**Housing Support Program Specific Data Entry Form for HMIS: All Clients** *(Collect information about all household members)*

|  |
| --- |
| **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) |

MAXIS ID *(Head of Household):* ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the client have a disabling condition by DHS Housing Support Standards? *(All Clients)*

|  |
| --- |
| * *A condition, illness, or injury, that limits a person’s self-sufficiency. For example, it may be a physical or mental health disability or chemical dependency.*
* *A person does not have to be certified as disabled by a federal or state government agency to have a disabling condition.*
 |
| **Household Member Name** | **Disabling Condition by DHS HS Standards?**  |
| 1. | □Yes □No□DK □ *X* □DNC |
| 2. | □Yes □No□DK □ *X* □DNC |
| 3. | □Yes □No□DK □ *X* □DNC |
| 4. | □Yes □No□DK □ *X* □DNC |
| 5. | □Yes □No□DK □ *X* □DNC |
| 6. | □Yes □No□DK □ *X* □DNC |

Client Residence, Housing Cost and Housing Subsidy questions are not required for Emergency Shelter programs.

Client’s Residence *(Head of Household)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Residence Status**(enter # from list below) | **Start date** | **City (in MN)** | **County where resides** | **Zip Code** |
|  | / / |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Site-based supportive housing
2. Scattered-site supportive housing
3. Transitional housing for homeless
4. Emergency shelter
5. Hotel/motel without emergency shelter
 | 1. Living with family
2. Living with friends
3. Foster care/group home
4. Hospital
5. Psychiatric facility
6. Substance abuse treatment center, including detox
 | 1. Place not meant for habitation
2. Jail, Prison or Juvenile facility
3. Other
4. Client does not know
5. Client prefers not to answer
 |

**Housing Cost** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

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

**Housing Subsidy Information** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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:** * *Complete updates bi-annually, during each 6-month reporting period or as information changes*
* ***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*.  Please 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* ***6-Month*** *for Review Type and enter the date of the review. Update as needed.*
* ***Client Residence, Housing Cost and Housing Subsidy questions are not required for Emergency Shelter programs.***
 |

**Residence Information Updates**

|  |  |
| --- | --- |
| **Data Collection Instructions:*** *Update only if current residence status changed between project start and the last update.*
* *All clients must have a residence record that covers the entire time they are enrolled in the program (NO Gaps or Overlaps).*
* ***Client Residence, Housing Cost and Housing Subsidy questions are not required for Emergency Shelter programs.***
 | **HMIS Tips:*** *If a new residence is reported, end the previously-recorded HMIS residence record* ***one day before the start date of the new residence.***
* *Add the new residence information (below) as an additional residence record. Click “Add” to add another record.*
 |

**Client’s Residence** *(Head of Household)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start date\*** | **Client’s Street Address** | **APT #** | **Client’s County** | **Home Phone Number (optional)** | **End Date (move-out)** | **Current Residence Status**(enter # from list below) |
| / / |  |  |  |  | / / |  |
| 1. Site-based supportive housing
2. Scattered-site supportive housing
3. Transitional housing for homeless
4. Emergency shelter
5. Hotel/motel without emergency shelter
 | 1. Living with family
2. Living with friends
3. Foster care/group home
4. Hospital
5. Psychiatric facility
6. Substance abuse treatment center, including detox
 | 1. Place not meant for habitation
2. Jail, Prison or Juvenile facility
3. Other
4. Client does not know
5. Client refused
 |

**If applicable, reason for leaving residence:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □ | Successful completion of residential program | □ | On-site services do not meet needs | □ | Hospitalized or moved to residential treatment program | □ | Notice to vacate or non-renewal for lease violations, other than criminal or drug |
| □ | Subsidy ended | □ | Location or neighborhood does not meet needs | □ | Incarcerated | □ | Notice to vacate or non-renewal for non-payment of rent |
| □ | Leaving damaged or substandard housing (including fire) | □ | Conflict with roommates or neighbors | □ | Legal eviction/UD for criminal/drug activity | □ | Left service area or residential program |
| □ | No longer meets eligibility requirements for residence | □ | Cannot afford rent | □ | Legal eviction/UD for lease violations, other than criminal or drug | □ | Death |
| □ | Non-compliance with residential program rules | □ | Leaving project-based voucher for tenant-based voucher | □ | Legal eviction/UD for non-payment of rent | □ | Unknown/disappeared |
| □ | Unit does not meet needs (including accessibility or size) | □ | Discharged or reached time limit | □ | Notice to vacate or non-renewal for criminal/drug activity | □ | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Housing Cost and Subsidy Updates**

|  |  |
| --- | --- |
| **Data Collection Instructions:*** Update only if housing cost has changed between project start the last update.
 | **HMIS Tips:*** If new cost or subsidy is reported, end the previously recorded HMIS record **one day before the start date of the new cost or subsidy.**
* Add the new cost or subsidy information below as an additional record. Click “Add” to add another record.
 |

