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# HAMPDEN COUNTY CONTINUUM OF CARE

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## HMIS POLICIES AND PROCEDURES MANUAL

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City of Springfield Office of Housing  
January 2014

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# Contents

|  |    |
|--|----|
| SECTION 1: HMIS OVERVIEW .....                                   | 3  |
| Definition of Homeless Management Information System (HMIS)..... | 3  |
| HUD HMIS Requirement.....  | 3  |
| Hampden County HMIS: HMIS Lead and System .....                  | 3  |
| Contributing HMIS Organizations (CHOs).....                      | 4  |
| Governance.....  | 4  |
| Definitions of Key Terms.....                                    | 4  |
| Policy Review and Amendment.....                                 | 6  |
| Privacy, Security and Data Quality Plans .....                   | 6  |
| SECTION 2: PARTICIPATION IN HMIS .....                           | 7  |
| Contribution of Data.....  | 7  |
| Participation Agreement .....                                    | 7  |
| CHO HMIS Site Manager.....                                       | 7  |
| Technological Requirements for Participation.....                | 7  |
| Agency Profiles in HMIS.....                                     | 8  |
| Authorization of HMIS Users; Access to HMIS .....                | 8  |
| Training.....  | 8  |
| User Agreements.....   | 8  |
| Removing Authorized Personnel.....                               | 8  |
| SECTION 3: DATA COLLECTION AND DATA QUALITY .....                | 10 |
| Collection of Data on Participants and Non-Participants .....    | 10 |
| HMIS Data Collection Standards and Assessments .....             | 10 |
| Timeliness and Program Entry and Exit Dates .....                | 10 |
| Intake, Assessment and Exit Forms.....                           | 10 |
| Required Data Elements.....                                      | 10 |

|   |    |
|---|----|
| HUD Universal Data Elements:.....                             | 11 |
| HUD Program Specific Data Elements:.....                      | 11 |
| Program Descriptor Data Elements.....                         | 11 |
| Client Intake and Initial Assessment.....                     | 11 |
| Client Discharge .....  | 11 |
| Mid-Term Assessments .....                                    | 12 |
| Program Exit Assessment .....                                 | 12 |
| Data Quality .....  | 12 |
| Reducing Duplicates .....                                     | 12 |
| Improving Data Quality .....                                  | 12 |
| SECTION 4: COMPLIANCE, TECHNICAL ASSISTANCE, & SANCTIONS..... | 13 |
| Compliance and Technical Assistance.....                      | 13 |
| Availability of Sanctions .....                               | 13 |
| Sanctions Procedure.....                                      | 13 |
| Sanctions Separate from Project Review for Renewal.....       | 13 |
| APPENDICES  |    |
| Appendix 1: Participation Agreement                           |    |
| Appendix 2: HMIS User Account Request/Termination Form        |    |
| Appendix 3: User Agreement Form                               |    |
| Appendix 4: Authorized User List Form                         |    |
| Appendix 5: Data Collection Forms                             |    |

## SECTION 1: HMIS OVERVIEW

### Definition of Homeless Management Information System (HMIS)

A Homeless Management Information System (HMIS) is a locally administered electronic data collection tool used to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services or homelessness prevention services.

HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through HMIS, homeless individuals benefit from improved coordination within and among agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Hampden County, including required HUD reporting.

### HUD HMIS Requirement

Since 2004, HUD has required recipients of Continuum of Care (CoC) Program funds to collect electronic data on their homeless clients in HMIS. HUD published HMIS Data and Technical Standards in the Federal Register in 2004. The HMIS Technical Standards were amended by HUD in 2010. In 2011, HUD published a proposed rule establishing HMIS requirements (76 FR 76917). The proposed rule requires that every CoC have an HMIS that is operated in compliance with the requirements of 24 CFR part 580.

