiple Services", "Add Referral", "View Previous Service Transactions", "View Shelter Stays", and "View Entire Service History".

# Moving on Assistance

---

- 01 Subsidized Housing application assistance**  
Application assistance and ongoing support
- 02 Financial Assistance for Moving On**  
E.g., security deposit, moving expenses
- 03 Non-Financial Assistance for Moving On**  
E.g., housing navigation, transition support

- 04 Housing Referral/Placement**  
Strategic placement and program referral
- 05 Other Options**  
Please specify transition requirements as needed

# Housing Assessment at Exit

Used to determine whether clients exiting have remained stably housed

- For prevention projects (CoC, ESG)
- Set of 3 questions

|                                                           |              |
|-----------------------------------------------------------|--------------|
| Housing Assessment at Exit                                | -Select-     |
| If Able to maintain housing at entry, Subsidy Information | -Select- ▼ G |
| If Moved to new housing unit, Subsidy information         | -Select- ▼ G |

# Services & Referrals Provided - PATH

---

## Services

- Re-engagement
- Screening
- Clinical assessment
- Habilitation/rehabilitation
- Community Mental Health
- Substance use treatment
- Case management
- Residential supportive services
- Housing minor renovation
- Housing moving assistance
- Housing eligibility determination
- Security deposits
- One-time rent for eviction prevention

## Referrals

- Community Mental Health
- Substance Use Treatment
- Primary Health/ Dental Care
- Job Training
- Educational Services
- Housing Services
- Temporary Housing
- Permanent Housing
- Income Assistance
- Employment Assistance
- Medical Insurance

# PATH Status

Used to determine whether a client is eligible for the PATH program and whether they became enrolled:

## Enrollment Decision

Client became enrolled in PATH?

✓ Yes

✗ No

## If Not Enrolled (No)

Select the primary reason for non-enrollment:

- Client was ineligible for PATH
- Client was not enrolled for other reasons
- Unable to locate client

# Connection with SOAR

- For SSVF & PATH
- Intended to determine if the client has been connected to SSI/SSDI outreach, access, and recovery (SOAR)

|                                                                      |                                                                  |
|----------------------------------------------------------------------|------------------------------------------------------------------|
| Survivor of Domestic Violence                                        | <div><div></div>No (HUD)<div>▼</div></div> <div>G</div>          |
| If Yes for Survivor of Domestic Violence, When experience occurred   | <div><div>-Select-</div><div>▼</div></div> <div>G</div>          |
| If Yes for Survivor of Domestic Violence, Are you currently fleeing? | <div><div>-Select-</div><div>▼</div></div> <div>G</div>          |
| Connection with SOAR                                                 | <div><div>-Select-</div><div>▼</div></div> <div>G</div>          |
| Last Grade Completed (HUD)                                           | <div><div></div>Less than Grade 5<div>▼</div></div> <div>G</div> |
| Employed? (HUD)                                                      | <div><div>-Select-</div><div>▼</div></div> <div>G</div>          |
| If Yes, Type of Employment                                           | <div><div>-Select-</div><div>▼</div></div> <div>G</div>          |
| If No, Why not Employed                                              | <div><div>-Select-</div><div>▼</div></div> <div>G</div>          |

# Last Grade Completed

Identifies educational attainment of persons served in project, and when appropriate, measure change in education from project start to exit.

|                                                                      |                                                                                                         |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Survivor of Domestic Violence                                        |  No (HUD) ▼ G          |
| If Yes for Survivor of Domestic Violence, When experience occurred   | -Select- ▼ G                                                                                            |
| If Yes for Survivor of Domestic Violence, Are you currently fleeing? | -Select- ▼ G                                                                                            |
| Connection with SOAR                                                 | -Select- ▼ G                                                                                            |
| Last Grade Completed (HUD)                                           |  Less than Grade 5 ▼ G |
| Employed? (HUD)                                                      | -Select- ▼ G                                                                                            |
| If Yes, Type of Employment                                           | -Select- ▼ G                                                                                            |

# Employment Status

Establishes need for employment services measures change in employment from start to exit as applicable

- 3 questions
  - Employed yes/no
  - If yes, type of employment
  - If no, why not employed

|                            |                   |
|----------------------------|-------------------|
| (HUD)                      | Less than Grade 5 |
| Employed? (HUD)            | -Select-          |
| If Yes, Type of Employment | -Select-          |
| If No, Why not Employed    | -Select-          |

