

AGENDA

AD HOC on Homelessness & Solutions AGENDA FOR MARCH 28, 2023 AT 3:30 PM



Lansing City Hall, City Council Conference Room
124 W. Michigan Avenue, 10th Floor

To provide input or ask questions on any item that is listed on the agenda,
members of the public may contact the City Council at city.council@lansingmi.gov or (517) 483-4177 prior to the meeting.

Council Member Brown, Chairperson
Council Member Hussain, Vice Chairperson
Council Member Spitzley, Member

1. **Call to Order**
2. **Roll Call**
3. **Minutes**
 - A. March 14, 2023
4. **Presentations:**
 - B. Ingham Community Health Centers - Kris Drake
5. **Discussion/Action:**
 - C. DISCUSSION - Rosalyn Williams; Lansing Resident Advocate Discussion
Human Relations & Community Services and Red Tags
 - D. DISCUSSION - Committee Intentions
6. **Public Comment on Agenda Items (Up to 2 Minutes)**
7. **Other**
8. **Adjourn**

Persons with disabilities who need an accommodation to fully participate in these meetings should contact the City Council Office at 517-483-4177 (TTY 711) 24 hour notice may be needed for certain accommodations. An attempt will be made to grant all reasonable accommodation requests.



MINUTES
Ad Hoc on Homelessness & Solutions
Tuesday, March 14, 2023 @ 3:30 p.m.
City Council Conference Room, 10th Floor City Hall

CALL TO ORDER

Council Member Brown called the meeting to order at 3:31pm

PRESENT

Council Member Jeffrey Brown, Chair
Council Member Adam Hussain, Vice Chair
Council Member Patricia Spitzley, Member – arrived at 3:34pm

OTHERS PRESENT

Renee Richmond, Council Staff
Lisa Hagen-Lawrence, OCA
Matt Staples, OCA
John Shaski, Sparrow Hospital
Mike Karl, Cardboard Prophets
Linda Karl, Cardboard Prophets
Gail Sawyer
Daniel Arnold
Belinda Fitzpatrick
Michael Lynn
Councilmember Jackson
Norma Bauer
Jody Washington
Sherri Davio
Tessa Reeves

MINUTES

MOTION BY COUNCIL MEMBER HUSSAIN TO APPROVE THE MINUTES OF FEBRUARY 28, 2023, AS PRESENTED. MOTION CARRIED 2-0.

PRESENTATIONS

Sparrow Hospital

Mr. Shaski is the Government Relations Officer and has been with Sparrow for 15 years, throughout 127 years they have provided compassionate care partnering with various local organizations like Cristo Rey, Holy Cross (which used to be VOA).

Councilmember Spitzley arrived at 3:34

Mr. Shaski continued they also operate a mobile clinic staffed by physician and family medical residents to help bridge the gap. Councilmember Brown said he hears the vision and the support with the health

center but is looking on if there is an uptick and what is the hospital doing. Mr. Shaski stated that trends have been consistent with 5-10 patients per day in the ER for services. Councilmember Brown asked about during COVID, Mr. Shaski did not know specifically during 2020. Adding that they come in seeking shelter, food, respite, over the counter medications and they see a modest increase in cold weather, during the polar vortex years ago we had a number seeking shelter in the lobby. Mr. Shaski mentioned Joan Jackson Johnson and how she had a way with people and would come in and talk with people, was amazing and yielded respect, he continued to read a comment from case management:

There is difficulty in the homeless population when they have medical needs and a homeless shelter is unable to accommodate. We do encounter many of these very vulnerable, and often very ill, adult patients. In the Detroit market, the Salvation Army has initiated a "Medical Respite" clinic. This innovative approach to care transitions of the homeless is something completely lacking in the mid-Michigan area

Many of the Medical health plans subsidize this type of setting. The Sparrow case managers have referred cases to the medical respite site when the patient has the appropriate subsidizing health plan. This type of setting allows a homeless individual to recover and heal in a supportive setting, connects them to medical care, and transitions them to the appropriate housing situation when recovery is complete.

Mr. Shaski indicated in his roll he is aware the state is focused on number of issues, medical respite care centers, and they will advocate for those. Councilmember Spitzley asked what the cost breakdown for respite clinic and partners are, Mr. Shaski didn't have specifics and would be happy to dig in and check, he will follow up with Ms. Richmond.

Councilmember Brown indicated he would like to have Mr. Shaski return to speak on medical respite, Mr. Shaski responded that he didn't know if Sparrow would lead the charge on that and suggested Ingham Community Health.

Councilmember Hussain inquired about the UM takeover, everybody talks about disruption but not preventing and hope that Sparrow and McLaren continue to care and be concerned. Councilmember Spitzley asked if a representative with McLaren was present. Ms. Richmond stated she received confirmation but has not seen anybody. Councilmember Spitzley continued that she has heard that EMTs and EMS are told to go to Sparrow and not McLaren, so it is like there is only one hospital. Mr. Shaski stated that Sparrow is a Trauma 1 hospital and on the night of the MSU tragedy they also had three traumatic vehicle accidents and if the next nearest is Grand Rapids and Ann Arbor.

Councilmember Brown asked if there is any vision for supporting homeless directly, Mr. Shaski said he did not know, but it is a concern and this is their city too and these are their community members. He finished with staff challenges he is unaware of what more can be done but is open for ideas.

McLaren Hospital

No one present.

Cardboard Prophets

Mr. Karl gave a brief introduction, he's been doing street outreach since 2010 and after being with the Homeless Angel, in 2017 decided to do something separate. He is the founder of Cardboard Prophets along with his mother Linda Karl who runs the Capital Area Diaper Bank. He proceeded to handout a folder to the Committee Members. Stating that the biggest hurdle is to get a category 1 for homeless, there is way too much paperwork from the State of Michigan (SOM), in the packet there is a verification form and they need this and an HMIS card# to be documented. The shelters like City Rescue Mission (CRM) do not use the number, using religious exemptions but still get money from the city.

Councilmember Spitzley commented if they are claiming religious exemption how are getting money from the state and city, and the people aren't documented, Mr. Karl voiced he didn't know, but then they can't get to the next level. Councilmember Brown asked as an example if he is homeless and goes to

CRM and not documented he can't get housing support, Mr. Karl said not without the HMIS but you can still go to CRM. Councilmember Brown asked what other shelters, Mr. Karl indicated Holy Cross and Advent House. Councilmember Brown asked Mr. Shaski if Holy Cross is the shelter connected to the health center, Mr. Shaski confirmed.

Mr. Karl continued that the shelters aren't following the process, stating that Tim Bays owns a mortgage company that owns one of the hotels so he is benefiting, saying holding people for a year then moving to personal properties. Councilmember Brown asked if he had documentation on this, and Mr. Karl referenced the pink binder clipped portion of the folder he handed out. Mr. Karl said there is a scale from 1-10 rating the severity of homelessness and 4 is chronically homeless. Receiving permission to share Sam's story he stated she has been homeless 100 times but things were missing, on paper she qualified for housing (9+), put in rapid housing in Todd Dowrick homes that didn't meet habitability standards, sewage in basements, electrical not done so Sam went back into the system. Councilmember Spitzley asked when you go to CRM you have to demonstrate homelessness for x amount of day, Mr. Karl confirmed.

Councilmember Brown asked how Capital Area Housing is and Mr. Karl responded they control the housing money. Councilmember Brown said if he has this case study why are these groups passing money and the system broken how do we have these fiduciary's passing money, Mr. Karl did not know.

Mr. Karl said he brought a guest, Jessica to give her story if the committee allowed.

Councilmember Jackson left the meeting at 4:00pm

Jessica stated she became homeless the end of 2021 due to a domestic violence situation, was dropped off at the Causeway Hotel by CPS and they paid for three days. She reached out to Holy Cross and they advised her they were not a domestic violence shelter and wasn't able to help, so Jessica reached back out to CPS and they extended her another two weeks in the hotel. After that ended, she went to America's Best saying it is not a safe hotel and holy cross continued to refuse her help or put her on a hotel program. Councilmember Brown stated for the record why do we keep giving money if this continues to happen and this began in December 2021. Councilmember Spitzley asked if anyone from HRCS contacted her, Jessica said no. Continuing, Jessica was passed to the Advent House still with no verification or HMIS ID, they used all her funds to pay for the hotel from Dec 31 to June 15, she was on a Section 8 waitlist and found her funds were being used illegally. Every time she asked a case worker, she was told they'd look into it and then she got a different one. Until Mr. Karl reached out and put pressure on them for an ID, they said they couldn't. Jessica added that by using her funds illegally they put her "address" as Holy Cross not the hotel.

Councilmember Brown commented he was on the HRCS Board and they had grants.

Jessica added she finally got a Section 8 voucher but was told by the LHC it would be 9 months to get it because money going to Holy Cross and that when she found out they changed her "address". The first three months were paid upfront but for some reason she had late fees and the apartment complex told her they were aware that LHC is always late and even though she was incurring \$50/monthly late fees she wouldn't have to pay. Jessica finally added that she received assistance from a gracious person and paid the apt. complex.

Mr. Karl added the big issue is when not documented is messes up everyone, he reference the folders he gave the committee and there is a list of names and numbers for them. Councilmember Spitzley asked him for three things they should do. Mr. Karl responded:

1. First issue is HMIS, every person in a shelter should have an intake and get an ID
2. He challenges them to walk up to just one homeless person in a shelter and ask for their HMIS ID, more than likely they won't have one

3. Address the demerits received in shelters, like if someone misses chapel they get a demerit and if it happens again they get another.

Councilmember Brown thanked Jessica for sharing and Mr. Karl for his presentation and stated he would like to look through the folder and possibly have him back to a meeting. Councilmember Spitzley asked Jessica if she's spoken to the Housing Ombudsman, Jessica didn't know there was one.

DISCUSSION/ACTION

DISCUSSION – Committee Intension

Councilmember Brown is waiting on a few follow-ups and will confirm with Ms. Richmond.

PUBLIC COMMENT

Ms. Washington expressed her gratitude towards Cardboard Prophets and all she's learned from them, and commented that CoC is broken, Housing Ombudsman is worthless, the grants are a joke.

Mr. Lynn mentioned that the passion out of this committee is amazing and can't wait to see the actions that come out.

Ms. Davio mentioned she has worked in housing and care, she loves what Cardboard Prophets are doing, unsure how she can help but has the skills to do so and has volunteered with Habitat for Humanity, Sparrow Nest, etc.

Ms. Bauer mentioned she has seen people sleeping in the corner at Sparrow lobby, Cedar Place is terrible, locks broken, and there are lots of places that the homeless aren't counted, so keep an eye out.

Mr. Arnold spoke on his approval and likes what is happening in this committee.

OTHER

ADJOURN

Adjourned at 5:10pm

Submitted by

Renee Richmond, Recording Secretary

Lansing City Council

Approved by the Committee on

information was captured accurately. Actions may also include a corrective action plan to address gaps and/or barriers in the agency's policies and/or procedures, with oversight of the CRHC Board.

