

## Data Completeness/Accuracy Reports Column Key

- ◆ Following each list of explanations for what each column on the data completeness report refers to will be a diagram showing each section on a sample entry record in HMIS.
- ◆ **Please note** that the order in which the various data elements appear on the record in HMIS may not correspond to the order in which they are laid out on the report.
- ◆ Certain data elements (**Name**, **SSN**, and **Veteran Status**) will not appear in the diagrams below because they must be fixed in the client profile, *not* in the client's entry record.
- ◆ Some data elements, such as the HUD Verification sections, are not recorded by some providers and may not appear on your entry page or report card.

### HUD Universal Data Elements:

HUD Universal Data Elements												
Name	SSN	DOB	Race	Eth	Gen	Vet	YN Disab	Res Prior	LOS Prior	Dest Exit	HoH	Loc
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>

- 1) **Name.** Please remember to also select the appropriate option from the dropdown box under *Name Data Quality*.
- 2) **Social Security Number.** Please remember to also select the appropriate option from the dropdown box under *SSN Data Quality*.
- 3) **Date of Birth.** Please remember to also select the appropriate option from the dropdown box under *Date of Birth Type*.
- 4) **Race.** If the client does not identify as more than one race, please DO NOT select anything under the *Secondary Race* dropdown box, just leave it on - *Select -*.
- 5) **Ethnicity.**
- 6) **Gender.**
- 7) **Veteran Status.**
- 8) **Does the client have a disabling condition?** This is a *Yes/No* dropdown box directly above the *HUD Verification* box.
- 9) **Residence Prior to Project Start Date.**
- 10) **Length of Stay in Previous Place.**
- 11) **Exit Destination.**
- 12) **Relationship to Head of Household.**
- 13) **Client Location.** The option selected from this dropdown box should ALWAYS be *WV-508 (BoS)*.

**SHELTER ENTRY ASSESSMENT**

Complete the following demographic questions for ALL HOUSEHOLD MEMBERS at Project Start:

3 → **Date of Birth** [ ] / [ ] / [ ] [G]

**Date of Birth Type** [-Select-] [G]

4 → **Primary Race** [-Select-] [G]

**Secondary Race** [-Select-] [G]

5 → **Ethnicity** [-Select-] [G]

6 → **Gender** [-Select-] [G]

**Relationship to Head of Household** [-Select-] [G]

12 → **Client Location** [-Select-] [G]

13 →

Complete the following questions for ALL HOUSEHOLD MEMBERS:

Covered by Health Insurance [-Select-] [G]

Health Insurance HUD Verification [!]

Start Date *	Health Insurance Type	Covered?	End Date
Add			

8 → **Does the client have a disabling condition?** [-Select-] [G]

Disabilities HUD Verification [!]

Disability Type	Disability determination	Start Date *	End Date
Add			

**Current Housing Status** [Category 1 - Homeless (HUD)] [G]

9 → **Residence Prior to Project Start Date** [Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)] [G]

10 → **Length of Stay in Previous Place** [One night or less] [G]

**Approximate date this current episode of homelessness started:** [ ] / [ ] / [ ] [G]

**Regardless of where they stayed last night - Number of times the client has been on the streets, in Emergency Shelter, or Safe Haven in the past three years including today** [-Select-] [G]

**Total number of months homeless on the street, in Emergency Shelter or Safe Haven in the past three years** [-Select-] [G]

**Length of Time Homeless - Status Documented?** [No] [G]

## Additional Data Elements:

Additional Data Elements				
DV	SVS	YN Inc	YN NC	YN Ins
14	N/A	15	16	17

**14) Domestic violence victim/survivor.** If *Yes* is selected from this dropdown box, the following two questions **MUST ALSO** be answered or this section will be marked **Null**.

**15) Income from Any Source.** This is a **Yes/No** dropdown box directly above the *HUD Verification* box.

**16) Non-cash benefit from any source.** This is a **Yes/No** dropdown box directly above the *HUD Verification* box.

**17) Covered by Health Insurance.** This is a **Yes/No** dropdown box directly above the *HUD Verification* box.

◆ The **SVS** column is used to track services provided to clients, but at this point in time is excluded from completeness and accuracy reports that are sent out each month.

**14** → Domestic violence victim/survivor  G

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

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

**Complete the following questions for ALL HOUSEHOLD MEMBERS AGE 18 AND OVER:**

Total Monthly Income

**15** → Income from Any Source  G

**Monthly Income** HUD Verification 

Monthly Amount	Source of Income	Receiving Income Source?	Start Date *	End Date
<input type="button" value="Add"/> <input type="button" value="View Gross Income"/>				

**16** → Non-cash benefit from any source  G

**Non-Cash Benefits** HUD Verification 

Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date
<input type="button" value="Add"/>			

**Complete the following questions for ALL HOUSEHOLD MEMBERS:**

**17** → Covered by Health Insurance  G

**Health Insurance** HUD Verification 

Start Date *	Health Insurance Type	Covered?	End Date
<input type="button" value="Add"/>			

Does the client have a disabling condition?  G

**Disabilities** HUD Verification 

Disability Type	Disability determination	Start Date *	End Date
<input type="button" value="Add"/>			

# HUD Verification:

HUD Verification				
Disab Ok=8	Inc Ok=15	Inc Amt	NC Ok=6	Ins Ok=10
18	19	20	21	22

**18) Disabilities HUD Verification box.** If fewer than 8 disabilities are marked as *Yes, No, Client Doesn't Know, Client Refused, or Data Not Collected*, then this section will be marked with a **red number**, which indicates how many disabilities are correctly marked. If no selections have been made, this box will be marked **Null**.

**19) Monthly Income HUD Verification box.** If fewer than 15 income sources are marked as *Yes, No, or Data Not Collected*, then this section will be marked **in red**. If no selections have been made, this box will be marked **Null**.

**20) Total Monthly Income.**

**21) Non-Cash Benefits HUD Verification box.** If fewer than 6 non-cash benefits are marked as *Yes, No, or Data Not Collected*, then this section will be marked **in red**. If no selections have been made, this box will be marked **Null**.

**22) Health Insurance HUD Verification box.** If fewer than 10 types of insurance are marked as *Yes, No, or Data Not Collected*, then this section will be marked **in red**. If no selections have been made, this box will be marked **Null**.

◆ **All sources in the HUD Verification box must be complete in order for these sections to be marked as OK on the report.** When complete, the icon in the top right corner of the HUD Verification box will change from a **red warning triangle** to a **green checked box**.



Complete the following questions for ALL HOUSEHOLD MEMBERS:

Covered by Health Insurance  G

22



Health Insurance				HUD Verification
Start Date *	Health Insurance Type	Covered?	End Date	
<input type="button" value="Add"/>				

Does the client have a disabling condition?  G

18



Disabilities				HUD Verification
Disability Type	Disability determination	Start Date *	End Date	
<input type="button" value="Add"/>				

Complete the following questions for ALL HOUSEHOLD MEMBERS AGE 18 AND OVER:

20



Total Monthly Income  G

Income from Any Source  G

19



Monthly Income					HUD Verification
Monthly Amount	Source of Income	Receiving Income Source?	Start Date *	End Date	
<input type="button" value="Add"/>		<input type="button" value="View Gross Income"/>			

Non-cash benefit from any source  G

21



Non-Cash Benefits				HUD Verification
Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date	
<input type="button" value="Add"/>				