Continuum of Care for Riverside County

Homeless Management Information System (HMIS) Charter
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1. VISION FOR RIVERSIDE COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

1.1 The Purpose of HMIS

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 services use and measure the effectiveness of programs.

1.2 Benefits of a Local HMIS

The development of a local HMIS is about bringing the power of computer technology to the day-to-day operations of individual homeless assistance providers, knitting together providers within a local community in a more coordinated and effective housing and services delivery system for the benefit of homeless clients and obtaining and reporting critical aggregated information about the characteristics and needs of homeless persons.

An HMIS provides significant opportunities to improve access to and delivery of housing and services for people experiencing homelessness. An HMIS can accurately describe the scope of homelessness and the effectiveness of the efforts to ameliorate it. An HMIS can strengthen community planning and resource allocation.

2. HMIS DEFINITIONS

Annual Homeless Assessment Report (AHAR): HUD’s annual report to Congress on the nature and extent of homelessness nationwide.

Annual Performance Report (APR): A reporting tool that HUD uses to track program progress and accomplishments of HUD homeless assistance and HPRP Programs on an annual basis (Formerly known as the Annual Progress Report).

Client: A living individual about whom a Contributory HMIS organization (CHO) collects or maintains protected personal information: (1) because the individual is receiving, has received, may receive, or has inquired about services from CHO; or (2) in order to identify service needs, or to plan or develop appropriate services within the CoC.

The New Definition of Homelessness:

Literally Homeless: An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. The category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.
**Imminent Risk of Homelessness:** An individual or family who will imminently lose (within 14 days) their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

**Homeless Under Other Federal Statutes:** Unaccompanied youth (under 25) or families with children and youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such status for an extended period of time.

**Fleeing/Attempting to Flee DV:** Any Individual or family which is fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

**Continuum of Care (CoC):** The primary decision making entity defined in the funding applications to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.

**CoC Program:** A program identified by the CoC as part of its services system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis. Continuum of Care Program may include:

- **Homeless Assistance Program:** A program whose primary purpose is to meet the specific needs of people who are literally homeless. Homeless assistance programs include outreach, emergency shelter grant, transitional housing, rapid re-housing, permanent housing and permanent supportive housing.

- **Homelessness Prevention Program:** A program whose primary purpose is to meet specific needs of people who are at risk of homelessness. Homelessness prevention programs include those funded by HPRP and other homelessness prevention programs identified by the CoC as part of its service system.

**Contributory CoC Programs:** A homeless assistance program or homelessness prevention program that contributes Protected Personal Information (PPI) or other client-level data to an HMIS.

**Contributory Non-CoC Programs:** A program that is neither a homeless assistance program nor a homelessness prevention program that contributes PPI or other client-level data to an HMIS.

**Contributory HMIS Organization (CHO):** An organization that operates a contributory homeless assistance program or homelessness prevention program or contributory non-homeless assistance program.

**Data Recipient:** A person who obtains PPI from an HMIS Lead Agency or from a CHO for research or other purpose not directly related to the operation of the HMIS, CoC, HMIS Lead Agency, or CHO.
End User (or Users): An employee, volunteer, affiliate, associate, and any other individual acting on behalf of a CHO or HMIS Lead Agency who uses or enters data into the HMIS or another administrative database from which data are periodically uploaded to the HMIS.

Homeless Management Information System (HMIS): The information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. An HMIS may provide other functions beyond unduplicated accounting.

HMIS Lead Agency: An organization designated by a CoC to operate the CoC’s HMIS on its behalf.

HMIS Participating Bed: For any residential homeless program, a bed is considered a “participating HMIS bed” if the program makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information through agreed upon means to the HMIS Lead Agency at least once annually.

HMIS Software Solution Provider: An organization that sells, licenses, donates, builds or otherwise supplies the HMIS user interface, application functionality and database.

HMIS Vendor: A contractor who is paid to provide services for the operation of a CoC’s HMIS. An HMIS vendor includes an HMIS software solution provider, web server host, and data warehouse provider, as well as a provider of other contracted information technology or support.

Non-Contributory CoC Program: A CoC Program that does not contribute PPI or other client-level data to an HMIS.

Participating CoC Program: A contributory CoC Program that makes reasonable efforts to record all the universal data elements and all other required data elements as determined by HUD funding requirements on all clients served and discloses these data elements through agreed upon means to the HMIS Lead Agency at least once annually.

Protected Personal Information (PPI): Information about a client: (1) whose identity is apparent from the information or can reasonably be ascertained from the information; or (2) whose identity can, taking into account any methods reasonably likely to be used, be learned by linking the information with other available information or by otherwise manipulating the information.

Processing: An operation or set of operations performed on PPI, whether or not by automated means, including but not limited to collection, maintenance, use, disclosure, transmission and destruction of the PPI.

Quarterly Performance Report (QPR): A reporting tool that HUD uses to track progress and accomplishments of HPRP funded programs on a quarterly basis.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to general knowledge.
**Unduplicated Accounting of Homelessness**: An unduplicated accounting of homelessness includes measuring the extent and nature of homelessness (including an unduplicated count of homeless persons), utilization of homelessness programs over time, and the effectiveness of homelessness programs.

**Unduplicated Count of Homeless Persons**: An enumeration of homeless persons where each person is counted only once during a defined period of time.

**Victim Services Provider**: A nonprofit or nongovernmental organization including rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

3. CONTINUUM OF CARE STRUCTURE

The Housing and Homeless Coalition for Riverside, which is officially called the Continuum of Care for Riverside County – CoC, is comprised of public and private agencies along with community residents including homeless and formerly homeless individuals. The CoC was designed to assess the need for homeless and affordable housing services and to develop and recommend a Continuum of Care Plan for the region on behalf of at-risk and homeless individuals and families.

4. STANDARDS FOR HMIS GOVERNANCE

4.1 CoC Board of Governance
A member of the HMIS Administrators Council will attend the scheduled CoC Board of Governance meetings.

4.2 HMIS Administrators Council

| Policy: | The HMIS Administrators Council is made up of members from the community, who both use the HMIS Application and/or are Agency Administrators. Council members are required to attend not less than 75% of scheduled meetings per year. The purpose of these meetings is to: review and maintain compliance of the HMIS Charter, support the point-in-time count, review all participating agencies compliance reports and plan/participate in HMIS compliance monitoring. |

| Description: | To ensure every participating HMIS agency is compliant with HUD and County mandated policies and procedures. It is necessary to be involved in the formulation of these policies and procedures. These meetings will give participating providers the opportunity to voice their concerns as well as determine what and how the policies are written and enforced. The HMIS Administrators Council is also responsible for reviewing HMIS compliance reports and monitoring HMIS implemented program sites. |
Procedures:
1. The HMIS Administrators Council will host, moderate, and determine where each meeting will take place.
2. HMIS Administrators Council members will invite participants from various agencies, rotating participation.
3. The agenda, with topics to be covered, will be distributed out to each participating member prior to the meeting.
4. Members wishing to add items to the agenda can do so by sending their requests to the HMIS Administrators Council Chairperson.
5. Changes and additions to the charter require council approval. All requests for changes, additions or deletions must be submitted on a Request for Policy Change or Addition Form in order to be considered by the committee.
6. Minutes of each meeting will be distributed to each Agency Administrator (1) one week before the next scheduled HMIS Administrators Council Meeting.

Best Practice:
1. Agencies are strongly encouraged to nominate topics they feel should be discussed.
2. Agencies are encouraged to share their ideas and best practices that they feel others in the community would benefit from as well.

4.3 Requests for Policy Addition, Deletion, or Change

Policy: All requests for changes to the Charter will be made in writing and tracked by the HMIS Lead Agency staff. Requests will be received and voted on by the HMIS Administrators Council prior to being inserted into the HMIS Charter.

Description:
All requests for changes, additions, or deletions to the HMIS Charter must be submitted in writing in order to be considered. All Riverside County CoC members are welcome to submit requests. Submitting a request does not guarantee approval of the request. It is recommended that members, who wish to submit a request, attend the HMIS Administrators Council meeting at which the request will be presented to the council.

Procedure:
1. Complete an HMIS Request for Policy Addition, Deletion, or Change form and submit it to HMIS Support.

   By mail:
   Attn: HMIS Support
   4060 County Circle Drive
   Riverside, CA 92503

   By fax:
   Attn: HMIS Support
   (951) 358-7755

2. Approved requests will be inserted in the HMIS Charter and uploaded to the DPSS website: dpss.co.riverside.ca.us, under DPSS Programs/Homeless Program within 7 business days following approval by the HMIS Administrators Council.
5. HMIS DATA QUALITY STANDARDS

5.1 Applicability, Purpose and Goals
The Data Quality Standards provide a framework for ensuring that our community implements procedures that result in good quality HMIS data. These standards apply to the HMIS Lead Agency, CoC membership and contributory programs. The Data Quality Standard is intended to achieve the following HUD reporting policies:

5.1.1 Data Quality Plan

**Policy:** The HMIS Lead Agency will develop and implement a data quality plan to ensure consistent data collection and data quality across all CHO's.

**Description:**
1. At minimum the data quality plan will include the following elements:
   Identify the responsibilities of all parties in the CoC (CoC primary decision-making entity, HMIS Lead Agency, CHO's, End Users) with respect to achieving good quality HMIS data.
2. Benchmarks for data timeliness, data accuracy and data completeness that are consistent with the revised standards.
3. Special data quality policies and procedures for CHO's that contribute data through data integration.

5.1.2 Monitoring by HMIS Lead Agency

**Policy:** The HMIS Lead Agency will monitor the overall data quality of the HMIS and the quality of the data produced by individual CHO's and their Contributory Homeless Assistance Programs.

**Description:**
Specifically the Lead Agency will:
2. Produce monthly program level information for each Contributory Homeless Assistance Program identifying data quality weaknesses and recommending solutions for issues that need to be addressed.
3. Provide regular feedback to individual CHO's to ensure problems are addressed.
4. Provide training and/or technical assistance to CHO staff to ensure problems are addressed.
5. Monitor the cleaning and updating of client data that has been identified as non-compliant with the local data quality standards.
5.2 Data Quality Benchmarks

Policy: In order to qualify as “participating in the HMIS” all participating CHOs must meet the data quality benchmarks as described in the Continuum of Care for Riverside County’s Data Quality Plan. These benchmarks apply to CHOs whether or not the CHO provides the data directly into the HMIS or submits it to the HMIS Lead Agency for input into HMIS.

5.2.1 Data Accuracy Benchmarks

Description:
Information entered into the HMIS must be valid and must accurately represent information on the people that enter any programs that contribute data to the HMIS. Every CHO must enter data on clients in the same way over time, regardless of which staff person is recording the data in the HMIS.