9.0 Data Collection and Client Confidentiality

9.1 Management Information System and Data Sharing

All fully cooperating agencies or agencies using MIHMIS are subject to confidentiality agreements with regard to data sharing and system access or use. Client confidentiality is detailed in the assessment packet and the informed written consent is required on the release of information (ROI). Clients who sign the ROI can choose to revoke their sharing of information at any time by contacting a fully cooperating agency and requesting to opt out of the information sharing agreement. Clients have a right to receive a copy of any information disclosed in the MIHMIS.

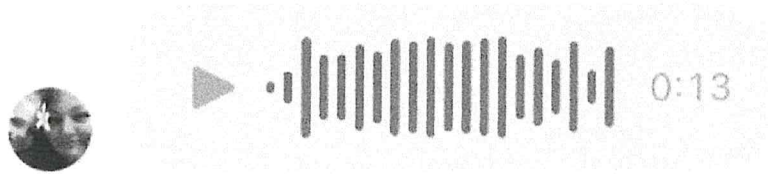
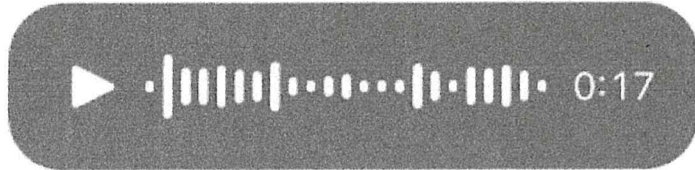
If a client contacts an agency and requests to be removed from data sharing, the agency who received the request will first contact the Ingham County HMIS administrator and make him/her aware of the request. The HMIS Administrator will ensure visibility is restricted and confidentiality is updated and will alert the CRHC Continuous Quality Improvement (CQI) Committee Chair of the request.

10.0 Community Education and Marketing

The CRHC Board and the designated CE Agency will work with cooperating agencies, CoC membership and partners to identify opport for community education and marketing. A point information will be used to create info that will be posted in service provider agencies, CoC

Submitted @ mtg

2:24 PM



7:24 PM

So I spoke with a lady that has been at the hotel in the same program and she told me that if anyone requests their hmis or any other records will be dropped from the program then when I told her about the meeting at City Hall tomorrow she told me to be careful because they're looking for us working with you or going to these meetings and such to drop us from the program

Sammi Williams

all of your Loans and Investments, as designated by SBA.

16. Amend § 107.1810 by revising paragraphs (f)(2)(ii) and (iii) and adding paragraphs (f)(2)(iv), (f)(11), (f)(12), and (j) to read as follows:

§ 107.1810 Events of default and SBA's remedies for Licensee's noncompliance with terms of Debentures.

* * * * *

(f) * * *

(2) * * *

(ii) Payments from Retained Earnings Available for Distribution based on either the shareholders' prorata interests or the provisions for profit distributions in your partnership agreement, as appropriate;

(iii) Distributions by Participating Securities issuers as permitted under §§ 107.1540 through 107.1580; and

(iv) Distributions by Early Stage SBICs as permitted under § 107.1180.

* * * * *

(11) *Failure by an Early Stage SBIC to meet investment requirements.* You are an Early Stage SBIC and, beginning on the first fiscal quarter end when your cumulative total Financings (in dollars) are at least equal to your Regulatory Capital, you have not made at least 50 percent of such Financings to Small Businesses that at the time of your initial Financing were "early stage" companies, as defined under the definition of Early Stage SBIC in § 107.50 of this part.

(12) *Failure by an Early Stage SBIC to maintain required interest reserve.* You are an Early Stage SBIC and you fail to maintain a sufficient reserve to pay interest and Charges on your Debentures as required under § 107.1181 of this part.

* * * * *

(j) *Additional SBA remedies applicable to Debentures issued by Early Stage SBICs.*

If you are an Early Stage SBIC, upon SBA's payment pursuant to its guarantee of any of your Debentures, SBA shall have the following additional rights and you consent to SBA's exercise of any or all of such rights:

(1) To prohibit you from making any additional investments except for investments under legally binding commitments you entered into before such payment by SBA and, subject to SBA's prior written approval, investments that are necessary to protect your investments;

(2) Until all Leverage is repaid and amounts related thereto are paid in full, to prohibit Distributions by you to any party other than SBA, its agent or Trustee;

(3) To require all your commitments from investors to be funded at the earliest time(s) permitted in accordance with your Articles;

(4) To review and re-determine your approved Management Expenses; and

(5) To the appointment of SBA or its designee as your receiver under section 311(c) of the Act for the purpose of continuing your operations.

Dated: December 6, 2011.

Karen G. Mills,

Administrator.

[FR Doc. 2011-31658 Filed 12-8-11; 8:45 am]

BILLING CODE 8025-01-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

24 CFR Parts 91, 576, 580, and 583

[Docket No. FR-5475-P-01]

Homeless Management Information Systems Requirements

AGENCY: Office of the Assistant Secretary for Community Planning and Development.

ACTION: Proposed rule.

SUMMARY: This proposed rule provides for the establishment of regulations for Homeless Management Information Systems (HMIS), which are the local information technology systems that HUD recipients and subrecipients use for homeless assistance programs authorized by the McKinney-Vento Homeless Assistance Act (the McKinney-Vento Act). The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, in addition to consolidating and amending programs authorized by the McKinney-Vento Act, codifies in law the Continuum of Care planning process, as well as certain data collection requirements integral to HMIS. The HEARTH Act requires that HUD ensure operation of and consistent participation by recipients and subrecipients in HMIS. While Continuums of Care have been using HMIS for several years, this proposed rule would add a new part to the Code of Federal Regulations to regulate the administration of HMIS and collection of data using HMIS, as provided for by the HEARTH Act. In addition, this proposed rule would make corresponding changes to HUD's regulations for Consolidated Submissions for Community Planning and Development Programs, at 24 CFR part 91; the Emergency Solutions Grants program, at 24 CFR part 576; the Shelter

Plus Care Program, at 24 CFR part 582; and the Supportive Housing Program, at 24 CFR part 583.

DATES: *Comment Due Date.* February 7, 2012.

ADDRESSES: Interested persons are invited to submit comments regarding this rule to the Regulations Division, Office of General Counsel, 451 7th Street, SW., Room 10276, Department of Housing and Urban Development, Washington, DC 20410-0500.

Communications must refer to the above docket number and title. There are two methods for submitting public comments. All submissions must refer to the above docket number and title.

1. *Submission of Comments by Mail.* Comments may be submitted by mail to the Regulations Division, Office of General Counsel, Department of Housing and Urban Development, 451 7th Street SW., Room 10276, Washington, DC 20410-0500.

2. *Electronic Submission of Comments.* Interested persons may submit comments electronically through the Federal eRulemaking Portal at <http://www.regulations.gov>. HUD strongly encourages commenters to submit comments electronically.

Electronic submission of comments allows the commenter maximum time to prepare and submit comments, ensures timely receipt by HUD, and enables HUD to make them immediately available to the public. Comments submitted electronically through the <http://www.regulations.gov> Web site can be viewed by other commenters and interested members of the public. Commenters should follow the instructions provided on that site to submit comments electronically.

Note: To receive consideration as public comments, comments must be submitted through one of the two methods specified above. Again, all submissions must refer to the docket number and title of the rule.

No Facsimile Comments. Facsimile (FAX) comments are not acceptable.

Public Inspection of Public Comments. All properly submitted comments and communications submitted to HUD will be available for public inspection and copying between 8 a.m. and 5 p.m., eastern time, weekdays at the above address. Due to security measures at the HUD Headquarters building, an advance appointment to review the public comments must be scheduled by calling the Regulations Division at (202) 708-3055 (this is not a toll-free number). Individuals with speech or hearing impairments may access this number through TTY by calling the Federal Information Relay Service at (800) 877-

8339. Copies of all comments submitted are available for inspection and downloading at <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Ann Marie Oliva, Director, Office of Special Needs Assistance Programs, Office of Community Planning and Development, Department of Housing and Urban Development, 451 7th Street SW., Washington, DC 20410-7000; telephone number (202) 708-4300 (this is not a toll-free number). Hearing- and speech-impaired persons may access this number through TTY by calling the Federal Information Relay Service at (800) 877-8339 (this is a toll-free number).

SUPPLEMENTARY INFORMATION:

I. Background—HEARTH Act

The Act to Prevent Mortgage Foreclosures and Enhance Mortgage Credit Availability was signed into law on May 20, 2009 (Pub. L. 111-22). This new law implements a variety of measures directed toward keeping individuals and families from losing their homes. Division B of this new law is the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009. The HEARTH Act consolidates and amends three of the homeless assistance programs authorized by title IV of the McKinney-Vento Act (42 U.S.C. 11371 *et seq.*) into a single grant program. Also, the HEARTH Act revised the Emergency Shelter Grants program to broaden its existing emergency shelter and homelessness prevention activities, to add new activities to rapidly rehouse homeless families and individuals, and to change the program's name to the Emergency Solutions Grant program. The HEARTH Act also codifies in law the Continuum of Care planning process and certain data collection requirements and requires HUD to ensure operation of and consistent participation by recipients and subrecipients of programs authorized by Title IV of the McKinney-Vento Act in HMIS.

II. This Proposed Rule

A. Background

Commencing in 2004, HUD has required recipients of McKinney-Vento Act funds to collect electronic data on their homeless clients through HMIS.¹

¹ HUD's "Third Progress Report on HUD's Strategy for Improving Homeless Data Collection, Reporting and Analysis," dated March 2004, described HUD's efforts, commencing in 2001 and in collaboration with recipients and subrecipients to develop an effective data collection system on the homeless, at both the national and local levels. See <http://www.hud.gov/offices/cpd/homeless/>

HMIS is a software application used to collect demographic information on people served. The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services and about persons who receive assistance for persons at risk of homelessness over time, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service use and measure the effectiveness of programs.

This proposed rule establishes regulations for HMIS at 24 CFR part 580 and makes corresponding amendments to the Consolidated Plan regulations, codified in 24 CFR part 91; the Emergency Solutions Grants program regulations, codified in 24 CFR part 576, and established by interim rule published on December 5, 2011 (76 FR 75954); the Shelter Plus Care program regulations, codified in 24 CFR part 582; and the Supportive Housing Program regulations, codified in 24 CFR part 583. Informed by HUD's experience with HMIS, the proposed rule would implement the HEARTH Act requirements and make mandatory the practices that HUD previously provided as guidance. The regulatory framework proposed by this rule is designed to provide for uniform technical requirements of HMIS, for proper collection of data and maintenance of the database, and to ensure the confidentiality of the information in the database. HUD is publishing the HMIS rule separate from the program rules in part to avoid repetition in those rules, but also because recipients of grants and assistance from other Federal agencies that are now requiring them to use HMIS to collect data and produce reports will benefit from a separate rule.

The following sections of this preamble provide a section-by-section overview of the proposed rule.