# General Health Status

---



## Applicability

Applicable to HUD-VASH & RHY funded projects



## Primary Purpose

Information collected is used to identify what types of health services a client may need

# Services Provided & Financial Assistance - SSVF



## Services Provided

- **Outreach services**
- **Case management services**
- Assistance obtaining VA benefits
- Assistance obtaining/coordinating public benefits
- Direct provision of other public benefits
- Other (non TFA) supportive services (VA approved)
- Shallow Subsidy
- Returning Home
- Rapid Resolution
- Healthcare Navigation



## Financial Assistance

- **Rental assistance**
- **Utility fee payment assistance**
- Security deposit & Utility deposit
- Moving costs
- Transportation services (tokens/vouchers/repair)
- Child care
- General housing stability assistance
- Emergency housing assistance
- Shallow subsidy financial assistance
- Food assistance
- Landlord incentive
- Tenant incentive

# Percent of AMI

---

Percent of Annual Median Income (AMI) is used to determine eligibility for SSVF & VASH

- AMI is based on household size and total amount of income all adults bring into the household with a few exceptions
- AMI Options based on comparison of total household income to AMI for household size:
  - 30% or less
  - 31%-50%
  - 51%-80%
  - 81% or greater

# VAMC Station Number



## HUD & VA Guidance

Refers to the nearest VA Medical Center (VAMC) parent station.

Parent stations are the only stations listed in HMIS per HUD and VA guidance.



## Lubbock Area Stations

Nearest Parent Station to Lubbock:

- **VAMC Amarillo**  
Station 504
- **Lubbock VA Clinic**  
Station 504BY

# Homeless Prevention (HP) Targeting Criteria



## Target Population

Available only to:

- SSVF HP projects
- Heads of household



## Eligibility Screening

Method of Recording:

- Records responses, not scores
- Utilizes the SSVF Prevention Eligibility Screening Disposition Form

# VASH Voucher Tracking & Exit Information



## VASH Voucher Tracking

- Referral package forwarded to PHA
- Voucher denied by PHA
- Voucher issued by PHA
- Voucher revoked or expired
- Voucher in use – veteran moved into housing
- Voucher was ported locally
- Voucher was administratively absorbed by new PHA
- Voucher was converted to Housing Choice Voucher
- Veteran exited – voucher was returned
- Veteran exited – family maintained the voucher
- Veteran exited – prior to ever receiving a voucher
- Other (specify)



## Case Management Exit Reasons

- Accomplished goals and/or obtained services and no longer needs CM
- Transferred to another HUD-VASH program site
- Found/chose other housing
- Did not comply with HUD-VASH CM
- Eviction and/or other housing related issues
- Unhappy with HUD-VASH housing
- No longer financially eligible for HUD-VASH voucher
- No longer interested in participating in this program
- Veteran cannot be located
- Veteran too ill to participate at this time
- Veteran is incarcerated
- Veteran is deceased
- Other (specify)

# Mental Health Consultation



## SSVF Requirement

### Applicability:

- Required for all SSVF program enrollments
- Applies to all Veterans
- Recorded at project start



## Recording Status

### Record the status of the veteran's consultation:

- Mental health consultation completed
- Being coordinated/arranged with VA provider
- Being coordinated/arranged with other provider
- Offer declined

# Veteran's Information



## Service Timeline

Key milestones in the veteran's timeline of active service:

- Year entered service
- Year separated from service



## Service Record

Detailed military and discharge status background:

- Military Branch
- Theater of Operations details
- Discharge Status

# Additional Guidance



## System Support

### Detailed Elements

For additional details on specific data elements, refer to the included sources or email your system administrator.



## Special Programs

### Custom Guidance

Some programs, like PATH and SSVF have specific data elements that are not defined by HUD in HUD'S guidance.



## Referral Network

### Regional Providers

For programs outside CoC and ESG, like PATH and SSVF you may be referred to your program manager or regional assistance provider.

# Training Completion



## Step 1: Finish Video

To record your completion of this training session:

- Ensure you have watched the video in its entirety.
- Continue directly to the final quiz.



## Step 2: Maintain HMIS Access

You must satisfy the following requirement to retain system access:

- **Score at least 8 out of 10** on the completion quiz.
- Unlocking this score is mandatory for your ongoing HMIS credentials.