Procedure:
To determine the accuracy of information in HMIS, CHOs must regularly conduct data quality checks and audits. This can be done by spot checking the data that are entered by HMIS users, comparing the HMIS data to a sample of paper files.

Required Benchmark:
95% of data entered into HMIS must reflect what clients are reporting.

5.2.2 Data Completeness Benchmarks

Description:
To be complete, the HMIS must include all homeless assistance programs (to the maximum extent possible), all clients served by those programs, and all required data elements for each client served. If a client record is missing then the aggregate report on the program will not adequately capture the clients served.

Procedure:
Paper records – Hard copies must be maintained for any client who does not consent to having their information entered into the HMIS.

Required Benchmark:
1. 100% of all HUD funded homeless assistance programs (excluding Domestic Violence programs) must participate in the HMIS.
2. 75% of all beds in non-HUD funded

5.2.3 Data Timeliness Benchmarks

Description:
To be most useful for reporting, an HMIS must include the most up-to-date information possible, on clients served by CHOs.

Procedure:
Information must be entered into HMIS within fourteen (14) calendar days from the point of the event, (Intake/enrollment, service delivery, or discharge) to record the information into the HMIS software.
Required HUD Benchmark:
2. Client information must be entered by CHO’s within 5 business days following the month in which the client was served by the contributory program.
3. Every CHO must update client information at exit and/or at annual assessment, per requirements relative to each universal and program-specific data element.

5.3 Data Quality Required Reports
The overall standards for HMIS software are presented in the Homeless Management Information System (HMIS) Data Standards Revised Notice dated March 2010. Copies will be available upon request.

5.3.1 Missing Value Report
This report calculates the percentage of required client-level data elements with null or missing values divided by the total number of client records. The report will also calculate the number of usable values (all values excluding “Don't know” and “Refused” responses) in each required field over any desired time period (e.g., last month, last year). The report will be generated for each program, for different types of programs, and across the entire CoC. The program level reports will cover all applicable universal and program-specific data elements. The CoC reports will be limited to the following universal data elements: Name, Social Security Number, Date of Birth, Ethnicity, Race, Veteran Status, Gender, Disabling Condition, Residence Prior to Program Entry, and Zip Code of Last Permanent Address. Percentages will be based on the universe of client records for which the data element is required. For example, percent (%) null for veterans = number of clients with no veteran status recorded/number of adults.

5.3.2 Un-duplication Data Quality Report
This report will be available to validate de-duplication results based on the HMIS Lead Agency’s un-duplication approach against other possible combinations of fields. The un-duplication quality reporting highlights records that match, using the HMIS Lead Agency’s primary methodology but have conflicting values in other identifiable fields.

5.3.3 Bed Utilization Report
This report will calculate for each program the percentage of beds and family units that are filled on any given night by dividing the number of clients/households served by the total number of beds/units available for occupancy during the specified time period, as well as the average bed and unit utilization rates by program type. The report will help to identify potential data quality issues by flagging facilities with bed or family unit utilization rates above 105% or below 60%. The report requires that client level data as well as Program Descriptor data be entered into HMIS for all clients served in programs that provide beds.

5.3.4 Data Timeliness Report
This report calculates for each program the differences between the date on which the Program Entry Date or Program Exit Date was entered on clients and the dates on which actual entry or exit occurred. The report will be based on Program Entry Dates and Program Exit Dates, and compare the dates that these data were entered to the actual values contained in those fields. The “Creation Date” for these fields is automatically recorded when the user enters data. This data will be compared to the Data Timeliness Benchmark set by the CoC.
5.4 Reduce Duplications in HMIS for Every CHO

**Policy:** In order to reduce the duplication of client records, CHO Users should (1) always search for the client in HMIS before creating a new client record (2) avoid using the ‘Anonymous’ button unless you are a Domestic Violence Shelter who has an agreement to use this feature.

**Description:**
The burden of *not* creating duplicate records falls on each participating agency. The HMIS system does not prevent duplicate client records from entering the database, therefore it is up to each user to ensure every client is first searched for, and if not found, then added. If matches are found, the user must determine if any of the records found, match their client. Having multiple (duplicate) records on the database for a single client causes confusion and inaccurate information being stored and for this the users are discouraged from using Anonymous Client feature.

**Procedures:**
1. When an CHO user is collecting data from a client, the CHO user will first attempt to locate that client on the system by searching (Add/Find Client button) for them by either name (first, last, and middle), date of birth (DOB), or social security number (SSN).
2. It may be possible that this person already exists, but chose to have just their client identification number (I.D.) PIN recorded instead of their name, social security number, and birth date. It may be required to look in the paper files to determine their client I.D. number PIN.
3. If no matches are found on the database for this client, the CHO user will continue to add the basic Universal Data elements for the client’s intake.

**Best Practices:**
1. Perform more than one type of search when attempting to find an existing record. Clients often do not use the exact same name that was previously entered.
2. Using a field other than name tends to be more accurate, and not open for much interpretation (date of birth, social security number).

5.5 Data Quality and Correction

**Policy:** Agency Administrators are required to run the Universal Data Quality Report and the Clients in Programs report for each of the agency’s programs and respond to the HMIS Lead Agency’s request for data clean-up.

**Description:**
To produce high quality reliable reports, it is imperative to possess high quality data. **HMIS Project Managers** will help assure stakeholders that the data contained within HMIS is of high quality. Details of the Data Quality Report can be found in the HMIS Quality Plan.

**Procedures:**
1. At the end of each month, **HMIS Support** will review the quality of each agency’s data by running reports out of HMIS.
2. HMIS Administrators Council will then distribute to each agency’s Executive Director and HMIS Administrator a scorecard of the results based on their agency’s data.
3. Agency HMIS Administrators are required to work with the **HMIS System Administrator** to rectify any shortfalls on data quality and fix issues within five business days.

6. PRIVACY STANDARDS

6.1 Policies and Applications
CoC HMIS Lead Agency will provide to all Contributory HMIS Organizations (CHOs), and make otherwise publicly available to anyone upon request, an Information Processing and Privacy Notice that:
1. Describes its' role in the processing of protected personal information (PPI) obtained from CHO
2. Describes accountability measures for meeting applicable privacy and security obligations
3. Informs data subjects, on how to pursue their privacy rights, with CHO for including standards and procedures for CHO programs that are covered by HIPAA or other privacy rules.

6.1.1 Privacy Policy Notice (Posted Sign)

**Policy:** All CHO users who enter data in the HMIS must have a sign posted at their workstation or wherever data is entered which describes how information about the client may be used and disclosed and how the client can get access to their information.

**Description:**
The HIMS Privacy Policy Notice is a brief document describing a consumer's data rights in relation to HMIS.

**Procedures:**
1. Each workstation, desk, or area used for HMIS data collection must post the HMIS Privacy Policy Notice.
2. If an agency serves Spanish-speaking clients, or clients whose primary language is not English the agency must also provide the translated Spanish (or other) version of the HMIS Privacy Policy Notice.
3. If an agency has a website, the HIMS Privacy Policy Notice must be posted on that website as well.

**Best Practice:**
An agency could also post the HMIS Privacy Policy Notice in a waiting room, an intake line, or another area where clients congregate before intake occurs. This will give clients another opportunity to read the notice before receiving services.

6.1.2 Release of Information (ROI)

**Policy:** All clients Informed Consent forms must be stored securely for a minimum of seven years after the client last received services from the agency.
Procedures:
1. The Informed Consent form is valid for seven years after the client last received services from the agency. Therefore, for auditing purposes it is important to keep the Informed Consent form collected for at least that length of time.
2. Informed Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked away in a file cabinet and not accessible without authorization).
3. If an agency does not currently keep client files they must, it will be important to set-up a file system to keep track of these forms.

Best Practices:
1. It is recommended that agencies keep the Informed Consent form in their current client file with the other information being collected and maintained. It will be easier to locate their information in this manner rather than creating a separate file just for HMIS.

Policy: Agencies will give the clients the first page (double-sided) of the Informed Consent agreement.

Procedures:
1. The first page of the Informed Consent (front and back) detail the client's rights in HMIS data collection. This information is particularly important to those individuals that agree to participate in HMIS.
2. The CHO End User who is the agency witness on the Informed Consent form should take off the first page and hand it to the client, while filing the signature page.

Best Practice:
Some agencies may wish to also provide clients with a photocopy of the signature page, so that they have a record of what was their HMIS participation decision.

Policy: Unless a court order claiming incompetence is known or provided, clients are presumed competent.

Procedures:
1. The industry-wide best practice is to presume that all clients are competent, unless there is a known court order stating otherwise or obvious assessment to the contrary can be made.
2. If there is a known court order stating the individual is not competent then it is not possible to obtain an Informed Consent for HMIS. In this case, the CHO end users should mark down “DO NOT ENTER MY INFORMATION...” and sign as the Agency witness.
3. CHO End Users should do their best in attempting to obtain informed consent from individuals that may not appear to be fully competent during intake when there is no court order. If it is not possible to obtain a truly informed decision regarding HMIS participation, the individual should be dealt with as a non-participant in HMIS.

Best Practice:
Often individuals may be temporarily incompetent because they are under the influence of a particular substance which affects their ability to make a decision. If possible, delay the Informed Consent process and HMIS data collection, until the client is no longer under the influence and are able to make decisions.
Policy: Clients may not agree to participate in HMIS. Clients do not have to participate in HMIS in order to be served by the program.

Procedures:
1. A number of clients will either choose not to participate in HMIS or are not capable of Informed Consent (for a variety of reasons) however, it is important for reporting purposes that these individuals are still counted.
2. To account for the overall services rendered by an agency, each agency must keep track of how many clients did not participate in HMIS.
3. Agencies are responsible for collecting accurate information to meet program reporting requirements.

Policy: Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in HMIS.

Procedure:
1. When a client decides not to participate in HMIS, an agency cannot deny them services because of that decision.
2. Agencies are not required to guarantee services to an individual as they may fail other eligibility criteria, lack of openings, and/or lack of funding.
3. Agencies who encounter clients that refuse to sign the ROI will capture client information on the manual paper intake form.

Best Practice:
Agencies may determine if an individual will or will not receive services before the individual goes through the Informed Consent process. This will eliminate a perceived relationship between HMIS participation and service delivery.

6.2 Workstation Security Procedures

Most security breaches are due to human error rather than systematic issues. In order to keep the application and data secure, CHO End Users must also implement some additional security measures.

Policy: CHO End User’s computer screens should be placed in a manner where it is difficult for others in the room to see the contents of the screen.

Description:
The placement of the monitor can play a role in establishing security at the agency. CHO users should consider placing the monitor in a way that it is difficult for others to see the screen without you knowing it. Good placement: When someone walks into the room where the computer is, all they should be able to see should be the back of it. Bad placement: When someone walks into the room, they can look over your shoulder without you knowing it, and read material off the screen.