### Hampden County HMIS: HMIS Lead and System

The Hampden County CoC has designated the City of Springfield as the CoC's HMIS Lead HMIS entity. The City employs a full-time Hampden County HMIS Administrator/Security Officer to both assure the quality of data entered in the database and to support general usage by all programs using the system. This individual is also responsible for structural changes to the database to capture information, for developing necessary reports, and for overseeing privacy and security policies. The HMIS Administrator/Security Officer reports to the Director of the Office of Housing for the City of Springfield who is responsible for approving all policy decisions made by the HMIS Lead.

The CoC has selected Social Solutions' Efforts to Outcomes (ETO) to serve as the CoC's HMIS. Each Contributing HMIS Organization (CHO) has its own site on the software. ETO serves as a web-based direct data entry portal for organizations that use ETO as their data management system. ETO also serves as a Data Warehouse for the Hampden County CoC, enabling participating agencies to upload data to the Data Warehouse from project-level client management systems, so long as those systems meet all applicable HUD and CoC HMIS requirements as outlined in these policies and procedures. ETO is able to sync data with the Commonwealth's HMIS ASIST program, enabling real-time data-syncing between the Hampden County HMIS and the Massachusetts ASIST HMIS.

ETO meets all Health Insurance Portability and Accountability Act (HIPAA) standards for security, privacy and confidentiality.

## Contributing HMIS Organizations (CHOs)

All Hampden County recipients of grants from programs authorized by Title IV of the McKinney-Vento Act are required to contribute data to the CoC's HMIS, with the exception of victim service providers and providers of legal services.<sup>1</sup> In addition, all other Hampden County agencies that provide shelter, housing and services to homeless and at risk populations are encouraged to use the Hampden County HMIS database.

An agency that participates in HMIS, referred to as a CHO, must execute a Participation Agreement with the HMIS Lead and must agree to abide by the policies and procedures outlined in this document. CHOs oversee and are responsible for their client level data, are responsible for the integrity and security of their agency's client level data, and assume the liability for any misuse of the system by agency staff. Participating agencies are responsible for ensuring that their agency users comply with the policies and procedures outlined in this manual.

## Governance

The Hampden County CoC adopted an HMIS Governance Agreement in September 2013, which defines the roles and responsibilities of the CoC, the HMIS Lead, CHOs, and the CoC HMIS and Data Committee. These HMIS Policies and Procedures incorporate the terms of the HMIS Governance Agreement.

## Definitions of Key Terms

The section below defines key terms used throughout this document and HUD guidance regarding HMIS.

|                         |   |
|-------------------------|---|
| Comparable Database     | A database that is not the CoC's official HMIS, but an alternative system that victim service providers and legal services providers may use to collect client-level data over time and to generate unduplicated aggregate reports based on the data, and that complies with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.  |
| Continuum of Care (CoC) | The group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of a Continuum of Care established under 24 CFR part 578. |

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<sup>1</sup> Victim services providers are prohibited from entering client data into HMIS and must instead enter required data into a comparable database. Legal services providers are not prohibited from entering client-level data into HMIS, but may elect to use a comparable database instead of the HMIS, if the data is protected by attorney-client privilege.

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| Contributory HMIS Organization (CHO)          | An organization that operates a project that contributes data to an HMIS.   |
| Data Recipient                                | A person who obtains personally identifying information from an HMIS Lead or from a CHO for research or other purposes not directly related to the operation of the HMIS, Continuum of Care, HMIS Lead, or CHO.   |
| Homeless Management Information System (HMIS) | The information system designated by Continuums of Care to comply with the requirements of 24 CFR part 580 and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness. |
| HMIS Lead                                     | The entity designated by the Continuum of Care in accordance with 24 CFR part 580 to operate the Continuum's HMIS on its behalf. The HMIS Lead for the Hampden County CoC is the City of Springfield.   |
| HMIS Vendor                                   | A contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host, data warehouse provider, as well as a provider of other information technology or support.  |
| Protected Identifying Information (PII)       | Information about a program participant that can be used to distinguish or trace a program participant's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the program participant.                          |
| Unduplicated 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.  |
| User  | An individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.  |
| Victim Service Provider                       | A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.                |

## **Policy Review and Amendment**

The Hampden County HMIS policies and procedures must comply with HUD regulations and/or technological changes. The HMIS Lead will review the policies and procedures annually and at the time of any change to the system management process, the data warehouse software, the methods of data exchange, or any HMIS data or technical requirements issued by HUD.