B. Section-by-Section Overview of Proposed Part 580

General Provisions (Subpart A)

Purpose and Scope (§ 580.1)

This section provides that the purpose of HMIS is to record and store client-level information about the numbers, characteristics, and needs of homeless persons and those at risk of

[hmis/strategy/reporttocongress2004.pdf](http://www.hud.gov/offices/cpd/homeless/hmis/strategy/reporttocongress2004.pdf). These efforts concluded with a notice that HUD published in the *Federal Register* on July 30, 2004 (69 FR 45888) that provided final data and technical standards for HMIS.

homelessness. This section also clarifies the scope of homeless assistance and prevention programs that must utilize HMIS.

With respect to scope, this rule clarifies that all recipients of financial assistance under the Continuum of Care program, the Emergency Solutions Grant program, the Rural Housing Stability Assistance (RHS) program, as well as HUD programs previously funded under the McKinney-Vento Act (the Supportive Housing Program, the Shelter Plus Care program, and the Section 8 Single Room Occupancy Moderate Rehabilitation program) are required to use HMIS to collect client-level data on persons served. Homeless and nonhomeless projects not funded under the McKinney-Vento Act may participate in the local HMIS, and must follow HMIS regulations and any additional requirements as may be issued by notice, in accordance with the Paperwork Reduction Act.

Definitions (§ 580.3)

Under this rule, a comparable database means a database used by a victim service provider or a legal service provider that collects client-level data over time and generates unduplicated aggregate reports based on the data, in accordance with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.

Consistent with section 401(32) of the McKinney-Vento Act, this rule defines the term *victim service provider* as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

HMIS Administration (Subpart B)

This section of the proposed rule identifies the responsibilities of the Continuum of Care, and the HMIS Lead.

Responsibilities for HMIS Administration (§ 580.5)

This section establishes that the Continuum of Care is responsible for making decisions about HMIS management and administration. As provided in the Definition section of this rule, Continuum of Care means the group composed of representatives of organizations, including nonprofit homeless providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers,

mental health agencies, hospitals, universities, affordable housing developers, and law enforcement, that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons that carry out the responsibilities delegated to a Continuum of Care under HUD's regulations in 24 CFR part 578. The Continuum of Care is responsible for ensuring that the HMIS for the Continuum of Care is operated in accordance with the provisions of the new regulations and other applicable laws.

Duties of the Continuum of Care (§ 580.7)

This section provides that the Continuum of Care must designate a single information system as the official HMIS software for the geographic area. A single information system reduces administrative burden, is more economical for Continuums and, most importantly, allows for Continuum-wide collaboration between organizations serving homeless persons and persons at risk of homelessness. The Continuum must also designate the HMIS Lead. The HMIS Lead must be an instrumentality of state or local government, or a private nonprofit organization. The Continuum must review, revise, and approve all policies and plans the HMIS Lead is required to develop. Finally, the Continuum must develop a governance charter and document all assignments and designations consistent with the governance charter.

This section also provides that a Continuum of Care may choose to participate in HMIS with one or more other Continuums of Care. To create a multi-Continuum HMIS, each Continuum must designate the same HMIS software and the same HMIS Lead and must adopt a joint governance charter. The HMIS must be capable of reporting unduplicated data for each Continuum of Care separately.

Duties of the HMIS Lead (§ 580.9)

This section lists the duties of the HMIS Lead. These duties include developing written policies and procedures for all Covered Homeless Organizations (CHOs), executing an HMIS participation agreement with each CHO, serving as the applicant to HUD for any HMIS grants that will cover the Continuum of Care geographic area, and monitoring compliance by all CHOs of the Continuum of Care.

Eligible Activities (Subpart C)

Funding for HMIS (§ 580.21)

Funding for HMIS is provided through Federal assistance or other

public or private resources. HMIS Leads and CHOs must refer to program regulations to determine how funds are made available. One source of Federal funding for HMIS is the programs authorized by Title IV of the McKinney-Vento Act. The applicable program regulations for the HUD McKinney-Vento Act programs are found in the regulations of Chapter V of title 24 of the Code of Federal Regulations. These regulations provide how funds are made available and the requirements attached to those funds. Concurrently with the publication of this rule, HUD is also publishing the Emergency Solutions Grants interim rule. HUD expects to publish proposed rules for the new programs created by the HEARTH Act amendments to the McKinney-Vento Act shortly. Those rules will control the extent to which grant funds can be used for the costs of carrying out HMIS activities.

Eligible Activities (§ 580.23)

This section identifies the activities that are needed to administer and run an HMIS. The activities listed in § 580.23(a) may be carried out only by the HMIS Lead. This is because the HMIS Lead is the only organization given the authority by the Continuum of Care to make system-wide decisions regarding the HMIS that impact all CHOs within the Continuum and because all of these activities relate to administering the system on behalf of the Continuum and the CHOs. The activities listed in § 580.23(b) are activities that every organization that contributes data to an HMIS will need to do. If an HMIS Lead also operates a project and contributes data to the HMIS, it will carry out these activities in addition to those listed under § 580.23(a). This section also clarifies that operation of a comparable database by victim service providers and legal service providers is an eligible HMIS activity.

Carrying Out HMIS Activities (§ 580.25)

This section requires recipients and subrecipients of McKinney-Vento Act program funds to participate in the HMIS established by the Continuum of Care for their geographic area and specifies the parameters in which recipients and subrecipients of funds carry out eligible HMIS activities. Participation in HMIS by recipients and subrecipients of Emergency Solutions Grants program funds is statutorily required.

This section also provides that victim service providers must not directly enter or provide data into an HMIS if they are legally prohibited from participating in

HMIS and that legal service providers may choose not to use HMIS if it is necessary to protect attorney-client privileges. Victim service providers and legal service providers that are recipients of funds requiring participation in HMIS, but which do not directly enter data into an HMIS, must use a comparable database. This section specifies the standards for a comparable database. Victim service providers have been prohibited from entering data into HMIS since the passage of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005 (42 U.S.C. 13925). The *Notice of Allocation, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Program Recipients and subrecipients under the American Recovery and Reinvestment Act of 2009* (HPRP Notice) established, for the first time, standards for a comparable database and required victim service providers to enter data into a comparable database. Entering data into a comparable database was necessary to produce the reports required by the Homelessness Prevention and Rapid Re-Housing Program (HPRP). The HPRP Notice also established the ability for legal service providers to use a comparable database instead of directly entering data into the HMIS where it is necessary to protect attorney-client privileges. HUD is proposing to adopt above requirements in this rule because without information from victim service providers and legal service providers, the collaborative applicant cannot effectively carry out its required duties and the Continuum of Care cannot evaluate the system-wide performance of the Continuum. A comparable database allows the collaborative applicant and Continuum to obtain the aggregate data needed while respecting the sensitive nature of the client-level information if it complies with all HMIS data, technical, and security standards as established in this part or by notice.

HMIS Governance, Technical, Security, and Data Quality Standards (Subpart D) HMIS Governance Standards (§ 580.31)

The importance of the integrity and security of HMIS cannot be overstated. Given such importance, it is equally important that HMIS is administered and operated under high standards of data quality and security. To strive to meet this objective, this section requires the HMIS Lead to adopt policies and procedures for the operation of its HMIS. These policies and procedures must not only meet HUD standards, but as this regulatory section specifies, the

policies and procedures must meet applicable state or local governmental requirements. This section also emphasizes that the HMIS Lead and the CHOs are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance privacy, security, and confidentiality protections. In particular, governing policies and procedures must allow any CHO that is also a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) to make disclosures of protected health information in a manner that fully complies with the HIPAA privacy and security rules.

HMIS Technical Standards (§ 580.33), HMIS Security Standards (§ 580.35), and Data Quality Standards and Management (§ 580.37)

These three sections address required technical aspects of the HMIS system and provide direction to ensure that each HMIS is and remains a system of accuracy, integrity, and confidentiality. The standards in these three regulatory sections broadly present the parameters of each of these areas. By including these standards in regulations, HUD seeks to have uniform and consistent standards with respect to technology, security, and data quality. It is not HUD's intent that these standards be so restrictive that there is no flexibility to adapt to changing technology, which may enhance security, data quality, and the technical features of the system application that is currently HMIS. Therefore, specific details applicable to each of these areas will be reserved for inclusion in a notice that will be subject to the Paperwork Reduction Act.

The placement of the detailed operating and technical functions of HMIS in a supplemental document will allow HUD to be more responsive to changes in technology. HUD will propose any changes to these standards through notice and the public comment process. This procedure will allow for a more expedient adoption of technology requirements. The security standards section specifies that HMIS Leads must establish a security plan, which must be approved by the Continuum of Care, designate a security officer, conduct workforce security screening, report

security incidents, establish a disaster recovery plan, and conduct an annual security review. Additionally, HMIS Leads must ensure that each CHO designates a security officer and conducts workforce security measures, and that each user completes security training at least annually and each CHO conducts an annual security review.

The data quality standards and management section specifies that HMIS Leads must set data quality benchmarks for CHOs, including bed coverage rates and service-volume coverage rates. In the 2006 Continuum of Care Exhibit 1 Application, HUD established the use of bed coverage rates as a data quality measure. As HMIS is used to collect increasing amounts of information on projects without overnight accommodations, HUD needs a method for calculating the coverage rate a Continuum of Care has in recording the people served in these projects. HUD proposes that service-volume coverage be calculated for a HUD-defined category of projects without overnight accommodations, such as homelessness prevention projects or street outreach projects, by dividing the number of persons served annually by the projects that participate in the HMIS by the number of persons served annually by all of the Continuum of Care projects within the HUD-defined category. HUD is specifically seeking public comment on this data quality measurement.

Maintaining and Archiving Data (§ 580.51)

This section specifies that CHOs and HMIS Leads refer to applicable program regulations to determine the length of time that records must be maintained for inspection and monitoring purposes. The HMIS Lead may archive data in the HMIS, but must follow archiving data standards established by HUD in **Federal Register** notices.

C. Explanation of Changes to Proposed Changes to Parts 91, 576, 582, and 583

This proposed rule would revise the definition of HMIS in 24 CFR part 91 and each of the HMIS-related sections of 24 CFR part 576, as amended by the Interim Rule for the Emergency Solutions Grants program, published on December 5, 2011 (76 FR 75954). Specifically, references to the new part 580 replace the references to HUD's standards on participation, data

collection, and reporting under a local HMIS.

This proposed rule would also revise the recordkeeping requirements for the definition of "homeless" to allow a certificate or other appropriate service transaction recorded in an HMIS that meets the requirements of the new part 580 to be acceptable evidence of third-party documentation and intake worker observations in parts 576, 582, and 583.

III. Solicitation of Public Comment

HUD invites comment on the HMIS requirements as presented in this proposed rule. Public comment on this rule will assist HUD in developing an effective regulatory framework for administration of HMIS.