Policy: Do not write down your username and password and store it in an unsecured manner.
**Description:**
Do not post your HMIS user name or password information under your keyboard, on your monitor, or laying out for others to see. This type of behavior can lead to large security breaches. Passwords and usernames that are written down must be secured in a locked drawer.

**Policy:** Don't ever share your login information with anybody (including Site or Project Managers).

**Description:**
If someone is having trouble accessing HMIS, direct them to contact your Agency Administrator, call or send an e-mail to the HMIS Support Desk. Sharing usernames and passwords, or logging onto a system for someone else is a serious security violation of the user agreement. CHO users are responsible for all actions taken in the system utilizing their logons. With the auditing and logging mechanisms within HMIS any changes anyone makes or actions that are taken will be tracked back to your login.

**Policy:** When you are away from your computer log out of HMIS or lock down your workstation.

**Description:**
Stepping away from your computer while you are logged into HMIS can also lead to a serious security breach. Although there are timeouts in place to catch inactivity built into the software, it does not take effect immediately. Therefore, anytime when you leave the room and are no longer in control of the computer, you must do one of two things. First, you can lock down your workstation. Most Windows-based operating systems allow users to lock their workstation by simply pressing CTRL-ALT-DELETE keys and choosing “Lock Workstation”. This will require users to enter in their Windows password when returning. Secondly, if this is not an option for you, then at a minimum log out of HMIS.

**6.3 Revoking Authorization for HMIS Data Collection**

**Policy:** Clients who initially agree to participate in HMIS have the right to rescind their permission for data collection.

**Procedures:**
1. Clients must request and complete the Revocation Form from the agency.
2. The agency will file the Revocation Form with the client’s previously signed Informed Consent Agreement.
3. The agency will no longer collect and enter data for HMIS purposes.
4. The agency will access the client’s record in HMIS and perform the following:
   - In the General Information tab, click the ‘Do Not Save’ box.
   - Click the Update button at the bottom of the tab.

**6.4 Sharing Client Data**

**Policy:** HMIS client data may not be shared unless explicitly authorized by the client and an Agency-to-Agency Agreement is signed.
Description:
Agencies with a number of other service providing agencies while coordinating services for a client. While coordinating services it is important to keep the client's identity confidential unless the client expressly permits their information to be shared and an Agency-to-Agency Agreement is signed.

Procedures:
1. CHO users will keep client data confidential at all times and will obtain client permission to disclose personally identifying information only when necessary.
2. In the future, electronic data sharing between agencies will be enabled with agency and client consent regarding what agencies have access to their information and what information they would like to share.

6.5 Electronic Sharing of Client Records

Policy: ClientTrack has the ability to allow client information sharing between CHO's. This is only done with an Agency-to-Agency Agreement implemented. The HMIS Lead Agency staff will enable agencies to share client records electronically if both agencies agree AND the client consents to the sharing of their information.

Description:
The HMIS application allows groups of agencies to share the same client record as they provide and coordinate services for the individual/family. Agencies who wish to have the ability to share records with one another will need to sign an agreement between each other. Clients will also have the added ability to decide if they want their information shared with another agency, as well as what information they would like to have shared. ClientTrack has the flexibility to allow the agencies to specify which classification of data they would like to share and with whom.

6.6 Client's Access to Their Information

Policy: Clients have the right to a copy of their Universal and Program-Specific data contained within County of Riverside HMIS.

Procedures:
1. Clients may request a copy of their information contained within County of Riverside HMIS.
2. Agencies are required to provide them a print out from the County of Riverside HMIS of the Universal and Program-Specific data elements.
3. Agencies are not required to print out any additional information although it is optional and allowed.

Best Practices:
1. Case management notes are typically not shared with the client. However, consider providing the client related information such as their goals, outcomes, referrals, and services provided.
2. If utilizing paper forms with data entry into County of Riverside HMIS occurring later, consider making a photocopy of the paper forms for the client if they request a copy.
3. If entering data directly into County of Riverside HMIS without utilizing paper forms, consider automatically printing a copy of the information for the client.
6.7 Client Grievance Process

**Policy:** Clients have the right to file a Grievance form regarding potential violations of their privacy rights regarding HMIS participation.

**Procedures:**
1. A client must request and complete the Grievance form from the agency.
2. The client may choose to turn the form into an agency manager or another person of authority not related to the grievance OR may mail the form directly to the CoC.
3. If the agency receives a completed Grievance form, they must submit it promptly to the CoC.
4. The County of Riverside HMIS Homeless Programs Unit will review the grievance, research the nature of the complaint, and will respond to the grievant within 30 days.

**Policy:** No action or punishment will be taken against a client if they choose to file a grievance.

**Procedure:**
1. The agency named in the grievance, the County of Riverside HMIS Homeless Programs Unit, and other participating HMIS agencies will not refuse or reduce services to the client because of filing a grievance.
2. A thorough investigation will occur if a client reports retaliation due to filing a grievance.

6.8 HMIS Software Application – Level Security

Within the HMIS software itself, there are additional layers of security built into the system. This results in making the system harder to access without appropriate permissions. These security features include:

- 128-bit encryption of the connection between a CHO end users computer and the HMIS application
- Users are organized into security groups in which the groups are given specific permissions on what they can access in HMIS
- Passwords are automatically and randomly generated thereby enforcing strong password protection. This means that it would not be possible to guess one's password based on social knowledge of the person (e.g. dog's name, maiden name, favorite activities, etc…)
- A CHO end users connection to the application will automatically close down after a period of time of inactivity in the HMIS software.
- There are logging and audit systems in the background recording each user's activities in adding, viewing, and editing information.

6.9 Security Review

**Policy:** The HMIS Lead Agency must complete an annual security review to ensure the implementation of the security requirements for itself and the CHOs. This security review will include the completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan.
Description:
Each agency is given, at the time of training, guidelines for providing a secure environment for their clients and employees who utilize HMIS. It has been determined that one year, after an agency has implemented HMIS, is a sufficient amount of time for all issues to be identified and rectified. At the one year mark, DPSS will conduct and monitor a security audit at the agency's location. Five areas of security will be examined and documented:

1. Physical and Environmental Security:
   a. PC location out of public area
   b. Printer location
   c. PC access

2. Personnel Security:
   a. Passwords
   b. Signed Agreements
   c. Number of authorized users
   d. Training provided when needed

3. Application Program and Usage Security:
   a. Printing
   b. Browser Security
   c. Screen Savers
   d. Warnings
   e. Inactivity lock-outs

4. PC Configuration:
   a. OS Version
   b. Browser Configuration
   c. Browser Version
   d. Patch/Update levels current?
   e. Virus Protection with updates?
   f. Firewall?

5. Network Configuration
   a. Internet Access Method
   b. Firewall/router
   c. Other network users

Procedures:
1. The HMIS Project Manager will notify the agency's Executive Director and/or Agency Administrator of an upcoming monitoring. The monitoring will be scheduled ahead in advance, and there will be unannounced HMIS security monitoring visits.

2. HMIS Project Manager will perform the monitoring and create a results report. This report will be submitted to the agency's Executive Director, the HMIS Administrators Council, and a copy will be filed at the HMIS Lead Agency Headquarters.

3. Any deficiencies in practices or security must be resolved immediately. A follow-up audit will be conducted to ensure that the changes have taken affect.

Policy: Agencies are required to immediately resolve any issues discovered during an HMIS security audit.
Description:
In order to maintain the high level of security, client privacy, and confidentiality practices set-up in this charter, security audits will be conducted by HMIS Project Manager on a regular basis. Agency Administrators will work with the HMIS Project Manager to schedule an audit and to assist the HMIS Project Manager in performing the audit. The audit will cover many topics and includes: Informed Consent Agreement, privacy notices, technology security, and data entry practices. The details of the audit can also be found in the HMIS Quality Plan.

7. SECURITY STANDARDS

Through a set of administrative, physical and technical safeguards, the security standards are to: (1) ensure the confidentiality, integrity, and availability of all HMIS information; (2) protect against any reasonable anticipated threats or hazards to security; and (3) ensure compliance by End Users.

7.1 Security Management

Policy: The HMIS Lead Agency will develop, update, and maintain a Security Plan through the life of the HMIS system.

7.1.1 Security Plan
The HMIS Lead Agency will submit the Security Plan to the HMIS Administrators Council and the CoC for review. The Security Plan will be reviewed by the HMIS Administrators Council annually.

The HMIS Security Plan must include the following:
1. Information System Name
2. HMIS Lead Agency and security office contact information
3. Authorizing official of the CoC
4. Participating organizations and Security Officer information
5. System environment, including the primary hardware, software and communications equipment, and the use of any devices, such as personal digital assistants, that may raise special security concerns
6. Interconnections with other systems
7. Related laws and regulations
8. Plan update and approval procedures
9. Security plan version history

7.1.2 Participation Agreement
As part of the HMIS Participation Agreement, all CHOs participating in HMIS will agree to abide by the specific provisions of the HMIS Security Plan.

7.1.3 Disaster Recovery Plan
The HMIS Lead Agency will develop a Disaster Recovery Plan. The Disaster Recovery Plan will include the following:
- Testing or training annually. Each current HMIS End User will be made aware of his or her role in the plan.
- A process for communicating with local disaster planning committee officials both prior to and during disasters, as well as protocols for communication with staff, CoC representatives, and CHOs.
• Identification of critical resources such as data, equipment, organizational governance and financial documents and means of protecting them.

7.1.4 Evaluation
The HMIS Lead Agency will complete an annual security review to ensure the implementation of the security requirements for itself and for CHOs. The security review will include completion of a security checklist, ensuring that each of the security standards is implemented in accordance with the HMIS Security Plan.

8. IMPLEMENTING HMIS

8.1 HMIS Software Solution
The HMIS solution for the CoC is a web based computer software application called ClientTrack created by Data Systems International (DSI) DSI is located in Salt Lake City, Utah

8.2 Technology Requirements

| Policy: All computers authorized to access County of Riverside HMIS must meet the minimum requirements as established in this charter. |

Procedures:
All computers that will access CoC HMIS on behalf of the agency must meet the minimum requirements. This includes agency's on-site desktops and laptops as well as home computers. Accessing HMIS from home is never allowed due to security breaches. It is difficult to ensure that a computer in the home meets the technical standards and that users are abiding by the same privacy, confidentiality, and security procedures as they would in the office. Unauthorized individuals (spouses, children, and relatives) could gain access to HMIS in a home environment more easily than in an office environment. Agency Administrators must ensure that these computers meet the following standards:

1. Internet access: Any computer that will be used for HMIS must be able to connect to Internet Explorer 7.0 or higher for the purpose of accessing the HMIS software.
2. Internet browser software: The browser must be capable of 128-bit encryption.
3. Internet connection speed: If you are using dial-up connection to get to the Internet, the minimum speed is 33.6 kbs (33,600 bytes/second).
4. Hardware processor: The PC speed should be at least 350 MHz.
5. Hardware RAM memory: The PC should have at least 64MB RAM.
6. Screen resolution: Screen resolution should be at least1024 x 768 pixels.
7. Firewall: For your computer or network, an active firewall must be present either on that PC or as a part of the network.
8. Virus protection: For your computer or network, virus protection software must be present and active with current virus definitions and regularly scheduled virus updates occurring.
9. Login access: Each computer must utilize and activate a login screen.
10. Screen-saver password: Each computer must activate a screen-saver password which is set to turn on when the computer is unattended or has not been in use during a reasonable amount of time (typically 10 minutes).