**Housing Cost** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

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

**Housing Subsidy Information** (*Required for clients in site-based and scattered-site supportive housing only.)**(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
 | 1. Housing Support (GRH)
2. HOME
3. HOPWA
 | 1. MHFA Rental Assistance
2. Property Subsidy
3. SHP Leasing
 | 1. Section 8
2. 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)**

|  |
| --- |
| **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 A green circle with a white tick  Description automatically generated (green checkmark) indicates a household member’s record has been updated.*
* ***Client Residence, Housing Cost and Housing Subsidy questions are not required for Emergency Shelter programs.***
 |

Residence Information Updates

|  |  |
| --- | --- |
| **Data Collection Instructions:*** *Update only if current residence status changed between project start and the last update.*
* *All clients must have a residence record that covers the entire time they are enrolled in the program (NO Gaps or Overlaps).*
 | **HMIS Tips:*** *If a new residence is reported, end the previously-recorded HMIS residence record* ***one day before the start date of the new residence.***
* *Add the new residence information (below) as an additional residence record. Click “Add” to add another record.*
 |

Client’s Residence *(Head of Household)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start date\*** | **Client’s Street Address** | **APT #** | **Client’s County** | **Home Phone Number (optional)** | **End Date (move-out)** | **Current Residence Status**(enter # from list below) |
| / / |  |  |  |  | / / |  |
| 1. Site-based supportive housing
2. Scattered-site supportive housing
3. Transitional housing for homeless
4. Emergency shelter
5. Hotel/motel without emergency shelter
 | 1. Living with family
2. Living with friends
3. Foster care/group home
4. Hospital
5. Psychiatric facility
6. Substance abuse treatment center, including detox
 | 1. Place not meant for habitation
2. Jail, Prison or Juvenile facility
3. Other
4. Client does not know
5. Client refused
 |

For households in housing at exit, did the household change residence at the time of exit? *(Head of Household)*

 □ Left current residence at exit □ Left residence before exit □ Will remain in current residence at exit

**If applicable, reason for leaving residence:** *(Head of Household)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □ | Successful completion of residential program | □ | On-site services do not meet needs | □ | Hospitalized or moved to residential treatment program | □ | Notice to vacate or non-renewal for lease violations, other than criminal or drug |
| □ | Subsidy ended | □ | Location or neighborhood does not meet needs | □ | Incarcerated | □ | Notice to vacate or non-renewal for non-payment of rent |
| □ | Leaving damaged or substandard housing (including fire) | □ | Conflict with roommates or neighbors | □ | Legal eviction/UD for criminal/drug activity | □ | Left service area or residential program |
| □ | No longer meets eligibility requirements for residence | □ | Cannot afford rent | □ | Legal eviction/UD for lease violations, other than criminal or drug | □ | Death |
| □ | Non-compliance with residential program rules | □ | Leaving project-based voucher for tenant-based voucher | □ | Legal eviction/UD for non-payment of rent | □ | Unknown/disappeared |
| □ | Unit does not meet needs (including accessibility or size) | □ | Discharged or reached time limit | □ | Notice to vacate or non-renewal for criminal/drug activity | □ | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Housing Cost and Subsidy Updates

|  |  |
| --- | --- |
| **Data Collection Instructions:*** Update only if housing cost has changed between project start the last update.
 | **HMIS Tips:*** If new cost or subsidy is reported, end the previously-recorded HMIS record **one day before the start date of the new cost or subsidy.**
* Add the new cost or subsidy information below as an additional record. Click “Add” to add another record.
 |

**Housing Cost** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

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

**Housing Subsidy Information** (*Required for clients in site-based and scattered-site supportive housing only.)**(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
 | 1. Housing Support (GRH)
2. HOME HOPWA
3. MHFA Rental Assistance
 | 1. Property Subsidy
2. SHP Leasing
3. Section 8
 | 1. Shelter Plus Care
2. Sons of Bridges
3. 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, 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):
 |

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