IV. Findings and Certifications

Regulatory Planning and Review

The Office of Management and Budget (OMB) reviewed this rule under Executive Order 12866, "Regulatory Planning and Review." This rule was determined to be a "significant regulatory action," as defined in section 3(f) of the order (although not an economically significant regulatory action under the order). The docket file is available for public inspection in the Regulations Division, Office of the General Counsel, 451 7th Street SW., Room 10276, Washington, DC 20410-0500. Due to security measures at the HUD Headquarters building, please schedule an appointment to review the docket file by calling the Regulations Division at (202) 402-3055 (this is not a toll-free number). Individuals with speech or hearing impairments may access this number via TTY by calling the Federal Relay Service at (800) 877-8339.

Information Collection Requirements

The information collection requirements contained in this proposed rule have been submitted to OMB under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

The burden of the information collections in this proposed rule is estimated as follows:

REPORTING AND RECORDKEEPING BURDEN

Information collection	Number of respondents	Response frequency (average)	Total annual responses	Burden hours per response	Total annual hours
580.5 Responsibility for HMIS administration	450	1	450	4	1,800
580.7 Duties of the Continuum of Care	450	1	450	42	18,900
580.9(a) Duties of the HMIS Lead—Ensure operation and participation	350	125	43,750	8	350,000
580.9(b) Duties of the HMIS Lead—Develop written policies	350	1	350	80	28,000
580.9(c) Duties of the HMIS Lead—Execute participation agreements	350	125	43,750	1	43,750
580.9(e) Duties of the HMIS Lead—Monitor and Enforce Compliance	350	125	43,750	8	350,000
580.9(f) Duties of the HMIS Lead—Develop plans	350	3	1,050	40	42,000
580.25(d) Carrying out HMIS Activities—Standards for Comparable Database	2,000	1	2,000	40	80,000
580.31(c) Unduplicated Count	350	1	350	16	5,600
580.31(f) Implementing specifications	300	1	300	4	1,200
580.35(d)(1) Administrative Safeguards—Security Officer	7,600	1	7,600	2	15,200
580.35(d)(2) Workforce Security	7,600	12	91,200	2	182,400
580.35(d)(3) Security Awareness Training and Follow-up	350	125	43,750	1	43,750
580.35(d)(4) Reporting Security Incidents	350	1	350	8	2,800
580.35(d)(5) Disaster Recovery Plan	350	1	350	8	2,800
580.35(6) Annual Security Review	350	125	43,750	1	43,750
580.35(7) Contracts and Other Arrangements	350	125	43,750	.25	10,938
580.37(c) Data Quality Benchmarks	350	1	350	4	1,400
Total					1,224,288

In accordance with 5 CFR 1320.8(d)(1), HUD is soliciting comments from members of the public and affected agencies concerning this collection of information to:

- (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information;
- (3) Enhance the quality, utility, and clarity of the information to be collected; and
- (4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology; e.g., permitting electronic submission of responses.

Interested persons are invited to submit comments regarding the information collection requirements in this rule. Comments must refer to the proposal by name and docket number (FR-5475-P-01) and must be sent to: HUD Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503, Fax number: (202) 395-6947; and Reports Liaison Officer, Office of Community Planning and Development, Department of Housing

and Urban Development, 451 Seventh Street, SW., Room 7220, Washington, DC 20410-7000.

Environmental Impact

This proposed rule does not direct, provide for assistance or loan and mortgage insurance for, or otherwise govern or regulate, real property acquisition, disposition, leasing, rehabilitation, alteration, demolition, or new construction, or establish, revise, or provide for standards for construction or construction materials, manufactured housing, or occupancy. Accordingly, under 24 CFR 50.19(c)(1), this proposed rule is categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321).

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531-1538) (UMRA) establishes requirements for Federal agencies to assess the effects of their regulatory actions on state, local, and tribal governments and on the private sector. This proposed rule does not impose a Federal mandate on any state, local, or tribal government, or on the private sector, within the meaning of UMRA.

Regulatory Flexibility Act

The Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) generally requires an agency to conduct a regulatory

flexibility analysis of any rule subject to notice and comment rulemaking requirements, unless the agency certifies that the rule will not have a significant economic impact on a substantial number of small entities. This rule addresses the requirements of the HMIS as provided by the HEARTH Act (Pub. L. 111-22). The purpose of this rule is to determine the framework and conditions of the information technology system used by all recipients of grant funds under the McKinney-Vento Act, as amended by the HEARTH Act. Given the narrow scope of this rule, HUD has determined that it would not have a significant economic impact on a substantial number of small entities.

Notwithstanding HUD's determination that this rule will not have a significant effect on a substantial number of small entities, HUD specifically invites comments regarding any less burdensome alternatives to this rule that will meet HUD's objectives as described in this preamble.

Executive Order 13132, Federalism

Executive Order 13132 (entitled "Federalism") prohibits an agency from publishing any rule that has federalism implications if the rule either imposes substantial direct compliance costs on state and local governments and is not required by statute, or the rule preempts state law, unless the agency meets the consultation and funding requirements of section 6 of the Executive Order. This

final rule does not have federalism implications and does not impose substantial direct compliance costs on state and local governments nor preempt state law within the meaning of the Executive Order.

List of Subjects

24 CFR Part 91

Aged, Grant programs—housing and community development, Homeless, Individuals with disabilities, Low- and moderate-income housing, Reporting and recordkeeping requirements.

24 CFR Part 576

Community facilities, Emergency solutions grants, Grant programs—housing and community development, Grant program—social programs, Homeless, Reporting and recordkeeping requirements.

24 CFR Part 580

Community facilities, Emergency shelter grants, Grant programs—housing and community development, Homeless, Information technology system, Management system, Nonprofit organizations, Reporting requirements, Supportive housing programs—housing and community development, Supportive services.

24 CFR Part 582

Homeless, Rent subsidies, Reporting and recordkeeping requirements, Supportive housing programs—housing and community development, Supportive services.

24 CFR Part 583

Homeless, Rent subsidies, Reporting and recordkeeping requirements, Supportive housing programs—housing and community development, Supportive services.

Accordingly, for the reasons stated above, HUD proposes to amend 24 CFR parts 91, 576, 580, and 583 as follows:

PART 91—CONSOLIDATED SUBMISSIONS FOR COMMUNITY PLANNING AND DEVELOPMENT PROGRAMS

1. The authority citation for 24 CFR part 91 continues to read as follows:

Authority: 42 U.S.C. 3535(d), 3601–3619, 5301–5315, 11331–11388, 12701–12711, 12741–12756, and 12901–12912.

2. In § 91.5, the definition of “Homeless Management Information System (HMIS)” is revised to read as follows:

§ 91.5 Definitions.

* * * * *

Homeless Management Information System (HMIS). The information system designated by the Continuum of Care to comply with the requirements of 24 CFR part 580 and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

* * * * *

PART 576—EMERGENCY SOLUTIONS GRANTS PROGRAM

3. The authority citation for 24 CFR part 576 continues to read as follows:

Authority: 42 U.S.C. 11371 *et seq.*, 42 U.S.C. 3535(d).

4. In § 576.2, the definition of “homeless management information system (HMIS)” is revised, and the definition of “HMIS Lead” is added, to read as follows:

§ 576.2 Definitions.

* * * * *

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with 24 CFR part 580 and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

HMIS Lead means the entity designated by the Continuum of Care in accordance with 24 CFR part 580 to operate the Continuum’s HMIS on the Continuum’s behalf.

* * * * *

5. Section 576.107 is revised to read as follows:

§ 576.107 HMIS component.

(a) *Eligible costs.*

(1) The recipient or subrecipient may use ESG funds to pay the costs of contributing data to the HMIS designated by the Continuum of Care for the area, including the costs of:

(i) Purchasing or leasing computer hardware;

(ii) Purchasing software or software licenses;

(iii) Purchasing or leasing equipment, including telephones, faxes, and furniture;

(iv) Obtaining technical support;

(v) Leasing office space;

(vi) Paying charges for electricity, gas, water, phone service, and high-speed data transmission necessary to operate or contribute data to the HMIS;

(vii) Paying salaries for operating HMIS, including:

(A) Completing data entry;

(B) Monitoring and reviewing data quality;

(C) Completing data analysis;

(D) Reporting to the HMIS Lead;

(E) Training staff on using the HMIS or a comparable database; and

(F) Implementing and complying with HMIS requirements;

(viii) Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Homeless Assistance Act;

(ix) Paying staff travel costs to conduct intake; and

(x) Paying participation fees charged by the HMIS Lead, as defined in 24 CFR 580.3, if the recipient or subrecipient is not the HMIS Lead.

(2) If the recipient or subrecipient is the HMIS Lead, as defined in 24 CFR 580.3, it may also use ESG funds to pay the costs of:

(i) Hosting and maintaining HMIS software or data;

(ii) Backing up, recovering, or repairing HMIS software or data;

(iii) Upgrading, customizing, and enhancing the HMIS;

(iv) Integrating and warehousing data, including development of a data warehouse for use in aggregating data from subrecipients using multiple software systems;

(v) Administering the system;

(vi) Reporting to providers, the Continuum of Care, and HUD; and

(vii) Conducting training on using the system or comparable database, including traveling to the training.

(3) If the subrecipient is a victim services provider or a legal services provider, it may use ESG funds to establish and operate a comparable database that complies with 24 CFR part 580.

(b) *General restrictions.* Activities funded under this section must comply with the HMIS requirements at 24 CFR part 580.

6. In § 576.400, paragraph (f) is revised to read as follows:

§ 576.400 Area-wide systems coordination requirements.

* * * * *

(f) *Participation in HMIS.* The recipient must ensure that data on all persons served and all activities assisted under ESG are entered into the applicable HMIS for the geographic area in which those persons and activities are located, or a comparable database, as provided under 24 CFR part 580. The entry, storage, and use of this data are subject to the HMIS requirements at 24 CFR part 580.

7. In § 576.500, paragraphs (b) and (x)(1)(i) are revised to read as follows:

§ 576.500 Recordkeeping and reporting requirements.

* * * * *

(a) * * *

(b) *Homeless status.* The recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. A certificate or other appropriate service transaction recorded in an HMIS or other database that meets the standards prescribed by HUD in 24 CFR part 580 is acceptable evidence of third-party documentation and intake worker observations.

* * * * *

(x) * * *

(1) * * *

(i) All records containing protected identifying information, as defined in 24 CFR 580.3, regarding any individual or family who applies for and/or receives ESG assistance will be kept secure and confidential;

* * * * *

PART 582—SHELTER PLUS CARE

8. The authority for 24 CFR part 582 continues to read as follows:

Authority: 42 U.S.C. 3535(d), and 11403–11407b.

9. In § 582.301, paragraph (b) is revised to read as follows:

§ 582.301 Recordkeeping.

(a) [Reserved.]

(b) *Homeless status.* The recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 582.5. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being

immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider, as defined in section 401(32) of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act. A certificate or other appropriate service transaction recorded in an HMIS or other database that meets the standards prescribed by HUD in 24 CFR part 580 is acceptable evidence of third-party documentation and intake worker observations.