Best Practices:
Agencies should also consider these recommendations in preparation for fully utilizing all the capabilities within HMIS as well as incorporating standard industry practices:

1. **Operating system version**: Each computer should be on a currently supported version of an operating system (e.g. Windows, Mac O/S). The oldest version of Windows supported by Microsoft is 98. Windows 98, 98 Second Edition (SE), and Millennium Edition (ME) are going to be supported through June 30, 2006.

2. **Operating system updates**: Each computer accessing HMIS should be current in applying all of the available critical security patches. Patches should be installed within 24 hours of notification of availability.

3. **Anti-Spyware software**: For your computer or network, anti-spyware software should be present, active, and with current definitions.

4. **Browser software version**: Each computer should be on a current version of the browser. Internet Explorer 7.0 or higher.

5. **High-speed connection**: Ideally each computer should have access to at least a DSL/Broadband high-speed line instead of dial-up connection. This will result in a much improved experience over connecting with dial-up speeds.

6. **Standard office software**: In order to use downloaded data from HMIS, you should have software that can interpret comma-delimited files, such as spreadsheet, word processing, or database software (examples like Microsoft's Excel, Word and Access). There are a number of options here. It is not a requirement that you have this software since it is not required that you download HMIS data. There are computers that will download data from HMIS. It will need a compressed file expander to unzip the files additional options beyond the Microsoft Office software.

7. **Compressed file expander**: Compressed file expander for WinZip and Aladdin Expander are of this type of software. It is not a requirement that you have this software unless you intend to download data.

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8.3 Memorandum of Understanding (MOU)
HMIS Participating Agency & Data Sharing Agreement

**Policy**: In order to systematically share data, the participating agencies will jointly establish a data sharing network formalized by the execution of an MOU. *(see, Appendix F)*

**Description:**
The CHO End User Agreement is a contract between the agency and the Continuum of Care, with Riverside County DPSS acting on behalf of the CoC’s agent regarding participation in HMIS *(using the ClientTrack software)*. The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper HMIS operation and compliance.

**Procedures:**
1. The agency’s Executive Director (or other empowered officer) will sign one copy of the Agency Agreement, maintain a copy for your files and mail the copy to:
2. A copy will be filed at DPSS
3. Any questions regarding the terms of the Agency Agreement should be directed to CoC HMIS Lead Agency.

   **Attn:** Riverside County HMIS Lead Agency
   Riverside County Department of Public Social Services
   4060 County Circle Drive
8.4 HMIS End User Agreements

Policy: An HMIS End User Agreement must be signed and kept for all agency personnel or volunteers that will collect or use HMIS data on behalf of the agency.

Description:
The HMIS End User Agreement is a document between a participating agency and its employees, contractors, or volunteers who are authorized to collect HMIS data and/or record that data into the system for the purpose of agreeing to abide by the rules in the specified.

Procedures:
1. Before an authorized agency personnel begins collecting data on behalf of HMIS, the individual must sign a HMIS End User Agreement form.
2. An agency must store the signed HMIS End User Agreement for each individual that will collect data for HMIS or will operate the HMIS software.
3. An agency must retain signed HMIS End User Agreements upon revoking an individual's authorization or in terminating an individual's employment indefinitely.

8.4.1 Removing Authorized Personnel

Policy: The CoC HMIS System Administrator must be notified within three business day when an individual is no longer authorized to access HMIS on the agency's behalf.

Procedures:
1. Within one business day of revoking an individual's authorization for HMIS access, the agency will contact the HMIS System Administrator via support email HMISsupport@riversidedpss.org.
2. The agency will complete a Change User Account Form and email or fax - Attn: HMIS System Administrator – Fax number 951-358-3926.
3. Upon receipt of the ‘Change User Account’ Form, the HMIS Project Manager will immediately deactivate and/or delete that individuals' CHO user account. The individual will not be able to log into HMIS at that time.

8.5 HMIS Licensing

Policy: In order to participate in HMIS, an agency must obtain a license for each CHO End User that the agency designates (a minimum of two licenses is required). Initial purchase of licenses will be made by the HMIS Lead Agency.

Description:
To participate in the CoC HMIS, each agency must have a minimum of two dedicated CHO End Users. The Agency will need to designate two users per program, one to be used as a backup and one agency administrator. As of July 1, 2011 agencies who receive HUD funding should absorb the cost of licenses through their HUD grants and additional licenses and renewal fees will be at the expense of each participating agency thereafter, unless other arrangements have been made or agreed to.
Procedures:
1. Each agency will fill out the appropriate “User Account Request Form” for each designated CHO end user and signed by the agency’s Executive Director or other authorizing figure and submit the forms to the HMIS Lead Agency.
2. When new agencies request participation into the HMIS system, a site visit will be scheduled and all policy and security requirements will be evaluated.
3. Once approved for HMIS participation, agency profiles will be built and training will be scheduled for end users as well as any possible Agency Administrators.
4. After successful completion of training, the agency can begin using HMIS immediately on client intakes.

8.6 Designate Agency Administrator

Policy: All participating Organizations must designate an Agency Administrator.

Description:
The organization’s Executive Director or other officer must designate an individual to act as the organization’s Agency Administrator.
The Agency Administrator role possesses different responsibilities than a typical End User and as applicable should be Administrative staff level. The Agency Administrator is accountable for the following items: (activities)

- Acts as the first tier of support for CHO End Users
- Act as the main point of contact for HMIS Lead Agency for HMIS related issues.
- Completes the agency’s Profile Worksheet to be used to set up the organization in HMIS.
- Ensure client privacy, confidentiality, and security
- Maintain compliance with technical requirements for participation
- Store a copy of and enforce End User Agreements
- Post Privacy Notice
- Enforce data collection, entry, exit, and quality standards
- Assist HMIS staff with technical assistance, CHO user training and monitoring.
- Attends HMIS Administrator Council meetings
- Maintains the agency’s Approved End Users List spreadsheet to reflect all of the authorized individuals.
- Requests training and/or technical assistance on behalf of the agency’s CHO end users.
- Runs the Universal Data Quality Report for each of the agency’s programs and responds to the HMIS Lead Agency’s request for data clean-up.
- Runs the Clients in Program report for each of the agency’s programs and responds to the HMIS Lead Agency’s request for data clean-up.

Procedures:
The Agency Administrator is designated as an oversight person and has the overall responsibility for meeting the HMIS requirements. CHO End Users are authorized by their Agency Administrator to access HMIS after signing the CHO End User Agreement with their agency and completing the required training(s).

8.7 Agency Profiles in HMIS
Policy: Agencies are not allowed to enter client data into HMIS until their agency profile is set up in HMIS.

Description:
Within HMIS, each agency will have an organizational profile that contains the programs and services the agency offers. HMIS staff will work with each agency individually to design their profiles.

Procedures:
1. The Agency Administrator will complete the Profile Worksheet to assist in the organization of how an agency’s profiles will work in ClientTrack, before updating profiles in ClientTrack.
2. The Agency Administrator will contact the HMIS Lead Agency staff, on behalf of the CoC for the purpose of reviewing the Profile Worksheet.
3. HMIS staff will work with the Agency Administrator to ensure that the profiles are organized in a way that is useful for the agency, consistent with standard practices, and meets reporting needs.
4. The HMIS System Administrator will complete the agency profile set-up in ClientTrack based on the final Profile Worksheet.
5. At the request of the Agency Administrator, the HMIS System Administrator will make any necessary changes to the agency profiles.

8.8 Data Conversion / Data Integration

Policy: Agencies utilizing systems other than the County of Riverside Continuum of Care HMIS are responsible for following the same data requirements as the CHO’s that enter data into the CoC’s county-wide HMIS.

Description:
Agencies may already collect client data in another system, whether it is packaged software or homegrown. There may be a desire to carry over information from that system into HMIS. There are two general ways to accomplish this:

1. Data Conversion: This is a one-time transfer of data from the old system into HMIS and users would actively utilize HMIS after that.
2. Data Integration: This is a regularly scheduled data transfer from the current system into HMIS.

Either option is complex with the number of variables involved in performing these tasks. In general these are very specific requirements for conversion and integration. Agencies should contact the HMIS System Administrator if they desire to do either one.

Data Conversion Requirements:
1. HMIS Informed Consent must be collected for records that will be converted from one system to the next. Records will not be converted for clients where there is no signed Informed Consent Agreement because the client will not have agreed to allow their information to be entered into HMIS.
2. Beyond CHO End Users, agencies are required to pay for the cost of data conversion. Riverside County DPSS will assist in the introductions to ClientTrack but will not take part in pricing or contract negotiations.

Data Integration Requirements:
1. The system that will primarily be used for client-level data must be in full compliance with HMIS standards as directed in the Federal Register. *(Fed. Reg. HMIS Data Stds, 2013) Notice CPD-13-017*

2. Agencies must still follow the same Policies and Procedures as other agencies. These policies and procedures protect client privacy, confidentiality, and security.

3. There may be additional costs to the agency to set-up data integration into HMIS, as well as on-going costs.

4. Agencies must be aware that if this option is chosen, they will not have access to the benefits of using HMIS. Their clients will not be able to:
   - Have their record electronically shared with other agencies to provide them with easier intakes and faster service delivery
   - Participate in the rapid entry, client id with bar code solution
   - Receive coordinated case management service across multiple agencies
   - Benefit from a community-wide collaboration effort to make service delivery better

### 8.9 Designating CHO End Users

**Policy:** Any individual working on behalf of the agency (ex: employee, contractor, and/or volunteer), that will collect information for HMIS purposes must be designated a CHO End User; and therefore is subject to these Policies and Procedures.