In the event that changes are required to the HMIS policies and procedures, the HMIS Lead will develop recommendations to the HMIS and Data Committee for review, modification, and approval. The HMIS and Data Committee will present the Board of Directors with recommended changes to the policies and procedures, and the new policies and procedures will be reviewed, modified, and voted on by the Board of Directors. The HMIS Lead will modify practices, documentation, and training material to be consistent with the revised policies and procedures within six months of approval.

## **Privacy, Security and Data Quality Plans**

The HMIS Lead, in consultation with CHOs and the CoC, is responsible for creation and updating of Privacy, Security, and Data Quality Plans which conform with HUD requirements. These Plans are incorporated into these policies and procedures, and must be complied with by the HMIS Lead and all CHOs.

## SECTION 2: PARTICIPATION IN HMIS

### Contribution of Data

Data may be contributed to HMIS in one of three ways:

1. Contribute directly to the Hampden County HMIS. Agencies that contribute directly are provided web-based log-in information with which to access the system.
2. Contribute data to the Commonwealth of Massachusetts ASIST program and sign a data-syncing agreement enabling the Hampden County HMIS and ASIST to share data.
3. Contribute data to a client management information system operated by a CHO that allows the CHO to collect the minimum required data elements and to meet other established minimum participation thresholds established by HUD, and regularly upload data from the CHO's system to the Hampden County HMIS.

All three types of contributors are subject to all relevant Hampden County HMIS policies and procedures.

### Participation Agreement

All CHOs that participate in the Hampden County HMIS must sign and agree to abide by the terms of the Participation Agreement, the contract between the CHO and the HMIS Lead. The Participation Agreement is attached to the policies and procedures as Appendix 1.

### CHO HMIS Site Manager

Each CHO must designate a single agency representative to act as the CHO's HMIS Site Manager. CHO HMIS Site Managers are responsible for the following:

- Communicate personnel/security changes for HMIS users to the Hampden County HMIS Administrator;
- Act as the first tier of support for agency HMIS users;
- Act as the liaison or contact between the agency and Hampden County HMIS Administrator;
- Ensure that the agency adheres to client privacy, confidentiality, and security policies;
- Maintain compliance with technical requirements for participation;
- Store and enforce end user agreements;
- Ensure that the Privacy Notice is being used;
- Enforce data collection, entry, and quality standards; and
- Attend monthly HMIS/Data Committee meetings.

### Technological Requirements for Participation

All computers accessing the Hampden County HMIS on behalf of the agency must meet the minimum system requirements as outlined in the HMIS Security Plan.

## Agency Profiles in HMIS

Each agency must be set up in HMIS, with profiles that define the programs and services the agency offers, prior to HMIS use and data entry. Agencies should contact the Hampden County HMIS Administrator for agency set up. Agency Profiles will be reviewed and updated on an annual basis.

## Authorization of HMIS Users; Access to HMIS

Only authorized individuals who certify that they have completed the necessary on-line privacy and security training and have signed and submitted the HMIS User Agreement will be provided a User name and password and allowed to access HMIS on behalf of their agency. The on-line training is available at <http://westernmasshousingfirst.org/coc/hampden-coc>. The HMIS User Agreement is attached to this manual as Appendix 2.

To add a new agency HMIS User, a CHO must submit a completed copy of the HMIS User Account Request/Termination Form (attached to this Manual as Appendix 3) to the Hampden County HMIS Administrator. Each CHO HMIS Site Manager should keep an updated list of approved agency users; this document should be submitted to the Hampden County HMIS Administrator on a quarterly basis. The Authorized User List form is attached to this manual as Appendix 4.

The HMIS Administrator will provide each new HMIS User with a unique user name and password. The HMIS User must change the password the first time he/she logs into the system.