* * * * *

PART 583—SUPPORTIVE HOUSING PROGRAM

10. The authority citation for 24 CFR part 583 continues to read as follows:

Authority: 42 U.S.C. 3535(d) and 11389.

11. In § 583.301, paragraph (b) is revised to read as follows:

§ 583.301 Recordkeeping.

(a) [Reserved.]

(b) *Homeless status.* The recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 583.5. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider, as defined in section 401(32) of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act. A certificate or other appropriate service transaction recorded in an HMIS or other database that meets the standards prescribed by HUD in 24 CFR part 580 is acceptable evidence of third-party documentation and intake worker observations.

* * * * *

12. A new part 580 is added to read as follows:

PART 580—HOMELESS MANAGEMENT INFORMATION SYSTEM**Subpart A—General Provisions**

Sec.

580.1 Purpose and scope.

580.3 Definitions.

Subpart B—HMIS Administration

580.5 Responsibility for HMIS administration.

580.7 Duties of the Continuum of Care.

580.9 Duties of the HMIS Lead.

Subpart C—Eligible Activities

580.21 Funding for HMIS.

580.23 Eligible Activities.

580.25 Carrying out eligible activities.

Subpart D—HMIS Governance, Technical, Security, and Data Quality Standards

580.31 HMIS governance standards.

580.33 HMIS technical standards.

580.35 HMIS security standards.

580.37 Data quality standards and management.

Subpart E—Maintaining and Archiving Data

580.41 Maintaining and archiving data.

Subpart F—Sanctions

580.51 Sanctions.

Authority: 42 U.S.C. 11301, 42 U.S.C. 3535(d).

Subpart A—General Provisions**§ 580.1 Purpose and scope.**

(a) *Purpose.* The purpose of a homeless management information system (HMIS), whether funded by public or private resources, is to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons who receive assistance for persons at risk of homelessness, including:

(1) *Aggregation of HMIS data.*

Information in HMIS may be aggregated to:

(i) Obtain information about the extent and nature of homelessness over time;

(ii) Produce an unduplicated count of homeless persons;

(iii) Understand patterns of service use; and

(iv) Measure the effectiveness of homeless assistance projects and programs.

(2) *Uses of aggregate HMIS information.* Information generated from the HMIS:

(i) Will be used by recipients and subrecipients to report to HUD and for such other reasons as may be specified in law or regulation or by HUD through notices;

(ii) Will be used by HUD and other Federal agencies to report to Congress, to evaluate recipient performance, and for such other reasons as may be specified in law or regulation or by HUD through notice; and

(iii) May be made available to the public to raise awareness and enhance local planning processes.

(b) *Scope.* (1) Every Continuum of Care must have an HMIS that is operated in compliance with the requirements of this part.

(2) All recipients of grants from the programs authorized by Title IV of the McKinney-Vento Act are required to use HMIS, except as provided in § 580.25(d).

(3) Homeless and nonhomeless projects that are not funded by grants from programs authorized by Title IV of the McKinney-Vento Act may also participate in the local HMIS, and must follow all of the requirements set forth in this part.

§ 580.3 Definitions.

The following terms have the following meanings:

Act means the McKinney-Vento Homeless Assistance Act, and, unless otherwise specified, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (Division B of Pub. L. 111–22 (HEARTH Act) (42 U.S.C. 11371 *et seq.*)).

Continuum of Care means the group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of a Continuum of Care established under 24 CFR part 578.

Comparable database means a database that is not the Continuum's official HMIS, but an alternative system that victim service providers and legal services providers may use to collect client-level data over time and to generate unduplicated aggregate reports based on the data, and that complies with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.

Contributing HMIS Organization (or CHO) means an organization that operates a project that contributes data to an HMIS.

Data recipient means a person who obtains personally identifying information from an HMIS Lead or from a CHO for research or other purposes not directly related to the operation of the HMIS, Continuum of Care, HMIS Lead, or CHO.

Homeless Management Information System (HMIS) means the information system designated by Continuums of

Care to comply with the requirements of this part and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

HMIS Lead means an entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

HMIS vendor means a contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host, data warehouse provider, as well as a provider of other information technology or support.

HUD means the Department of Housing and Urban Development.

Participation fee means a fee the HMIS Lead charges CHOs for participating in the HMIS to cover the HMIS Lead's actual expenditures, without profit to the HMIS Lead, for software licenses, software annual support, training, data entry, data analysis, reporting, hardware, connectivity, and administering the HMIS.

Protected identifying information means information about a program participant that can be used to distinguish or trace a program participant's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the program participant.

Unduplicated count of homeless persons means an enumeration of homeless persons where each person is counted only once during a defined period.

User means an individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Subpart B—HMIS Administration

§ 580.5 Responsibility for HMIS administration.

Every Continuum of Care must have an HMIS that complies with this part. The Continuum of Care is responsible for ensuring that its HMIS is administered in accordance with the requirements of this part and other

applicable Federal, state, and local laws and ordinances.

§ 580.7 Duties of the Continuum of Care.

(a) *Required duties.* The Continuum of Care must:

(1) Designate a single information system as the official HMIS software for the geographic area. The software must comply with the requirements of this part.

(2) Designate an HMIS Lead, which may be itself, to operate the HMIS. The HMIS Lead must be a state or local government, an instrumentality of state or local government, or a private nonprofit organization.

(3) Develop a governance charter, which at a minimum includes:

(i) A requirement that the HMIS Lead enter into written HMIS Participation Agreements with each CHO requiring the CHO to comply with this part and imposing sanctions for failure to comply;

(ii) The participation fee charged by the HMIS; and

(iii) Such additional requirements as may be issued by notice from time to time.

(4) Maintain documentation evidencing compliance with this part and with the governance charter; and

(5) Review, revise and approve the policies and plans (required by this part and by any notices issued from time to time).

(b) *Discretionary actions.* A Continuum of Care may choose to participate in an HMIS with one or more other Continuums, subject to the following conditions:

(1) All Continuums of Care within a multi-Continuum HMIS must designate the same HMIS Lead and must work jointly with the HMIS Lead to develop and adopt a joint governance charter;

(2) All Continuums of Care within a multi-continuum HMIS must designate the same governance, technical, security, privacy, and data quality standards;

(3) Each Continuum of Care must designate the same information system as the official HMIS software; and

(4) The HMIS must be capable of reporting unduplicated data for each Continuum of Care separately.

§ 580.9 Duties of the HMIS Lead.

The HMIS Lead shall:

(a) Ensure the operation of and consistent participation by recipients of funds from the Emergency Solutions Grants Program and from the other programs authorized by Title IV of the McKinney-Vento Act. Duties include establishing the HMIS; conducting oversight of the HMIS; and taking

corrective action, if needed, to ensure that the HMIS is compliant with the requirements of this part;

(b) Develop written HMIS policies and procedures in accordance with § 580.31 for all CHOs;

(c) Execute a written HMIS Participation Agreement with each CHO, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan with which the CHO must abide, the requirements of the privacy policy with which the CHO must abide, the sanctions for violating the HMIS Participation Agreement (*e.g.*, imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution), and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement. The HMIS Participation Agreement may address other activities to meet local needs;

(d) Serve as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the Continuum, and, if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities;

(e) Monitor and enforce compliance by all CHOs with the requirements of this part and report on compliance to the Continuum of Care and HUD;

(f) The HMIS Lead must submit a security plan (see § 580.35), a data quality plan (see § 580.37), and a privacy policy (see § 580.31(g)) to the Continuum of Care for approval within [the date that is 6 months after the effective date of the final rule to be inserted at final rule stage] and within 6 months after the date that any change is made to the local HMIS. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the Continuum of Care and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Continuum of Care.

Subpart C—Eligible Activities

§ 580.21 Funding for HMIS.

Eligibility of costs of carrying out HMIS activities depends on the source of the funds. HMIS Leads and CHOs must look to the regulations and the funding source to determine what costs are eligible.

§ 580.23 Eligible activities.

(a) *HMIS Lead.* Only the HMIS Lead may carry out the following activities:

(1) Host and maintain HMIS software or data;

(2) Backup, recovery, and repair of the HMIS software or data;

(3) Upgrade, customize, and enhance the HMIS;

(4) Integrate and warehouse data, including development of a data warehouse for use in aggregating data from subrecipients using multiple software systems;

(5) System administration;

(6) Report to providers, the Continuum, and HUD;

(7) Conduct training for recipients on the use of the system, including the reasonable cost of travel to the training; and

(8) Such additional activities as may be authorized by HUD in notice.

(b) *HMIS Lead and CHOs.* HMIS Leads that are also CHOs and other CHOs may carry out the following activities:

(1) Purchase, lease, or license computer hardware and software;

(2) Purchase or lease equipment, including telephones, faxes, and furniture;

(3) Pay for technical support;

(4) Lease office space;

(5) Pay for electricity, gas, water, phone service, and high-speed data transmission costs necessary to operate and participate in the HMIS;

(6) Pay salaries for operating HMIS, which includes:

(i) Data entry;

(ii) Monitor and review data quality;

(iii) Data analysis;

(iv) Report to the HMIS Lead;

(v) Attend HUD-sponsored and HUD-

approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Act;

(vi) Conduct training for CHOs on the HMIS or comparable database;

(vii) Travel to conduct intake and to attend training;

(viii) Implement and comply with HMIS requirements; and

(7) Pay the participation fee to the HMIS Lead that is established by the Continuum of Care in the governance charter;

(8) If the CHO is a victim services provider, as defined under 24 CFR 580.3, or a legal services provider, establish and operate a comparable database that complies with 24 CFR 580.25; and

(9) Such other activities as authorized by HUD in notice.

§ 580.25 Carrying out HMIS activities.

(a) *ESG.* Each recipient and subrecipient of ESG grant funds under

24 CFR part 576 is required to enter data in the Continuum's HMIS or a comparable database, as provided under this part.

(b) *Reserved.*

(c) *Reserved.*

(d) *Victim service and legal service providers.* Victim service providers shall not directly enter or contribute data into an HMIS if they are legally prohibited from participating in HMIS. Legal service providers may choose not to use HMIS if it is necessary to protect attorney-client privilege. Victim service and legal service providers that are recipients of funds that require participation in HMIS that do not directly enter or contribute data to an HMIS must use a comparable database instead.

(1) *Standards for a comparable database.* (i) The comparable database must meet the standards of this part and comply with all HMIS data information, security, and processing standards, as established by HUD in notice.

(ii) The comparable database must meet the standards for security, data quality, and privacy of the HMIS within the Continuum of Care. The comparable database may use more stringent standards than the Continuum of Care's HMIS.

(2) Victim service providers and legal service providers may suppress aggregate data on specific client characteristics if the characteristics meet the requirements of this part and any conditions as may be established by HUD in notice.

Subpart D—HMIS Governance, Technical, Security, and Data Quality Standards

§ 580.31 HMIS governance standards.

(a) *Development of local HMIS policies and procedures.* An HMIS Lead must adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the Continuum of Care. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. An HMIS Lead may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in this part.