**Description:**
Anyone who collects HMIS data (electronic or paper) or creates reports from the system should be designated as a CHO End User. Due to client privacy, confidentiality, and security procedures, all persons in these positions must follow the standards and procedures set forth for security and confidentiality. Individuals who have not had the proper training will not be equipped to respond to clients’ questions on HMIS informed consent, revocation, intake forms, and other aspects. An individual who is designated as a CHO End User that does not work with the HMIS software directly, is still required to take the Policies and Procedures training class. Individuals who do work with the HMIS software will take this class as well as specific training on the HMIS software.

**Procedures:**
1. After an individual is identified as a CHO End User, the HMIS Project Manager or in some cases, the Agency Administrator must follow the User Administration procedures in this document for adding authorized users.
2. This individual is required to complete the appropriate user training, as outlined in the “Training Procedures” stated in this document.

### 8.10 Contributing CHOs

Under the HMIS license for ClientTrack, any agency may participate in HMIS if they have signed the HMIS Agreement and filled out the User Access Request form required for each licensed user. Each participating agency is responsible for their clients’ data. Any type of agency that provides services to persons in need is eligible.

### 9. DATA COLLECTION & REPORTING

#### 9.1 Workgroups and Workflows

**Procedures:** *(System Administrator to insert procedures for workgroup and workflow data entry)*
9.2 On Whom to Collect Data

**Policy:** Agencies are required to attempt data collection on individuals who are homeless and/or who are receiving services from the agency.

**Procedures:**
1. For HMIS purposes, HUD’s minimum standards require that individuals who are homeless and receive services from an agency must be approached for HMIS data collection. Therefore, during the intake process, it is important to identify these persons.
2. Once these persons are identified, they must go through the Informed Consent process. For Riverside County CoC, the Head of Household is the primary client or representative as identified by the household.
3. Information must be collected separately for each family member, rather than collecting data for the family as a whole.

**Best Practices:**
1. Agencies should also collect HMIS data for individuals or families not yet homeless but are receiving services from the agency. One of the greatest benefits of HMIS to an agency is the ability to create reports describing its 'clients' characteristics, outcomes of the services they receive, and general agency operating information. Entering only HMIS data for homeless persons will give the agency only a partial picture. By including homeless and non-homeless persons in HMIS, agencies will be able to generate reports that wholly describe their operations.
2. Agencies should collect HMIS data on individuals or families that make contact with the agency, but are not able to receive services from the agency. HMIS possesses the ability to count the persons that attempt to enroll in an agency's programs/services, even though they may not actually end up receiving those services. The agency will be able to create reports about the characteristics of these individuals and use this information for a number of reasons. The agency could use this data to determine if they are being improperly referred to or to quantify the additional need to funding.

9.3 Using Paper-based Data Collection Forms (See Appendix C)

**Policy:** Agencies may choose to collect client data on paper and enter it into the HMIS software later, rather than entering it directly in the system. **If data is collected by paper first, that information must be entered into the HMIS system within seven days.** If ClientTrack is unavailable agencies must use client intake forms that have been approved by the HMIS Lead Agency to collect data on all clients served until HMIS is available.

**Description:**
Each agency will incorporate HMIS into its own operating processes. Some agencies will prefer to interview clients and simultaneously enter their information directly into the computer. Other agencies will find it easier to collect information on paper first, and then have someone enter the data later. HMIS paper-based forms that enable collection of the Universal, community, and Program-Specific and HPRP Data Standards are available. The forms that the agencies should use:
- Head of Household Intake form
- Other Household Member Intake form
- Service Delivery Tracking form
- Discharge form

During the HMIS Policies and Procedures training, CHO end users will learn how to use these forms to fulfill their data collection obligations.

**Procedures:**
1. Agencies may utilize the HMIS paper-based forms for initial data collection.
2. **CHO End Users will have fourteen (14) calendar days from the point of the event (intake/enrollment), service delivery, or discharge** to record the information into HMIS.
3. Universal and Program-Specific forms will be available to participating agencies.

**Best Practices:**
1. The HMIS Lead Agency strongly recommends that all agencies that enter data into the HMIS complete the program specific data fields even if the funding received by the agency does not dictate they do so. The additional data points on the client will prove extremely helpful for the agency when reporting on client outcomes measurement/progress, internal accounting for services delivered, and external reporting to funders.
2. Agencies whose intake and assessment forms do not capture all of the desired universal and program specific data should request the customized HMIS ClientTrack intake form from the HMIS Lead Agency.

**9.4 CoC Programs**

HUD now requires that all CoC Programs, especially those that house homeless individuals (Homeless Assistance Programs and HPRP homeless prevention programs) and are identified on the HMIS Housing Inventory Chart (HIC), **collect** universal data and program information on all clients served by CoC Programs regardless of whether the program participates in the HMIS.

![Policy: Organizations that provide emergency shelter to homeless individuals and/or families must capture data on each client as specified in the HMIS Data Standards Revised Notice.]

**9.4.1. Emergency Shelters**
The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an emergency shelter:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Program Exit Date
- Income & Source
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AID’s
- Mental Health
- Substance Abuse
- Domestic Violence
- Destination
Organizations that provide emergency shelter services to homeless individuals and/or families and receive funding under the Emergency Solutions Grant (ESG) must capture data on each client as specified in the HMIS Data Standards Revised Notice.

9.4.2 Emergency Solutions Grant Program (ESG)
The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an emergency shelter funded by ESG:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Program Exit Date
- Income & Source
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Destination

Policy: Organizations that provide Supportive Housing which includes transitional housing, permanent housing, safe havens and single room occupancy for homeless individuals and/or families must capture data on each client as specified in the HMIS Data Standards Revised Notice.

9.4.3 Supportive Housing Program (SHP) projects
The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an SHP:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Program Exit Date
- Income & Source
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Destination

Policy: Organizations that provide housing for homeless veterans must capture data on each client as specified in the HMIS Data Standards Revised Notice.
9.4.4 Veteran’s Affairs Supportive Housing (VASH) programs
The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an SHP:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Program Exit Date
- Income & Source
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Destination

Policy: Organizations that provide housing for individuals that suffer from HIV and AIDS must capture data on each client as specified in the HMIS Data Standards Revised Notice.

9.4.5 Housing Opportunities for Persons with AIDS (HOPWA) projects
The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an SHP:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Program Exit Date
- Income & Source
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Destination

Policy: Organizations that provide outreach services for homeless individuals and/or families and are funded by a HUD dedicated outreach grant must capture data on each client as specified in the HMIS Data Standards Revised Notice.

9.4.6 Dedicated Outreach Projects
The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an SHP:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Date of Contact
- Date of Engagement
- Program Exit Date:
- Domestic Violence
- Income & Source
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Destination

**Policy:** Organizations that provide Homeless Prevention and Rapid Re-housing (HPRP) services for homeless individuals and families who are at risk of becoming homeless must capture data on each client as specified in the HMIS Data Standards Revised Notice.

**9.4.7. Homeless Prevention & Rapid Re-Housing (HPRP) projects**

The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in an SHP:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status (Not Children)
- Disabling Condition
- Residence Prior to Program Entry (Not Children)
- Zip Code of Last Permanent Address (Not Children)
- Program Entry Date
- Program Exit Date:
- Income & Source
- Financial Assistance Provided
- Housing Relocation & Stabilization Services Provided
- Non-Cash Benefits
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Destination
9.4.8. Victim Service Providers

**Policy:** Victim service providers are instructed not to disclose personally identifying data about any client for purposes of HMIS, per the requirement of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 09-162) (VAWA)

9.5 Client Intake: Completing Required Fields in HMIS

**Policy:** During client intake, CHO Users must complete the Universal and Program-Specific Community required fields for all clients.

**Description:**
All agencies are required to complete the Universal fields regardless of funding sources. Agencies that receive homeless assistance grant funds are required to complete the Program-Specific fields. Agencies not required to complete the Program-Specific fields still have to implement this standard for their agency anyway. CHO Users are required to abide by the data collection rules already set forth.

**Procedures:**
1. To complete the Universal fields for intake, CHO users will follow in the HMIS system the workflow that is set-up for their program.
2. To complete the Program-Specific required fields, CHO users will follow in the HMIS system the workflow that is set-up for their program.

**Best Practice:**
CHO users should be aware of their agency's data requirements and internal standards. Agencies may decide to collect additional pieces of information outside of the Universal and Program-Specific fields that are needed for its own operations and funding sources. This guide merely establishes the minimum or baseline level of required data.

9.6 Client Discharge: Exiting Clients from Programs

**Policy:** During discharge or program exit, CHO Users must complete the Universal and Program-Specific required fields for all clients in the HMIS system within 14 calendar days.

**Description:**
During client discharge from a program, there are additional data collection requirements. Again, all agencies must complete the Universal and Program-Specific fields. These fields can be found in the HUD-40118 Assessment.

**Procedures:**
1. To complete the Universal and Program-Specific required fields for discharge, CHO users must go to the HUD-40118 Assessments and enter the program exit date.
2. To complete the Program-Specific required fields, CHO Users must also go to the Homeless Management, Income and Benefits, Education, Employment, and Health tabs and respond to the fields marked required.
10. TRAINING & TECHNICAL ASSISTANCE

10.1 CHO End User Training

Policy: Organizations who are required to enter data into the County-wide HMIS must select two individuals, a primary and a secondary user. New users are required to complete new user training before being given access to the HMIS.

Description:
The CHO End User training will cover the following Topics:

- HMIS Policy
- Objects & Links
- Dashboard Diagnosis
- Intake Workflow
- Exit Workflow
- Program Enrollments
- Services
- Housing Check-in
- Housing Check-out
- Master Assessment
- Universal Data Assessment
- Required Repots

Procedures:
1. There are several prerequisites for attending the HMIS End User training:
   - The agency must have signed and returned the contract containing the HMIS participation requirement or HMIS stand alone agreement before the agency’s staff can attend CHO End User training.
   - The agency must submit a training request form to the HMIS System Administrator before a training date can be scheduled.
   - All users to be trained must have a User Access Request Form filled out and signed by the Agency’s Executive Director prior to training. The user request forms are to be mailed or faxed to the HMIS System Administrator prior to training attendance.

   Fax To:
   Attn: System Administrator
   (951) 358-4972 or

   Mail To:
   Attn: System Administrator
   Riverside County DPSS
   4060 County Circle Drive
   Riverside, CA  92503

2. Individuals can contact the HMIS System Administrator to see when the next training is being offered. Training spots are allocated on a first-come first-serve basis. Typically class sizes are 3-5 individuals.

3. Upon completion of training, they will be given a login and password that will give them access to the County-wide HMIS system’s website https://clienttrack.net/riverside.
4. The HMIS System Administrator will immediately activate the CHO end user and assign appropriate security levels. At this point, the individual is able to work in the HMIS.

10.2 Software Upgrade Training Refresher

**Policy:** All participating agencies are required to participate in on-site training refresher after every system upgrade.