## Training

The City of Springfield uses an on-line training module to provide initial training to new HMIS users regarding privacy and security measures, and all users are required to complete the training module before being issued a password.

The City of Springfield offers regular training in system use for CHO HMIS Site Managers and expects these sessions to operate in a “train-the-trainer” model, in which CHO HMIS Site Managers will be responsible for training their agency’s HMIS users to use the system for data input. Each CHO HMIS Site Manager must attend Hampden County HMIS Administrator training.

## User Agreements

A Hampden County HMIS User Agreement (Appendix 2) must be signed and kept for all agency personnel or volunteers that will collect or use HMIS data on behalf of the agency. Agencies must store signed Hampden County HMIS User Agreements for five (5) years. Agencies should never dispose of a signed Hampden County HMIS User Agreement upon revoking an individual's authorization or in terminating an individual's employment.

## Removing Authorized Personnel

The Hampden County HMIS Administrator must be notified by phone or email within one business day when an individual is no longer authorized to access HMIS on the agency’s behalf. CHOs must follow up

by sending a completed HMIS User Account Request/Termination Form (Appendix 2) via email to [dmerkman@springfieldcityhall.com](mailto:dmerkman@springfieldcityhall.com) or fax to 413-787-6515. When a CHO provides an HMIS User Account Request/Termination Form to the Hampden County HMIS Administrator, it must also provide an updated Authorized User List (Appendix 4). Upon receipt of the request, the Hampden County HMIS System Administrator will immediately deactivate the individuals' HMIS user account.

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## SECTION 3: DATA COLLECTION AND DATA QUALITY

### Collection of Data on Participants and Non-Participants

Agencies should collect data from families and individuals who are homeless or at risk of becoming homeless and are accessing services from their agency. Agencies may also choose to collect data for HMIS on individuals or families that make contact with the agency, but are not able to receive services from the agency. Information must be collected separately for each family member, and all family member data must be entered into the database.

### HMIS Data Collection Standards and Assessments

#### Timeliness and Program Entry and Exit Dates

Agencies may choose to enter data directly into the HMIS or to collect client level data on paper prior to entering into HMIS. If agencies use paper data collection forms, all hard copy forms and services must be entered into the database within 48 hours or within 24 hours for emergency shelter providers. Whether direct data entry or paper forms are used the data collected and entered must be consistent with the data provided by the client and the hard copy data collection form the CoC provides.

**IMPORTANT:** Data entry and exit dates entered into HMIS must reflect actual dates that the participant entered and exited the program, not the date of data entry or update.

#### Intake, Assessment and Exit Forms

There are four HMIS forms used by the CoC for data collection: the Universal, Intake Assessment, Mid-Term Assessment and Exit Assessment. These forms are included in this Manual at Appendix 5. If information is being collected on a family, information must be collected on each member of the family.

All programs must use the Universal form. Agencies receiving funds from federal homeless assistance grants are required to use the Intake Assessment, Mid-Term Assessment and Exit Assessment. Agencies not receiving these types of funds may choose to use only the Universal forms.

Agencies that are not required to complete the Intake, Mid-Term and Exit Assessment data fields are strongly recommended to collect these pieces of information, depending upon the type of programs and services the agency offers. The additional data points on the client will prove extremely helpful for the agency when reporting on client outcome measurement/progress, internal accounting for service delivered, and external reporting to funders.

Agencies that would like to collect additional data points should contact the Hampden County HMIS Administrator for assistance in adding additional fields to assessments.

### Required Data Elements

The HUD March 2010 Data Standards outline three categories of required data elements. Two of these categories are at the client level and the third, Program Descriptor, is at the program level.

### **HUD Universal Data Elements:**

Universal Data Elements are to be collected from all clients served by all homeless assistance programs reporting to the HMIS. The Universal data elements are: Name, Social Security Number, Date of Birth, Ethnicity, Race, Gender, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Program Entry Date, and Program Exit Date. ETO automatically generates the unique person identification number, the program identification number and household identification number data elements.