(b) The HMIS Lead and the CHO using the HMIS are jointly responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the CHO.

(c) *Unduplicated count.* An HMIS Lead must, at least once annually, or upon request from HUD, submit to the

Continuum of Care an unduplicated count of clients served and an analysis of unduplicated counts, when requested by HUD.

(d) *Reporting.* The HMIS Lead shall submit reports to HUD as required.

(e) *CHO requirements.* A CHO must comply with the applicable standards set forth in this part.

(f) *Implementing specifications.* A CHO must comply with Federal, state, and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other Federal, state, and local laws to which the CHO must adhere, the CHO must contact the HMIS Lead and collaboratively update the applicable policies for the CHO to accurately reflect the additional protections.

(g) *Other requirements.* (1) An HMIS Lead must develop a privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice.

(2) Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.

(3) An HMIS Lead or CHO that contracts with an HMIS vendor must, as part of its contract with an HMIS vendor, require the HMIS vendor and the software to comply with HMIS standards issued by HUD.

§ 580.33 HMIS technical standards.

(a) *In general.* HMIS Leads and HMIS vendors are jointly responsible for ensuring compliance with the technical standards applicable to HMIS, as provided in this document and any supplemental notices, and for addressing any identified system or operating deficiencies promptly. Grant funds must be used only for software that meets the requirements of this part.

(b) *Required functionality.* The HMIS must meet all required functionality established by HUD in notice.

(c) *Unduplication requirements.* An HMIS must be capable of unduplicating client records as established by HUD in notice.

(d) *Data collection requirements.* (1) *Collection of all data elements.* An HMIS must contain fields for collection

of all data elements established by HUD in notice. For fields that contain response categories, the response categories in the HMIS must either directly match or map to the response categories defined by HUD.

(2) *Maintaining historical data.* An HMIS must be able to record data from a theoretically limitless number of service transactions and historical observations for data analysis over time and assessment of client outcomes, while following Federal, state, territorial, or local data retention laws and ordinances.

(e) *Reporting requirements.* (1) *Standard HUD reports.* An HMIS must be able to generate the report outputs specified by HUD. The reporting feature must be able to represent dates in the past for all historical and transactional data elements.

(2) *Data quality reports.* An HMIS must be capable of producing reports that enable the CHOs and the HMIS Lead to assess compliance with local data quality benchmarks and any HUD-established data quality benchmarks.

(3) *Audit reports.* An HMIS must be capable of generating audit reports to allow the HMIS Lead to review the audit logs on demand, including minimum data requirements established by HUD in notice.

§ 580.35 HMIS security standards.

(a) *In general.* Security standards, as provided in this section, are directed to ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security; and ensure compliance by end users. Written policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements.

(b) *System applicability.* All HMIS Leads, CHOs, and HMIS vendors must follow the security standards established by HUD in notice.

(c) *Security management.* (1) *Security plan.* All HMIS Leads must develop a HMIS security plan, which meets the minimum requirements for a security plan as established by HUD in notice, and which must be approved by the Continuum of Care.

(2) *Timeline for implementation.* The HMIS Lead must submit the security plan to the Continuum of Care for approval within 6 months of [effective date of final rule to be inserted at final rule stage]. The HMIS Lead and CHOs must implement all administrative, physical, and technical safeguards within 6 months of the initial approval of the security plan. If one or more of

these standards cannot be implemented, the HMIS Lead must justify the implementation delay and produce a plan of action for mitigating the shortfall, and develop milestones to eliminate the shortfall over time.

(d) *Administrative safeguards.* The administrative actions, policies, and procedures required to manage the selection, development, implementation, and maintenance of security measures to protect HMIS information must, at a minimum, meet the following:

(1) *Security officer.* Each HMIS Lead and each CHO must designate an HMIS security officer to be responsible for ensuring compliance with applicable security standards. The HMIS Lead must designate one staff member as the HMIS security officer.

(2) *Workforce security.* The HMIS Lead must ensure that each CHO conduct criminal background checks on the HMIS security officer and on all administrative users. Unless otherwise required by HUD, background checks may be conducted only once for administrative users.

(3) *Security awareness training and follow-up.* The HMIS Lead must ensure that all users receive security training prior to being given access to the HMIS, and that the training curriculum reflects the policies of the Continuum of Care and the requirements of this part. HMIS security training is required at least annually.

(4) *Reporting security incidents.* Each HMIS Lead must implement a policy and chain of communication for reporting and responding to security incidents, including a HUD-determined predefined threshold when reporting is mandatory, as established by HUD in notice.

(5) *Disaster recovery plan.* The HMIS Lead must develop a disaster recovery plan, which must include at a minimum, protocols for communication with staff, the Continuum of Care, and CHOs and other requirements established by HUD in notice.

(6) *Annual security review.* Each HMIS Lead must complete an annual security review to ensure the implementation of the security requirements for itself and CHOs. This security review must include completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan.

(7) *Contracts and other arrangements.* The HMIS Lead must retain copies of all contracts and agreements executed as part of the administration and management of the HMIS or required to

comply with the requirements of this part.

(e) *Physical safeguards.* The HMIS Lead must implement physical measures, policies, and procedures to protect the HMIS.

(f) *Technical safeguards.* The HMIS Lead must implement security standards establishing the technology that protects and controls access to protected electronic HMIS information, and outline the policy and procedures for its use.

§ 580.37 Data quality standards and management.

(a) *In general.* The data quality standards ensure the completeness, accuracy, and consistency of the data in the HMIS. **The Continuum of Care is responsible for the quality of the data produced.**

(b) *Definitions.* For the purpose of this section, the term:

(1) *HMIS participating bed* means a bed on which required information is collected in an HMIS and is disclosed at least once annually to the HMIS Lead in accordance with the requirements of this part.

(2) *Lodging project* means a project that provides overnight accommodations.

(3) *Nonlodging project* means a project that does not provide overnight accommodations.

(c) *Data quality benchmarks.* HMIS Leads must set data quality benchmarks for CHOs. Benchmarks must include separate benchmarks for lodging and nonlodging projects. HMIS Leads must establish data quality benchmarks, including minimum bed coverage rates and service-volume coverage rates, for the Continuum(s) of Care. HMIS Leads may establish different benchmarks for different types of projects (e.g., emergency shelter projects, permanent housing projects) based on population.

(1) For the purpose of data quality, the bed coverage rate measures the level of lodging project providers' participation in a Continuum of Care's HMIS.

(i) The bed coverage rate is calculated by dividing the number of HMIS participating by the total number of year-round beds in the geographic area covered by the Continuum of Care.

(ii) Bed coverage rates must be calculated separately for emergency shelter, safe haven, transitional housing, and permanent housing.

(iii) Bed coverage rates must be calculated for each comparable database.

(2) For the purpose of data quality, the service-volume coverage rate measures the level of nonlodging project participation in a Continuum of Care's HMIS.

(i) Service-volume coverage is calculated for each HUD-defined category of dedicated homeless nonlodging projects, such as street outreach projects, based on population.

(ii) The service-volume coverage rate is equal to the number of persons served annually by the projects that participate in the HMIS divided by the number of persons served annually by all Continuum of Care projects within the HUD-defined category.

(iii) Service-volume rates must be calculated for each comparable database.

(d) *Data quality management.* (1) *Data quality plan.* All HMIS Leads must develop and implement a data quality plan, as established by HUD in notice.

(2) The HMIS must be capable of producing reports required by HUD to assist HMIS Leads in monitoring data quality.

Subpart E—Maintaining and Archiving Data

§ 580.41 Maintaining and archiving data.

(a) *Maintaining data.* Applicable program regulations establish the length of time that records must be maintained for inspection and monitoring to determine that the recipient has met the requirements of the program regulations.

(b) *Archiving data.* Archiving data means the removal of data from an active transactional database for storage in another database for historical, analytical, and reporting purposes. The HMIS Lead must follow archiving data standards established by HUD in notice, as well as any applicable Federal, state, territorial, local, or data retention laws or ordinances.

Subpart F—Sanctions

§ 580.51 Sanctions

The program regulations for the programs that fund the HMIS activities contain the sanctions for noncompliance with this part.

Dated: November 4, 2011.

Mercedes Márquez,

Assistant Secretary for Community, Planning and Development.

[FR Doc. 2011-31634 Filed 12-8-11; 8:45 am]

BILLING CODE 4210-67-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 167

[USCG-2011-0351]

Port Access Route Study: The Atlantic Coast From Maine to Florida

AGENCY: Coast Guard, DHS.

ACTION: Notice of study; reopening of the comment period.

SUMMARY: The U.S. Coast Guard is reopening the comment period to further its outreach efforts and solicit additional comments concerning its Port Access Route Study being conducted along the Atlantic Coast from Maine to Florida.

DATES: Comments and related material must reach the Docket Management Facility on or before January 31, 2012.

ADDRESSES: You may submit comments identified by docket number USCG-2011-0351 using any one of the following methods:

(1) *Federal eRulemaking Portal:* <http://www.regulations.gov>.

(2) *Fax:* (202) 493-2251.

(3) *Mail:* Docket Management Facility (M-30), U.S. Department of Transportation, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue SE., Washington, DC 20590-0001.

(4) *Hand delivery:* Same as mail address above, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is (202) 366-9329. To avoid duplication, please use only one of these four methods. See the "Public Participation and Request for Comments" portion of the **SUPPLEMENTARY INFORMATION** section below for instructions on submitting comments.

FOR FURTHER INFORMATION CONTACT: If you have questions on this notice of study contact George Detweiler, Office of Navigation Systems, Coast Guard, telephone (202) 372-1566, email George.H.Detweiler@uscg.mil or submit questions to ACPARS@uscg.mil. If you have questions on viewing or submitting material to the docket, call Ms. Renee K. Wright, Program Manager, Docket Operations, telephone (202) 366-9826.

SUPPLEMENTARY INFORMATION:

I. Public Participation and Request for Comments

We encourage you to participate in this study by submitting comments and related materials. All comments received will be posted, without change,

Good Evening City Council Members and Mayor,

My name is Greg Pratt. I volunteer through a church organization to help the homeless on a weekly basis.

Friday afternoon I witnessed firsthand how the systems fails the homeless on a regular basis.

Due to time constraints, I won't go into all of the details. I witnessed 4 Lansing Police officers evict 4 homeless people from a location without calling the social worker unit for assistance in getting these people resources or a place to stay.

By not using the resources, one of the homeless people missed out on receiving services that were already scheduled for her the next day.

What good is the social work unit if the officers choose not to use it?

With the recent increase in apartments being red tagged and apartment fires. More people are being displaced.

How you may ask?? Well lots of people are staying with the names person on the leases. The person in the lease receives resources to aid them while the friend who stayed with them cannot receive the same resources or funding.

With the increase in homeless people; the Mayor needs to declare an emergency and open at least 1 more Men's shelter. By declaring the emergency more resources are available to the City and homeless alike. Not doing anything means we will continue to see the numbers increase across the City of Lansing.