**Description:**
HMIS will evolve over time to include additional new HUD requirements as well as functions that agencies and the community have requested. At least twice (2) a year, upgrades to ClientTrack will occur requiring the need for each user or at minimum 1 user from each participating organization to participate in a training refresher.

**Procedures:**
1. Five (5) business days prior to ClientTrack being upgraded, the HMIS System Administrator will send an e-mail notice to all active HMIS users informing them of the time and date of the system upgrade.
2. Five (5) business days after ClientTrack has been upgraded, HMIS will begin scheduling the on-site training refresher.

10.3 Support Desk Procedure

**Policy:** HMIS Users who need training and/or technical assistance must send request to the HMIS support in-box.

**Procedures:**
1. Support tickets are reviewed daily and will be answered within 3 business days.

10.4 Contact Your HMIS System Administrator

**Policy:** CHO Users should send all requests for technical assistance and training to the HMIS support email box first before attempting to contact the HMIS System Administrator.

**Procedures:**
HMIS System Administrator will be the best resource for finding out specific information regarding ClientTrack functionality, technical issue and reporting. But before contacting the System Administrator, CHO users should send their request to the HMIS Support Email box. If no response has been received within three (3) consecutive business days excluding Friday, CHO users may call HMIS staff for assistance.
Appendix A: HMIS Client Consent for Release of Information (ROI)

CONSENT FOR
RELEASE OF INFORMATION

As of __________ (Day/Mo./Yr) I, ________________________ (Head of Household Name)
And (All Household Members Names) ______________________, ______________________,
____________________, ______________________, ______________________, ______________________
authorize ______________________ (Organization Name) to share the following
information with participating Contributory Homeless Management Information System (HMIS)
Organizations or CHO’s:

- Last Name
- Birth Date
- Social Security Number
- Veteran Status
- Middle Initial
- Client Age
- Marital Status
- Ethnicity
- First Name
- Gender
- Relationship to Head of Household
- Race

The purpose of this disclosure is to coordinate with the County’s participating homeless
assistance/prevention network members excluding confidential care.

I certify that this request has been made freely, voluntarily and without coercion and that
the information given above is accurate to the best of my knowledge. I understand that I
may revoke this authorization at any time except to the extent that action has already
been taken to comply with it. Unless revoked in writing, this release of information is
valid. Once service provision is provided, re-disclosure of my records by those receiving
the above authorized information may not be provided without my further written consent.

________________________                                   _______________________
SIGNATURE OF CLIENT OR GUARDIAN                          SIGNATURE OF SPOUSE OR PARTNER
DATE                                                      DATE
**Appendix B: User Account Request Form**

# Homeless Management Information System

**User Account Request Form**

- [ ] New User  
- [ ] Delete User  
- [ ] Change User Information  
- [ ] Other  

**Today’s Date**: __/__/____

<table>
<thead>
<tr>
<th>HMIS User Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>User First &amp; Last Name (print or type)</td>
</tr>
<tr>
<td>Job Title</td>
</tr>
<tr>
<td>User E-Mail Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization &amp; Program Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name</td>
</tr>
<tr>
<td>Organization Main Office Address:</td>
</tr>
<tr>
<td>(Street)</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>(where user uses HMIS)</td>
</tr>
</tbody>
</table>

**Program Type:**
- [ ] Emergency Shelter
- [ ] Transitional Housing
- [ ] Permanent Supportive Housing
- [ ] Homeless Outreach
- [ ] Homelessness Prevention and Rapid Re-Housing
- [ ] Services Only Program
- [ ] Other, if so explain

**Authorization & Confidentiality Statement**

I agree to maintain strict confidentiality of information obtained through the Homeless Management Information System (HMIS) Network. This information will be used only for the legitimate client services and administration of the above name organization. Any breach of confidentiality will result in the immediate termination of participation in HMIS.

**Employee Signature**: ____________________________  
**Date**: __/__/____

**Executive Director’s Signature/Authorization**: ____________________________  
**Date**: __/__/____

**Note:** This form must be completed and filed with DPSS for new users and users needing to be deleted. If you have any questions, please contact HMIS Support at 951-358-6458 or hmissupport@riversidedpss.org  
**Fax completed forms to:** (951) 358-7755, or scan and email to: hmissupport@riversidedpss.org

Ver1.9 HMIS Charter _9/4/14
USER'S RESPONSIBILITY STATEMENT

Your user name and password give you access to the HMIS Network. Initial each item below to indicate your understanding of the proper use of your user name and password. Then, sign where indicated. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS.

Initial Only

I understand that my user name and password are for my use only.
I understand that I must take all reasonable means to keep my password physically secure.
I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.
I understand that these rules apply to all users of HMIS, whatever their work role or position.
I understand that hard copies of HMIS information must be kept in a secure file.
I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.
I understand that if I notice or suspect a security breach, I must immediately notify DPSS Contracts Administration Unit at 951-358-3293.

I understand and agree to the above statements.

_________________________________________  ___________________________
Employee Signature                           Date

Note: This form must be completed and filed with DPSS for new users and users needing to be deleted. If you have any questions, please contact HMIS Support at 951-358-6458 or hmissupport@riversidedpss.org Fax completed forms to: (951) 358-7755, or scan and email to: hmissupport@riversidedpss.org
Appendix C: Privacy Notice (Posted Sign)

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Effective Date: ______________

Our Duty to Safeguard your Protected Information

________________________ (Agency Name) collects information about who uses our services. We will ask for your permission to enter the information we collect about you and your family into a computer program called the Continuum of Care for Riverside County HMIS. Although the CoC HMIS helps us keep track of your information, individual and identifiable information about you is considered “Personal Protected Information” (PPI). We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose the information you give us.

We are also required to follow the privacy practices described in this Notice, although __________________________ (Agency Name) reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the notice from any [participating CoC HMIS Collaborative Agency.

How We May Use and Disclose Your Information

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to tell who you are will never be used for these reports. We will not turn your information over to a national database. We must have your written consent to use or disclose your information unless the law permits or requires us to make the use of or to disclose without your permission. Please review the Client Informed Consent/Release of Information Authorization for details.

Individual Rights Regarding Your Information

✓ You have the right to receive services even if you choose NOT to participate in the CoC HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.
✓ You have the right to ask for information about who has seen your information.
✓ You have the right to see your information and change it, if it is not correct.
We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services and better understand the needs of homelessness. We collect appropriate information only. A Privacy Notice is available upon request.
Appendix D: HMIS Request for Policy Addition, Deletion, or Change

HMIS Request for Policy Addition, Deletion, Change

Organization: ______________________________________________________
Name: _____________________________________________________________
Date: _____________________________

I request that the following change(s) be made to the HMIS Policy & Procedure Manual:

Change the following existing policy:
____________________________________________________________________________
____________________________________________________________________________

Delete the following existing policy:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Add the following:

Provide in clear and concise language the policy to be considered by the HMIS Administrators Council to be inserted / deleted in or from the current Policy and Procedure manual. Please be clear and specific.

Policy:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Provide a brief description of the policy or process. Please be clear and specific.

Description:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Provide in detail the procedure for the policy identified above. Please be clear and specific.

Procedures:
Appendix E: HMIS Participating Agency & Data Sharing Agreement (MOU)

Agency Name: ________________________________

Agency Name: ________________________________

Continuum of Care (CoC)
Homeless Management Information System

MEMORANDUM OF UNDERSTANDING (MOU)
HMIS Participating Agency & Data Sharing Agreement
For the Continuum of Care for Riverside County

The Homeless Management Information System (HMIS) is administered and maintained by Riverside County Department of Public Social Services (RCDPSS) which acts on behalf of the CoC as the HMIS lead agency. The HMIS is a web-enabled database used by organizations that provide homeless, prevention, outreach and housing services within the County of Riverside to capture information about the persons they serve.

This MOU outlines multi-directional sharing relationship between multiple organizations. In order to systematically share data, the participating agencies must jointly establish a data sharing network formalized by the execution of this MOU.

This MOU is entered into on __________ (day/mo./yr.) by the Contributory HMIS Organization(s) (CHO) listed on the signatory page. (See attached Signatory Page(s).) This executed MOU shall establish a Data Sharing Network comprised solely of those Participating Agencies listed on the Signatory Page(s).

Each Agency listed on the Signatory Page(s) agrees as following:

I. General Understanding:

   1. In this Agreement, the following terms shall have the following meanings:

      a. Client” refers to a consumer of services;
b. “CHO” is a Contributory HMIS Organization and shall refer to any service provider organization which participates in this MOU;

c. “Data Sharing Network” shall refer collectively to all CHO’s that are Participating in this MOU;

d. “HMIS” refers to the County of Riverside county-wide Homeless Management Information System;

e. “HMIS Administrators” refers to the designated individuals who are responsible for overseeing the daily operational aspects of the HMIS.

f. Data shared will be limited to the universal elements only.

2. The Executive Director of each CHO is ultimately responsible for ensuring that users within his/her agency abide by all policies stated in this MOU.

a. The HMIS Administrators Council shall authorize data sharing to begin. Data sharing shall not begin without authorization from the HMIS Administrators Council and all CHO’s obtain the original copy of this MOU, which has been signed and dated by the Executive Director and HMIS Administrator of each CHO.

b. Only the CHO which is both listed on the signatory page and whose Executive Director and HMIS Administrator have signed and dated the signatory page, shall be considered a partner in the MOU.

c. Each CHO understands any addition, subtraction or modification to the signatory page shall require that a new, original MOU be signed and dated by the Executive Director and the HMIS Administrator of each Partner wishing to participate in the Data Sharing Network.

d. The CHO agrees not to release any client information collected by the other CHO stored within the HMIS data base to any organization or individual not in the Data Sharing Network.

e. The CHO will ensure that all persons within its’ organization accessing HMIS have read and understand the HMIS Charter. The CHO will also ensure that all persons who are issued a User ID and password for the HMIS abide by this MOU, including the confidentiality rules and regulations.

f. The HMIS Administrator will implement monitoring procedures to ensure compliance with client consent and data sharing procedures as defined by this agreement.

II. Terms and Conditions

1. The parties hereto agree that this agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.
a. No CHO shall transfer or assign any rights or obligations without written consent of the other CHO’s.

b. This agreement may be terminated by submitting written notice to the HMIS Administrators Council and informing all of the HMIS Administrators of all CHO’s with 30 days advance notice. In the event that other parties desire continuation of the data sharing agreement, a new MOU shall be executed among the interested parties.

Contributory Housing Organizations (CHO’s) currently participating in RCDPSS’ Data Sharing Network: (Only CHO’s signing agreement will be listed for each Agreement /MOU).

This may include other organizations /agencies desiring to participate in the Riverside County CoC HMIS Data Sharing Network and who have read, understood and signed this agreement with its conditions.

