**HSWH Program Specific Data Elements Form for HMIS: All Clients** *(Collect information about all household members)*

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| **HMIS Tips:**   * *EDA to the project provider.* * *Before updating your Program Specific assessment in HMIS, make sure to complete the questions on the appropriate* ***MN Core*** *assessment, as it contains the universal and common data elements for HMIS projects. The questions on your Program Specific Assessment have been chosen by your funder and are required in addition to the universal and common data elements.* * *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “Client doesn’t know” or “Client prefers not to answer” unless the client does not know or prefers not to answer.* * *You only need to collect data about the required household members. Who the data is collected about is in parentheses after the question. For example, “(Head of Household).”* * *In Community Services, a  (green checkmark) indicates a household member’s record has been updated.* |

Program Entry (in HMIS: use Entry/Exit Tab)

|  |
| --- |
| 1. Provider: 2. Type: Basic 3. Project Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year) |

**Housing Cost** *(Head of Household)*

|  |  |  |
| --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Amount client pays for rent** | **End Date** |
| **/ /** | **$** | **/ /** |

**Housing Subsidy Information** *(Head of Household)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Primary Source of Subsidy** (enter # from list below) | **If Other, Specify** | **End Date** |
| **/ /** |  |  | **/ /** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. No subsidy 2. Bridges 3. County Funded 4. Housing Support (GRH) | 1. HOME 2. HOPWA 3. MHFA Rental Assistance | 1. Property Subsidy 2. SHP Leasing 3. Section 8 4. Shelter Plus Care | 1. Sons of Bridges 2. Other (specify): |

**Updates (in HMIS: Entry/Exit Tab: Interims)**

|  |  |
| --- | --- |
| **Data Collection Instructions:**   * ***Underlined terms*** *have definitions available at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Print a copy to have available.* | **HMIS Tips:**   * *Use the General HMIS Instructions & your program’s (funder) Supplemental User Guide for complete data entry instruction.* * *EDA to Entry provider. No need to backdate* * *Click on the “Interims” icon next to the correct entry in the Entry/Exit tab* * *Select* ***Update*** *for Review Type and enter the date of the review. Update as needed.* |

**Housing Cost** *(Head of Household)*

|  |  |  |
| --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Amount client pays for rent** | **End Date** |
| **/                    /** | **$** | **/                    /** |

**Housing Subsidy Information** *(Head of Household)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | | **Primary Source of Subsidy**  (enter # from list below) | | | **If Other, Specify** | **End Date** | | |
| **/                    /** | |  | | |  | **/                    /** | | |
|  | 1. No subsidy 2. Bridges 3. County Funded 4. Housing Support (GRH) | 1. HOME 2. HOPWA 3. MHFA Rental Assistance | | 1. Property Subsidy 2. SHP Leasing 3. Section 8 4. Shelter Plus Care | 1. Sons of Bridges 2. Other (specify): | |  |  |

**If subsidy ended, Reason Subsidy Ended:**

|  |  |  |
| --- | --- | --- |
| * Now receiving Section 8 or other permanent housing subsidy * Changed type of temporary housing subsidy * Transitioned to unsubsidized housing * Purchased a home * Gross monthly income exceeds program limits * Failure to report all income, additional adults, etc. * Refusal to cooperate with annual re-certification or inspection * (For Bridges) Failure to apply, accept or use Section 8 | * Cannot afford rent * Discharged or reached time limit * Hospitalized or moved to residential treatment program * Incarcerated * Legal eviction/UD for criminal/drug activity * Legal eviction/UD for lease violations, other than criminal or drug * Legal eviction/UD for non-payment of rent | * Notice to vacate or non-renewal for criminal/drug activity * Notice to vacate or non-renewal for lease violations, other than criminal or drug * Notice to vacate or non-renewal for non-payment of rent * Left service area or residential program * Death * Unknown/disappeared * Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Program Exit (in HMIS: use Entry/Exit Tab)**

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| --- |
| **HMIS Tips:**   * *Complete Exit from the head of household’s record* * *Use the General HMIS Instructions, your program’s (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.* * *EDA to Entry Provider. No need to backdate.* * *Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.* * *If some household members are staying, uncheck the boxes next to their names.* * *After completing the first Exit Data window, Save & Continue to Exit Assessment and answer required questions for each member. A (green checkmark) indicates a household member’s record has been updated.* |

**Housing Cost** *(Head of Household)*

|  |  |  |
| --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Amount client pays for rent** | **End Date** |
| **/                    /** | **$** | **/                    /** |

**Housing Subsidy Information** *(Head of Household)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Primary Source of Subsidy**  (enter # from list below) | **If Other, Specify** | **End Date** |
| **/                    /** |  |  | **/                    /** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. No subsidy 2. Bridges 3. County Funded 4. Housing Support (GRH) | 1. HOME 2. HOPWA 3. MHFA Rental Assistance | 1. Property Subsidy 2. SHP Leasing 3. Section 8 4. Shelter Plus Care | 1. Sons of Bridges 2. Other (specify): |

**What was the client’s subsidy status at program exit?** *(Head of Household)*

|  |  |  |  |
| --- | --- | --- | --- |
| * Subsidy ended at exit **(answer next question)** | * Subsidy ended before exit | * Current subsidy will continue | * Did not have subsidy |

**If subsidy ended at exit, Reason Subsidy Ended:** *(Head of Household)*

|  |  |  |
| --- | --- | --- |
| * Now receiving Section 8 or other permanent housing subsidy * Changed type of temporary housing subsidy * Transitioned to unsubsidized housing * Purchased a home * Gross monthly income exceeds program limits * Failure to report all income, additional adults, etc. * Refusal to cooperate with annual re-certification or inspection * (For Bridges) Failure to apply, accept or use Section 8 | * Cannot afford rent * Discharged or reached time limit * Hospitalized or moved to residential treatment program * Incarcerated * Legal eviction/UD for criminal/drug activity * Legal eviction/UD for lease violations, other than criminal or drug * Legal eviction/UD for non-payment of rent | * Notice to vacate or non-renewal for criminal/drug activity * Notice to vacate or non-renewal for lease violations, other than criminal or drug * Notice to vacate or non-renewal for non-payment of rent * Left service area or residential program * Death * Unknown/disappeared * Other (specify): |

Service Transactions (in HMIS: Services Transactions Tab)

**HMIS Tips**

* Click on the “Service Transactions” Tab
* Use “Add Service” button to add a service
* Confirm that the Service Provider and Start Date are correct. No services should start BEFORE project start.
* Units are not required. Cost is only required for financial assistance services.
* For housing related services (e.g. rental assistance), enter the start and end dates for the period which the payment applies.
* The end date for a service must be at least 1 day after the start date. This applies to one-time services (e.g. food, transportation).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Type (write-in)** | **Start date** | **End date** | **Funding Source**  Administrative field: Answer may not be known by front line staff | **Cost** |
|  | / / | / / | □ HTF □ FHPAP □ Philanthropic |  |
|  | / / | / / | □ HTF □ FHPAP □ Philanthropic |  |
|  | / / | / / | □ HTF □ FHPAP □ Philanthropic |  |
|  | / / | / / | □ HTF □ FHPAP □ Philanthropic |  |
|  | / / | / / | □ HTF □ FHPAP □ Philanthropic |  |

***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Please print a copy to have available.*