When you leave here to go home tonight, look to your left and you will see a brown sleeping bag on the ground.

That person has no where to go as the 2 shelters have been full for over 6 months. This is the type of thing we will continue to see increase if additional shelters are not provided and made available to the homeless people of Lansing.

Submitted @ mtg

3-28-2023

Hi my name is Cheryl Campbell I have been homeless for over 2 years.

I have only recieved AdventH housing assistance (Hotel program for less than 6 months

according to my Hwis record I am a single person when I have a family of 6. along with no report of any of the help I recieved.

I have been denied housing because of my income or Credit score.

I am currently self pay at a hotel paying over 1500 a month for one Room

Cheryl Campbell
517-731-4867

Submitted
@ Mfg



Campbell, Cheryl

Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Added to the system 11/02/2022 01:20 PM

Name Campbell, Cheryl Social Security
 Date of Birth U.S. Military Veteran? No (HUD)
 Gender
 Primary Race
 Secondary Race



Households

Release of Information

ID	Type	Head of Household	Relationship
No matches.			

Provider	Permission	Start Date	End Date
No matches.			

Entry/Exits

Shelter Stays

Program	Type	Project Start Date	Exit Date
No matches.			

Start Date	End Date	Provider
No matches.		

Services

Incidents

Start Date	End Date	Provider
No matches.		

Start Date	End Date	Incident	Incident Code	Provider
No matches.				

MSHMIS Universal Data Element Intake (3.917A)



Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

ROI Outreach Sharing Plan Sub-Assessment

Start Date *	End Date
No matches.	

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household *

Client Date of Birth

Date of Birth Type

Gender of Client

Primary Race

Secondary Race (if applicable)

Ethnicity

Does the client have a disabling condition?

HOMELESS HISTORY INTERVIEW

****ALL Homeless History Interview questions must be updated upon intake****

Refer to Homeless History Interview Instructions: <https://www.hmislarningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/homeless-history-interview-guide/download>

Intake staff should not instruct the client on the length of time or episodes necessary to qualify as chronically homeless. Responses should simply be the actual client responses.

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

If the client is entering an Emergency Shelter or RRH project they are considered literally homeless and should reflect a literally homeless living situation (ex: Street/Place Not Meant for Habitation or Emergency Shelter).

Approximate Date Homelessness Started: Enter the date that the client began the current homeless episode (staying in an unsheltered situation or Emergency Shelter).

The date that the client began experiencing housing instability does not count.

Please refer to the "Determining Approximate Date Homeless" supplemental document: <https://www.hmislearningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/determining-approximate-date-of-homelessness/download>

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

Prior Living Situation

Length of Stay in Previous Place

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is 7 or more consecutive nights not residing on the streets, in shelter or in a Safe Haven or an institutional stay of 90 days or more.

Approximate date homelessness started:

Regardless of where they stayed last night -
Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

(Question below: Assess all clients according to Category 1, 2, 4 or Not Homeless)

Housing Status

Client Location

Please complete if instructed to do so by your community. These fields are available to help coordinate your COVID-19 vaccination efforts.

Has vaccination information been confirmed via the CDC card?

Date First COVID-19 Vaccination Dose was Administered

COVID-19 Vaccine Manufacturer

Date of Second COVID-19 Vaccine Dose

Agency/Organization Administering the COVID-19 Vaccine

Did Client Receive Second COVID-19 Vaccine Dose

Zip Code of Last Permanent Address

City of Residence

County of Residence

CHRONIC VERIFICATION INTERVIEW

The questions below should only be answered for clients who were potentially identified as chronically homeless.

For clients who were potentially identified as chronically homeless (based on the definition) has documentation been obtained to determine the client's homeless status?

If Yes, please indicate status.

Client - () Campbell, Cheryl



() Campbell, Cheryl
Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Client Record



Name Campbell, Cheryl
Name Data Quality Full Name Reported
Alias
Social Security
SSN Data Quality Full SSN Reported (HUD)
U.S. Military Veteran? No (HUD)
Age

Client Demographics



Client Date of Birth
Date of Birth Type
Gender of Client
Primary Race
Secondary Race (if applicable)
Ethnicity

MSHMIS Universal Data Element Intake (3.917A)



Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

ROI Outreach Sharing Plan Sub-Assessment

Start Date *

End Date

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household *

Client Date of Birth
Date of Birth Type
Gender of Client
Primary Race
Secondary Race (if applicable)
Ethnicity
Does the client have a disabling condition?

HOMELESS HISTORY INTERVIEW

****ALL Homeless History Interview questions must be updated upon intake****

Refer to Homeless History Interview Instructions: <https://www.hmisi-learningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/homeless-history-interview-guide/download>

Intake staff should not instruct the client on the length of time or episodes necessary to qualify as chronically homeless. Responses should simply be the actual client responses.

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

Incidents

Start Date	End Date	Incident	Incident Code	Provider	Ban Site	Staff
No matches.						

If the client is entering an Emergency Shelter or RRH project they are considered literally homeless and should reflect a literally homeless living situation (ex: Street/Place Not Meant for Habitation or Emergency Shelter).

Approximate Date Homelessness Started: Enter the date that the client began the current homeless episode (staying in an unsheltered situation or Emergency Shelter).

The date that the client began experiencing housing instability does not count.

Please refer to the "Determining Approximate Date Homeless" supplemental document: <https://www.hmislearningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/determining-approximate-date-of-homelessness/download>

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

Prior Living Situation

Length of Stay in Previous Place

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is 7 or more consecutive nights not residing on the streets, in shelter or in a Safe Haven or an institutional stay of 90 days or more.

Approximate date homelessness started:

Regardless of where they stayed last night -
Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

(Question below: Assess all clients according to Category 1, 2, 4 or Not Homeless)

Housing Status

Client Location

Please complete if instructed to do so by your community. These fields are available to help coordinate your COVID-19 vaccination efforts.

Has vaccination information been confirmed via the CDC card?

Date First COVID-19 Vaccination Dose was Administered

COVID-19 Vaccine Manufacturer

Date of Second COVID-19 Vaccine Dose

Agency/Organization Administering the COVID-19 Vaccine

Did Client Receive Second COVID-19 Vaccine Dose

Zip Code of Last Permanent Address

City of Residence

County of Residence

CHRONIC VERIFICATION INTERVIEW

The questions below should only be answered for clients who were potentially identified as chronically homeless.

For clients who were potentially identified as chronically homeless (based on the definition) has documentation been obtained to determine the client's homeless status?

If Yes, please indicate status.

Client Notes

Provider	Note Date	Note Preview	Full Note
No matches.			

File Attachments

Date Added	Name	Description	Type Provider	Added From
No matches.				



Campbell, Cheryl
Release of Information: **None**

Client Information

Service Transactions

- Summary
- Client Profile
- Households**
- ROI
- Entry / Exit
- Case Managers
- Case Plans
- Assessments

 **This Client is not currently a member of any Households.**

▼ **Previous Households**

 **This Client is not a previous member of any Households.**

Client - () Campbell, Cheryl



() Campbell, Cheryl
Release of Information: **None**

Client Information

Service Transactions

Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Assessments
---------	----------------	------------	------------	--------------	---------------	------------	-------------

Release of Information

Provider	Permission	Start Date	End Date
No matches.			

Client - () Campbell, Cheryl



() Campbell, Cheryl
Release of Information: **None**

Client Information

Service Transactions

- Summary
- Client Profile
- Households
- ROI
- Entry / Exit**
- Case Managers
- Case Plans
- 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
No matches.						

Client - (Campbell, Cheryl



(Campbell, Cheryl
Release of Information: **None**

Client Information

Service Transactions

- Summary
- Client Profile
- Households
- ROI
- Entry / Exit
- Case Managers**
- Case Plans
- Assessments

Case Managers

Name	Provider	Phone Number	Start Date	End Date
No matches.				

Client - () Campbell, Cheryl



() Campbell, Cheryl
Release of Information: None

Client Information

Service Transactions

Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Assessments
---------	----------------	------------	-----	--------------	---------------	-------------------	-------------

Goals

Date Set ▼	Classification	Type	Provider	Status	Outcome	Notes	Latest Note Date
No matches.							

Case Plans File Attachments

Date Added ▼	Name	Description	Type	Provider
No matches.				



() Campbell, Cheryl
 Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

MSHMIS Street and Shelter Intake



ROI OUTREACH SHARING PLAN

Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

ROI Outreach Sharing Plan Sub-Assessment

Start Date *

End Date

COORDINATED ENTRY

Answer for Head of Household Only

Coordinated Entry Assessment

Date of Assessment *

Assessment Location

Assessment Type

Assessment Level

Prioritization Status

Coordinated Entry Event

Start Date *

Date of Event *

Event *

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative

Location of Crisis Housing or Permanent Housing Referral

Referral Result

Date of Result

CURRENT LIVING SITUATION

Answer for Head of Household and Adults

These questions are for HUD- CoC SO and CE; HUD- ESG SO and nbn shelters projects only.

Current Living Situation

Start Date *

Information Date

Current Living Situation

Living situation verified by

Is client going to have to leave their current living situation within 14 days?

Location details

DATE OF ENGAGEMENT

Answer for Head of Household and Adults

These questions are for HUD- CoC SO; HUD- ESG SO and nbn shelters projects only.

Date of Engagement

GENERAL DEMOGRAPHIC INFORMATION

Answer for All Clients Including Children

Relationship to Head of Household *

Client Date of Birth

Date of Birth Type

Gender of Client

Primary Race

Secondary Race (if applicable)

Ethnicity

HEALTH AND DISABILITY INFORMATION

Answer for All Clients Including Children

Does the client have a disabling condition?

Disabilities

HUD Verification 

Disability Type	Disability determination	Start Date *	End Date
-----------------	--------------------------	--------------	----------

Covered by Health Insurance

Health Insurance

HUD Verification 

Start Date *	Health Insurance Type	Covered?	End Date
--------------	-----------------------	----------	----------

Pregnant?

If Yes, Projected Birth Date

HOMELESS HISTORY INTERVIEW

Answer for Head of Household and Adults

Prior Living Situation

Length of Stay in Previous Place

Approximate date homelessness started:

Regardless of where they stayed last night -
Number of times the client has been on the
streets, in ES, or SH in the past three years
including today

Total number of months homeless on the
street, in ES or SH in the past three years

CHRONIC VERIFICATION INTERVIEW

Answer for Clients potentially identifies as Chronically Homeless

For clients who were potentially identified
as chronically homeless (based on the
definition) has documentation been
obtained to determine the client's homeless
status?

If Yes, please indicate status.

HOUSING AND LOCATION INFORMATION

Answer for All Clients Including Children

Housing Status

City of Residence

County of Residence

Current ZIP Code

Zip Code of Last Permanent Address

Client Location

INCOME AND NON-CASH BENEFIT INFORMATION

Answer for Head of Household and Adults. List any children's income or benefits on the head of household's record.