Agency Name: ____________________________________________

Authorized Organization Representative Signature ___________________________ Date ___________________________

Agency Name: ____________________________________________

Authorized Organization Representative Signature ___________________________ Date ___________________________

HMIS Administrator ____________________________________________ Date ___________________________

*This agreement is between these two parties only and any further sharing will require additional agreements between all parties involved.

HPUHMISDatasharing2013 by MB:mb

Ver1.9 HMIS Charter _9/4/14
Appendix F: HMIS Monitoring Tool

HUD GRANT MONITORING – HMIS REVIEW

**Note:** The HMIS Self-Assessment Survey that sponsors complete prior to the monitoring visit will have to be verified by HMIS staff. Additionally, this monitoring form will need to be completed during the actual site visit.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are the Privacy Notice and Mandatory Collection Notice posted and visible to clients?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does sponsor have a copy of the HMIS Policies and Procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the HMIS issued equipment accounted for? If applicable - Provide a status of equipment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do HMIS users use username and password for their computer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does the sponsor use a firewall to protect internal network servers and local user computers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do all computers used for HMIS have virus protection?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do HMIS users have signed User-Agreement properly documented and filed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do HMIS users run reports to verify data quality and completeness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Was there documentation in each client file of the HMIS data fields?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is sponsor utilizing HMIS intake form?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HMIS staff will run the following Data Integrity reports to be discussed during the exit interview:
- Missing Value Report
- Duplicate Client Report
**Appendix G: Client Intake Form – HUD SHP Programs**

**Client Intake and Exit Form - HUD SHP Programs**

Please fill out a separate form for each family member including children

<table>
<thead>
<tr>
<th>Program</th>
<th>Bed Check In:</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Entry/Enrollment Date** 3.12

<table>
<thead>
<tr>
<th>-</th>
<th>-</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
</table>

**Room #**

**Bed #**

**Name** 3.1

- First
- Middle
- Last
- Suffix (Jr. Sr. I, II)

**Social Security Number** 3.2

- Full SSN
- Partial SSN

**Date of Birth** 3.3

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

- Full DOB
- Approximate

**Gender** 3.6

- Female
- Male
- Transgender M to F
- Transgender F to M
- Other

**Ethnicity** 3.5

- Non-Hispanic/non-Latino
- Hispanic/Latino

**Race** 3.4

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

**Relationship to Head of Household**

- Head of Household/Self
- Guardian of HH
- Parent of HH
- Spouse of HH
- Son of HH
- Other family member of HH
- Daughter of HH
- Other non-family of HH
- Dependent Child of HH
- Other caretaker of HH
- Grandparent
### Disabling Condition 3.8

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Doesn't Know</th>
<th>Refused to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Veteran Info 3.7

<table>
<thead>
<tr>
<th></th>
<th>No: never served on active duty (go on to next question)</th>
<th></th>
<th>Refused to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: Active Duty in U.S. armed forces or active duty in the reserves</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Military Branch

<table>
<thead>
<tr>
<th></th>
<th>Army</th>
<th>Doesn't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Air Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Navy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Service Era

<table>
<thead>
<tr>
<th></th>
<th>Post 9-11 (Sept. 11, 2001 to Present)</th>
<th></th>
<th>Refused to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persian Gulf (8/1991 to 9/10/2001)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post Vietnam (May 1975-July 1991)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vietnam (August 1964 to April 1975)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Between Korean &amp; Vietnam (Feb 1955 to July 1964)</td>
<td></td>
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<tr>
<td></td>
<td>Korean War (June 1950 to Jan 1955)</td>
<td></td>
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<td></td>
<td>Between World War I &amp; WW II (Dec 1918 - Aug 1940)</td>
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<td></td>
</tr>
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<td></td>
<td>World War I (Aug 1917 to Nov 1918)</td>
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#### Discharge Status

<table>
<thead>
<tr>
<th></th>
<th>Honorable</th>
<th>Doesn't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bad Conduct</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dishonorable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>other</td>
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</tbody>
</table>

#### Served in a war zone?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Doesn't Know</th>
<th>Refused to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### Prior Residence (3.9)

<table>
<thead>
<tr>
<th>Option</th>
<th>Client</th>
<th>Doesn't Know</th>
<th>Refused</th>
<th>To Provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter including hotel/motel paid for with emergency voucher</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Transitional Housing for Homeless persons</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Permanent Housing for formerly homeless persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital/ facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment facility or detox center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital (non-psychiatric)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail, prison or juvenile detention facility</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Staying or living in a family member’s room, apartment or house</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Staying or living in a friend’s member’s room, apartment or house</td>
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<td></td>
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</tr>
<tr>
<td>Hotel/ motel paid for without emergency shelter voucher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care home or foster care group home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place not meant for human habitation (vehicle, streets, abandoned buildings)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SafeHaven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by client, VASH subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by client, other subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by client, no subsidy</td>
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<td></td>
<td></td>
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<tr>
<td>Owned by client, subsidy</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned by client, no subsidy</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Length of stay in previous place**

- 1 week or less
- More than one week but less than a month
- One to three months
- More than 3 months but less than 1 year
- One year plus

### Prior Zip Code (3.10)

<table>
<thead>
<tr>
<th>Option</th>
<th>Client</th>
<th>Doesn’t Know</th>
<th>Refused</th>
<th>To Provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full zip code</td>
<td></td>
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<td></td>
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<tr>
<td>Partial zip</td>
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### Housing Status (3.11)

<table>
<thead>
<tr>
<th>Option</th>
<th>Client</th>
<th>Doesn’t Know</th>
<th>Refused</th>
<th>To Provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally homeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imminently losing housing (14 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstably housed and at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stably housed-rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stably housed - own</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Chronic Homelessness (Adult member or Head of Household)

- Continuously Homeless 1 yr. or more
- 4 or more (15 day) episodes in prior 3 years
- Substance use disorder
- Serious Mental Illness
- Developmental Disability
- Chronic Physical Illness or Disability
<table>
<thead>
<tr>
<th>Barriers</th>
<th>Alcohol Abuse</th>
<th>4.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Date identified</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doesn't</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mm/dd/yyyy</td>
<td></td>
</tr>
<tr>
<td>Is it expected to be of long continued &amp; indefinite duration</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>&amp; does it substantially impair ability to live independently</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Currently receiving treatment?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic Health Condition</th>
<th>4.5</th>
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<tr>
<td>Yes</td>
<td>Date identified</td>
</tr>
<tr>
<td>No</td>
<td>Client</td>
</tr>
<tr>
<td>Does't</td>
<td>Refused</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Know</td>
</tr>
<tr>
<td>Currently receiving treatment?</td>
<td>No</td>
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<table>
<thead>
<tr>
<th>Developmental Disability</th>
<th>4.4</th>
</tr>
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<tr>
<td>Yes</td>
<td>Date identified</td>
</tr>
<tr>
<td>No</td>
<td>Client</td>
</tr>
<tr>
<td>Does't</td>
<td>Refused</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Know</td>
</tr>
<tr>
<td>Currently receiving treatment?</td>
<td>No</td>
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<table>
<thead>
<tr>
<th>Substance Abuse Problem</th>
<th>4.8</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Date identified</td>
</tr>
<tr>
<td>No</td>
<td>Client</td>
</tr>
<tr>
<td>Does't</td>
<td>Refused</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Know</td>
</tr>
<tr>
<td>Is it expected to be of long continued &amp; indefinite duration</td>
<td>No</td>
</tr>
<tr>
<td>&amp; does it substantially impair ability to live independently</td>
<td>Yes</td>
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<tr>
<td>Currently receiving treatment?</td>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>4.6</th>
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</thead>
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<td>Yes</td>
<td>Date identified</td>
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<tr>
<td>No</td>
<td>Client</td>
</tr>
<tr>
<td>Does't</td>
<td>Refused</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Know</td>
</tr>
<tr>
<td>Currently receiving treatment?</td>
<td>No</td>
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<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>4.7</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Date identified</td>
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<td>Client</td>
</tr>
<tr>
<td>Does't</td>
<td>Refused</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Know</td>
</tr>
<tr>
<td>Is it expected to be of long continued &amp; indefinite duration</td>
<td>No</td>
</tr>
<tr>
<td>&amp; does it substantially impair ability to live independently</td>
<td>Yes</td>
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<tr>
<td>Currently receiving treatment?</td>
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<table>
<thead>
<tr>
<th>Physical disability</th>
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<td>Yes</td>
<td>Date identified</td>
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<tr>
<td>No</td>
<td>Client</td>
</tr>
<tr>
<td>Does't</td>
<td>Refused</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Know</td>
</tr>
<tr>
<td>Currently receiving treatment?</td>
<td>No</td>
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### Domestic violence

<table>
<thead>
<tr>
<th>Question</th>
<th>Client</th>
<th>Doesn't</th>
<th>Refused</th>
<th>Know</th>
<th>to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Income (past 30 days)

<table>
<thead>
<tr>
<th>Income and Source</th>
<th>NO</th>
<th>YES</th>
<th>If yes, monthly amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Veteran's disability</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Private Disability</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Worker's compensation</td>
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<td></td>
<td>$________________</td>
</tr>
<tr>
<td>TANF/CalWorks</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>General Assistance (GA/GR)</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Retirement - Social Security</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Veteran's pension</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Other pension (from another job)</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Child support</td>
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<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Alimony/spousal support</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>$________________</td>
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</table>

Total Monthly income $________________

### Non-Cash benefits (last 30 days)

<table>
<thead>
<tr>
<th>Source of Non-Cash Benefit</th>
<th>NO</th>
<th>YES</th>
<th>If yes, monthly amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>food stamps/SNAP/Cal-Fresh/</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Medicaid/Medi-Cal</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>State Children's health (Healthy Families)</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Supplemental Nutrition (WIC)</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>TANF/CalWorks Child Care</td>
<td></td>
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</tr>
<tr>
<td>TANF/CalWorks Transportation</td>
<td></td>
<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Other TANF/CalWorks Services</td>
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<td></td>
<td>$________________</td>
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<tr>
<td>Section 8, public housing</td>
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<td></td>
<td>$________________</td>
</tr>
<tr>
<td>Other source</td>
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<td></td>
<td>$________________</td>
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### Employment Assessment

<table>
<thead>
<tr>
<th></th>
<th>Employed</th>
<th>Yes</th>
<th>No</th>
<th>Client</th>
<th>Doesn't</th>
<th>Know</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, hours worked in last week</td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Employment Type/tenure

<table>
<thead>
<tr>
<th></th>
<th>Permanent</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Looking for Work

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

### Looking for additional work or increased hours

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Adult Education Assessment

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
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</thead>
<tbody>
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</table>