Income from Any Source

Monthly Income

HUD Verification 

Monthly Amount	Source of Income	Receiving Income Source?	Start Date *	End Date
----------------	------------------	--------------------------	--------------	----------

Total Monthly Income

Non-cash benefit from any source

Non-Cash Benefits

HUD Verification 

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date
----------------------------	----------------------------	--------------------	--------------	----------

DOMESTIC VIOLENCE INFORMATION

Answer for Head of Household and Adults

Domestic violence victim/survivor

If yes for Domestic violence victim/survivor, when experience occurred

If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

DHS ESP TANF

Answer for All Household Members

These questions are applicable for DHS ESP projects that use ESP-TANF only.

Referred from HARA?

If no, Date Client referred to HARA:

Is An Adult in this Household Pregnant?

TANF Eligible Family?

These questions are applicable for ESP Shelter projects only.

ESP Billing Status

Household Size

Adults in Household

Children in Household

DHS ESP MOTEL ONLY Funding Request

Coverage Start Date: *

Coverage End Date:

CONTACT INFORMATION

Contact Information

Client's Cell Phone Number	Contact Name	Contact Type	* Contact Phone	Contact E-Mail	Contact Address
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VI-SPDAT INFORMATION

Complete VI-SPDAT for Individuals

VI-SPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
--------------	------------	--	----------	------------------------------------	-------------	-------------

Complete VI-F-SPDAT for Family Heads of Household

VI-FSPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
--------------	------------	--	----------	------------------	-------------	----------------	-------------

Complete TAY-VI-SPDAT for Youth Households

TAY-VI-SPDAT v1.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
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Client - () Filip, Jeffrey E



() Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Added to the system 04/07/2015 10:29 AM

Name Filip, Jeffrey E

Social Security

Date of Birth

U.S. Military Veteran? No (HUD)

Gender

Primary Race

Secondary Race



Households

ID	Type	Head of Household	Relationship
447674	Single Adult *Filip, Jeffrey E	Yes	Self

Release of Information

Provider	Permission Start Date	End Date
No matches.		

Entry/Exits

Program	Type	Project Start Date	Exit Date
No matches.			

Shelter Stays

Start Date	End Date	Provider
No matches.		

Services

Start Date	End Date	Provider
No matches.		

Incidents

Start Date	End Date	Incident	Incident Code	Provider
No matches.				

MSHMIS Universal Data Element Intake (3.917A)



Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

ROI Outreach Sharing Plan Sub-Assessment

Start Date * End Date

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household *

Client Date of Birth

Date of Birth Type

Gender of Client

Primary Race

Secondary Race (if applicable)

Ethnicity

Does the client have a disabling condition?

HOMELESS HISTORY INTERVIEW

ALL Homeless History Interview questions must be updated upon intake

Refer to Homeless History Interview Instructions: <https://www.hmislarningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/homeless-history-interview-guide/download>

Intake staff should not instruct the client on the length of time or episodes necessary to qualify as chronically homeless. Responses should simply be the actual client responses.

Submitted @ mte

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

If the client is entering an Emergency Shelter or RRH project they are considered literally homeless and should reflect a literally homeless living situation (ex: Street/Place Not Meant for Habitation or Emergency Shelter).

Approximate Date Homelessness Started: Enter the date that the client began the current homeless episode (staying in an unsheltered situation or Emergency Shelter).

The date that the client began experiencing housing instability does not count.

Please refer to the "Determining Approximate Date Homeless" supplemental document: <https://www.hmislearningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/determining-approximate-date-of-homelessness/download>

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

Prior Living Situation

Length of Stay in Previous Place

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is 7 or more consecutive nights not residing on the streets, in shelter or in a Safe Haven or an institutional stay of 90 days or more.

Approximate date homelessness started:

Regardless of where they stayed last night -
Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

(Question below: Assess all clients according to Category 1, 2, 4 or Not Homeless)

Housing Status

Client Location

Please complete if instructed to do so by your community. These fields are available to help coordinate your COVID-19 vaccination efforts.

Has vaccination information been confirmed via the CDC card?

Date First COVID-19 Vaccination Dose was Administered

COVID-19 Vaccine Manufacturer

Date of Second COVID-19 Vaccine Dose

Agency/Organization Administering the COVID-19 Vaccine

Did Client Receive Second COVID-19 Vaccine Dose

Zip Code of Last Permanent Address

City of Residence

County of Residence

CHRONIC VERIFICATION INTERVIEW

The questions below should only be answered for clients who were potentially identified as chronically homeless.

For clients who were potentially identified as chronically homeless (based on the definition) has documentation been obtained to determine the client's homeless status?

If Yes, please indicate status.



() Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

Summary Client Profile Households ROI Entry / Exit Case Managers Case Plans Assessments

Client Record



Name Filip, Jeffrey E
Name Data Quality Full Name Reported
Alias
Social Security
SSN Data Quality Full SSN Reported (HUD)
U.S. Military Veteran? No (HUD)
Age

Client Demographics



Client Date of Birth
Date of Birth Type
Gender of Client
Primary Race
Secondary Race (if applicable)
Ethnicity

MSHMIS Universal Data Element Intake (3.917A)



Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

ROI Outreach Sharing Plan Sub-Assessment

Start Date* End Date

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household *

Client Date of Birth
Date of Birth Type
Gender of Client
Primary Race
Secondary Race (if applicable)
Ethnicity
Does the client have a disabling condition?

HOMELESS HISTORY INTERVIEW

****ALL Homeless History Interview questions must be updated upon intake****

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COVID-19 Vaccine Manufacturer

Date of Second COVID-19 Vaccine Dose

Agency/Organization Administering the COVID-19 Vaccine

Did Client Receive Second COVID-19 Vaccine Dose

Zip Code of Last Permanent Address

City of Residence

County of Residence

CHRONIC VERIFICATION INTERVIEW

The questions below should only be answered for clients who were potentially identified as chronically homeless.

For clients who were potentially identified as chronically homeless (based on the definition) has documentation been obtained to determine the client's homeless status?

If Yes, please indicate status.

Client Notes

Provider	Note Date	Note Preview	Full Note
No matches.			

File Attachments

Date Added ▼	Name	Description	Type Provider	Added From
No matches.				

Incidents

Start Date	End Date	Incident	Incident Code	Provider	Ban Site	Staff
No matches.						

Client - () Filip, Jeffrey E



() Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

Summary Client Profile **Households** ROI Entry / Exit Case Managers Case Plans Assessments

▼ (447674) Single Adult

Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Associations	Household Count
() Filip, Jeffrey E		Yes	Self	03/15/2021	0	1

▼ Previous Households

This Client is not a previous member of any Households.

Client - () Filip, Jeffrey E



) Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Release of Information

Provider

Permission

Start Date

End Date

No matches.



Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

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
No matches.						

Client - () Filip, Jeffrey E



Filip, Jeffrey E

Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Case Managers

Name

Provider

Phone Number

Start Date

End Date

No matches.



() Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

Summary Client Profile Households ROI Entry / Exit Case Managers **Case Plans** Assessments

Goals

Date Set ▼	Classification	Type	Provider	Status	Outcome	Notes	Latest Note Date
No matches.							

Case Plans File Attachments

Date Added ▼	Name	Description	Type	Provider
No matches.				



() Filip, Jeffrey E
Release of Information: None

Client Information

Service Transactions

- Summary
- Client Profile
- Households
- ROI
- Entry / Exit
- Case Managers
- Case Plans
- Assessments**

MSHMIS Street and Shelter Intake



ROI OUTREACH SHARING PLAN

Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

ROI Outreach Sharing Plan Sub-Assessment

Start Date *	End Date
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COORDINATED ENTRY

Answer for Head of Household Only

Coordinated Entry Assessment

Date of Assessment *	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
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Coordinated Entry Event

Start Date *	Date of Event *	Event *	Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative	Location of Crisis Housing or Permanent Housing Referral	Referral Result	Date of Result
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CURRENT LIVING SITUATION

Answer for Head of Household and Adults

These questions are for HUD- CoC SO and CE; HUD- ESG SO and nbn shelters projects only.

Current Living Situation

Start Date *	Information Date	Current Living Situation	Living situation verified by	Is client going to have to leave their current living situation within 14 days?	Location details
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DATE OF ENGAGEMENT

Answer for Head of Household and Adults

These questions are for HUD- CoC SO; HUD- ESG SO and nbn shelters projects only.

Date of Engagement

GENERAL DEMOGRAPHIC INFORMATION

Answer for All Clients Including Children

Relationship to Head of Household *

- Client Date of Birth
- Date of Birth Type
- Gender of Client
- Primary Race

Secondary Race (if applicable)

Ethnicity

HEALTH AND DISABILITY INFORMATION

Answer for All Clients Including Children

Does the client have a disabling condition?

Disabilities

HUD Verification 

Disability Type	Disability determination	Start Date *	End Date
Covered by Health Insurance			

Health Insurance

HUD Verification 

Start Date *	Health Insurance Type	Covered?	End Date
Pregnant?			
If Yes, Projected Birth Date			

HOMELESS HISTORY INTERVIEW

Answer for Head of Household and Adults

Prior Living Situation

Length of Stay in Previous Place

Approximate date homelessness started:

Regardless of where they stayed last night -
Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

CHRONIC VERIFICATION INTERVIEW

Answer for Clients potentially identifies as Chronically Homeless

For clients who were potentially identified as chronically homeless (based on the definition) has documentation been obtained to determine the client's homeless status?

If Yes, please indicate status.

HOUSING AND LOCATION INFORMATION

Answer for All Clients Including Children

Housing Status

City of Residence

County of Residence

Current ZIP Code

Zip Code of Last Permanent Address

Client Location

INCOME AND NON-CASH BENEFIT INFORMATION

Answer for Head of Household and Adults. List any children's income or benefits on the head of household's record.

Income from Any Source

Monthly Income

HUD Verification 

Monthly Amount	Source of Income	Receiving Income Source?	Start Date *	End Date
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Total Monthly Income

Non-cash benefit from any source

Non-Cash Benefits

HUD Verification 

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date
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DOMESTIC VIOLENCE INFORMATION

Answer for Head of Household and Adults

Domestic violence victim/survivor

If yes for Domestic violence victim/survivor, when experience occurred

If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

DHS ESP TANF

Answer for All Household Members

These questions are applicable for DHS ESP projects that use ESP-TANF only.

Referred from HARA?

If no, Date Client referred to HARA:

Is An Adult in this Household Pregnant?

TANF Eligible Family?

These questions are applicable for ESP Shelter projects only.

ESP Billing Status

Household Size

Adults in Household

Children in Household

DHS ESP MOTEL ONLY Funding Request

Coverage Start Date: *

Coverage End Date:

CONTACT INFORMATION

Contact Information

Client's Cell Phone Number	Contact Name	Contact Type	* Contact Phone	Contact E-Mail	Contact Address
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VI-SPDAT INFORMATION

Complete VI-SPDAT for Individuals

VI-SPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
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Complete VI-F-SPDAT for Family Heads of Household

VI-FSPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
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Complete TAY-VI-SPDAT for Youth Households

TAY-VI-SPDAT v1.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
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