### Received Vocational training or apprenticeship

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

### Highest grade completed

<table>
<thead>
<tr>
<th>Highest grade completed</th>
<th>no school completed</th>
<th>nursery school - 4th grade</th>
<th>5th or 6th grade</th>
<th>7th or 8th grade</th>
<th>9th grade</th>
<th>10th grade</th>
<th>11th grade</th>
<th>12 grade, no diploma</th>
<th>High school diploma</th>
<th>GED</th>
<th>Post-secondary school</th>
<th>Refused</th>
<th>Client</th>
<th>Refused</th>
<th>Know</th>
<th>Know to provide</th>
<th>Client</th>
<th>Refused</th>
<th>Know to provide</th>
</tr>
</thead>
</table>
### Children's Education Assessment

| Currently in school | No | Client | Client | Doesn't | Refused
|---------------------|----|--------|--------|---------|--------
|                     | Yes| Know   |        |         |        |

**If enrolled, name of school**

| Type of school | Public | Client | Client | Doesn't | Refused
|----------------|--------|--------|--------|---------|--------
|                | Private| Know   |        |         |        |

**If enrolled, was the child connected to the McKinney-Vento homeless school liaison**

|               | No | Client | Client | Doesn't | Refused
|----------------|----|--------|--------|---------|--------
|                | Yes| Know   |        |         |        |

**If not enrolled, last date of enrollment**

<table>
<thead>
<tr>
<th>mm/dd/yyyy</th>
</tr>
</thead>
</table>

**If not enrolled, identify problems enrolling child**

- None
- Residency requirements
- Availability of school records
- Birth certificates
- Legal guardianship requirements
- Transportation
- Lack of available preschool program
- Immunization requirements
- Physical examination records
- Other

### Health Assessment

**General health Status**

- excellent
- very good
- good
- fair
- poor

| Pregnancy status | No | Client | Client | Doesn't | Refused
|------------------|----|--------|--------|---------|--------
|                  | Yes| Know   |        |         |        |
# Client Discharge Form - HUD SHP Programs

| Exit Date | - | - | 2 | 0 |
|-----------|---|---|---|

## Destination

- Emergency Shelter including hotel/motel paid for with emergency voucher
- Transitional Housing for Homeless persons
- Permanent Housing for formerly homeless persons
- Psychiatric hospital/ facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no subsidy
- Owned by client, no subsidy
- Staying or living with family, temporary, apartment or house
- Staying or living with friend's, temporary, apartment or house
- Hotel/ motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for human habitation (vehicle, streets, abandoned buildings)
- Other
- SafeHaven
- Rental by client, VASH subsidy
- Rental by client, other subsidy
- Owned by client, subsidy
- Staying or living with family, permanent, apartment or house
- Staying or living with friend's, permanent, apartment or house
- Deceased
- Client
- Doesn't Know
- Refused
- to provide

## Reason for leaving

- Left for a housing opportunity before completing program
- Completed program
- Non-payment of rent/occupancy charge
- Non-compliance with program
- Criminal activity/destruction of property/violence
- Reach maximum time allowed by program
- Needs could not be met by program
- Disagreement with rules/persons
- Death
- unknown/disappeared
<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV prevention</td>
</tr>
<tr>
<td>Alcoholism counseling</td>
</tr>
<tr>
<td>Anger Management</td>
</tr>
<tr>
<td>Animal caretakers/pet care</td>
</tr>
<tr>
<td>App asst - ID</td>
</tr>
<tr>
<td>App asst - birth cert</td>
</tr>
<tr>
<td>Application assistance</td>
</tr>
<tr>
<td>benefits assistance</td>
</tr>
<tr>
<td>benefits - co healthcare</td>
</tr>
<tr>
<td>budgeting</td>
</tr>
<tr>
<td>budgeting asst</td>
</tr>
<tr>
<td>bus passes</td>
</tr>
<tr>
<td>career counseling</td>
</tr>
<tr>
<td>case/care management</td>
</tr>
<tr>
<td>child care</td>
</tr>
<tr>
<td>clothing</td>
</tr>
<tr>
<td>community integration</td>
</tr>
<tr>
<td>counseling</td>
</tr>
<tr>
<td>day care</td>
</tr>
<tr>
<td>dental care</td>
</tr>
<tr>
<td>detox</td>
</tr>
<tr>
<td>DMH intens. Case mgt</td>
</tr>
<tr>
<td>DMH services</td>
</tr>
<tr>
<td>Drivers license asst</td>
</tr>
<tr>
<td>Drug abuse couns.</td>
</tr>
<tr>
<td>Dual Diag.</td>
</tr>
<tr>
<td>education</td>
</tr>
<tr>
<td>employment asst - referral</td>
</tr>
<tr>
<td>employment counselors</td>
</tr>
<tr>
<td>employment prep</td>
</tr>
<tr>
<td>employment</td>
</tr>
<tr>
<td>employment asst</td>
</tr>
<tr>
<td>enforce of housing rights</td>
</tr>
<tr>
<td>Entitlements education</td>
</tr>
<tr>
<td>Food-breakfast</td>
</tr>
<tr>
<td>Food-dinner</td>
</tr>
<tr>
<td>Food-lunch</td>
</tr>
<tr>
<td>Food items</td>
</tr>
<tr>
<td>Food Stamps (referral)</td>
</tr>
<tr>
<td>Food Voucher(s)</td>
</tr>
<tr>
<td>GED instruction</td>
</tr>
<tr>
<td>Health Care services (referral)</td>
</tr>
<tr>
<td>HIV/AIDS Services</td>
</tr>
<tr>
<td>HIV/AIDS Services (referral)</td>
</tr>
<tr>
<td>Housing Advocacy</td>
</tr>
<tr>
<td>Housing Application Asst</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Status 3.11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally homeless</td>
</tr>
<tr>
<td>Imminently losing housing (14 days)</td>
</tr>
<tr>
<td>Unstably housed and at risk</td>
</tr>
<tr>
<td>Stably housed-rent</td>
</tr>
<tr>
<td>Stably housed - own</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barriers Alcohol Abuse 4.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Client</td>
</tr>
<tr>
<td>Doesn't</td>
</tr>
<tr>
<td>Know</td>
</tr>
</tbody>
</table>

Is it expected to be of long continued & indefinite duration
& does it substantially impair ability to live independently

Ver1.9 HMIS Charter _9/4/14
Currently receiving treatment?  No  Yes

**Chronic Health Condition 4.5**
- No
- Yes

Date identified

Client

Currently receiving treatment?  No  Yes

**Developmental Disability 4.4**
- No
- Yes

Date identified

Client

Currently receiving treatment?  No  Yes

**Substance Abuse Problem 4.8**
- No
- Yes

Date identified

Client

Is it expected to be of long continued & indefinite duration & does it substantially impair ability to live independently

Currently receiving treatment?  No  Yes

**HIV/AIDS 4.6**
- No
- Yes

Date identified

Client

Currently receiving treatment?  No  Yes

**Mental Illness 4.7**
- No
- Yes

Date identified

Client

Is it expected to be of long continued & indefinite duration & does it substantially impair ability to live independently

Currently receiving treatment?  No  Yes

**Physical disability 4.3**
- No
- Yes

Date identified

Client

Currently receiving treatment?  No  Yes
### Income (past 30 days) 4.1

- No (skip to Non-Cash benefits)
- Yes: complete source questions

<table>
<thead>
<tr>
<th>Income and Source</th>
<th>No</th>
<th>Yes</th>
<th>If yes, monthly amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Veteran's disability</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Private Disability</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Worker's compensation</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TANF/CalWorks</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>General Assistance (GA/GR)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Retirement- Social Security</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Veteran's pension</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other pension (from another job)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Child support</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Alimony/spousal support</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total Monthly income</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### Non-Cash benefits (last 30 days) 4.2

- No (skip to next question)
- Yes: complete source questions

<table>
<thead>
<tr>
<th>Source of Non-Cash Benefit</th>
<th>No</th>
<th>Yes</th>
<th>If yes, monthly amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>food stamps/SNAP/Cal-Fresh/</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Medicaid/Medi-Cal</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>State Children's health (Healthy Families)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Supplemental Nutrition (WIC)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TANF/CalWorks Child Care</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TANF/CalWorks Transportation</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other TANF/CalWorks Services</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Section 8, public housing</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other source</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
### Employment Assessment

<table>
<thead>
<tr>
<th>Employed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doesn't</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If yes, hours worked in last week**

<table>
<thead>
<tr>
<th>Employment Type/tenure</th>
<th>Permanent</th>
<th>Client</th>
<th>Client</th>
<th>Doesnt'</th>
<th>Client</th>
<th>Know</th>
<th>to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporaty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Looking for Work**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Client</td>
</tr>
<tr>
<td>Doesn't</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**Looking for additional work or increased hours**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Client</td>
</tr>
<tr>
<td>Doesn't</td>
<td>Refused</td>
</tr>
</tbody>
</table>

### Adult Education Assessment

<table>
<thead>
<tr>
<th>Currently in school or working on degree</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Client</td>
<td>Doesn't</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td>to provide</td>
</tr>
</tbody>
</table>

**Received Vocational training or apprenticeship**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Client</td>
</tr>
<tr>
<td>Doesn't</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**Highest grade completed**

<table>
<thead>
<tr>
<th>10th grade</th>
<th>9th grade</th>
<th>8th grade</th>
<th>7th grade</th>
<th>6th grade</th>
<th>5th grade</th>
<th>nursery school - 4th grade</th>
<th>no school completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High school diploma</td>
<td>12 grade, no diploma</td>
</tr>
<tr>
<td>Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GED</td>
<td>Doesn't</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Post-secondary school</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Children's Education Assessment</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Currently in school</strong></td>
<td>No</td>
<td>Doesn't</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Know to provide</td>
</tr>
<tr>
<td><strong>If enrolled, name of school</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of school</strong></td>
<td>Public</td>
<td>Doesn't</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Know to provide</td>
</tr>
<tr>
<td><strong>If enrolled, was the child connected to the McKinney-Vento homeless school liaison</strong></td>
<td>No</td>
<td>Doesn't</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to provide</td>
</tr>
<tr>
<td><strong>If not enrolled, last date of enrollment</strong></td>
<td>mm/dd/yyyy</td>
<td></td>
</tr>
<tr>
<td><strong>If not enrolled, identify problems enrolling child</strong></td>
<td>None</td>
<td>Req't</td>
</tr>
<tr>
<td></td>
<td>Residency req't</td>
<td>Doesn't</td>
</tr>
<tr>
<td></td>
<td>Availability of school records</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>Know to provide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Birth certificates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Legal guardianship req't</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of available preschool program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunization req't</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical examination records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>