### **HUD Program Specific Data Elements:**

Program Specific Data Elements, as defined in the final Notice, are data elements that are required for programs receiving certain types of funding, but are optional for other programs. Program specific data elements are necessary to complete Annual Progress Reports (APRs) required by programs that receive funding under the McKinney-Vento Homeless Assistance Act. The program specific data elements that are required for HUD's APR reporting are: Income and Sources, Non-Cash Benefits, Physical Disability, Developmental Disability, Chronic Health condition, HIV/AIDS, Mental Health, Substance Abuse, Domestic Violence, Destination, Date of Contact, Date of Engagement, Financial Services Provided, Housing Relocation & Stabilization Services Provided. Program specific data elements that are optional for some programs include Employment, Education, General Health Status, Pregnancy Status, Veteran's Information, Children's Education, Reason for Leaving, and Services Provided. Some of these optional elements may be required for certain programs and funding streams.

### **Program Descriptor Data Elements**

The Program Descriptor Data Elements are required of all programs in a Continuum of Care and provide descriptive information about an agency and their programs. The HMIS Lead collects Program Descriptor Data Elements and updates these elements on all programs annually.

## **Client Intake and Initial Assessment**

Client Intake is the process of collecting and then entering new client data or updating existing information for a client that is already in HMIS. Every agency should enter and/or update the Universal Data Elements for all household members upon intake. Agencies which collect Assessment data must also collect this on each household member at program entry/intake. Where a client already has a record in HMIS, Client Intake requires updating all client information as of the intake date.

## **Client Discharge**

All providers, including emergency shelter providers, must discharge all participants as of the actual date of exiting the program. Intermittent participants must be entered and exited from programs for each intermittent stay.

## **Mid-Term Assessments**

Ongoing assessments and updating of participant information enables the program and the CoC to assess progress toward housing stability, increased income, and increased access to mainstream benefits. Continuum of Care programs must complete mid-term assessments for all participants at least once per year.

## **Program Exit Assessment**

The Exit Assessment provides information on the participant's status as exit, as well as the participant's housing destination. Continuum of Care programs must complete exit assessments for all exiting participants.

## **Data Quality**

The value of HMIS depends on the quality of the data entered into the program. All programs must strive to provide the most accurate and consistent data as is possible.

### **Reducing Duplicates**

Users should ensure that duplicate records are not created within ETO by conducting a thorough client search at intake. If duplicates are created, the CHO must work with the HMIS Lead to merge the duplicate records.

### **Improving Data Quality**

All CHOs must comply with standards set forth in the CoC's Data Quality Plan, which is incorporated into these policies and procedures.

## SECTION 4: COMPLIANCE, TECHNICAL ASSISTANCE, & SANCTIONS

The goal of the CoC and the HMIS Lead is to ensure that all CHOs are in compliance with all requirements and are using HMIS to improve services to participants.

### **Compliance and Technical Assistance**

CHOs are required to comply with these policies and procedures, and with CoC's HMIS Privacy, Security, and Data Quality Plans. Where CHOs have difficulty achieving compliance, the HMIS Lead will provide technical assistance. The CHO may request technical assistance, or the HMIS Lead may offer it.

CHOs are subject to annual HMIS monitoring. Where compliance issues are identified through monitoring or become apparent between monitorings, the HMIS will request that the CHO provide a plan for coming into compliance, and the HMIS Lead will monitor progress toward meeting requirements of the plan.

### **Availability of Sanctions**

In the event of violations of privacy or confidentiality standards, or ongoing failure to meet data quality standards, sanctions may be warranted.

Potential sanctions include the following:

- Suspending funds disbursement;
- Suspending or terminating access to HMIS;
- Reducing or terminating the remaining grant;
- Imposing conditions on future grants; and
- Imposing other legally available remedies.

CHOs subject to sanctions may not apply for new CoC Program or Emergency Solutions Grant (ESG) Program funds. CHOs who have lost access to the Hampden County HMIS due to sanctions may not apply for CoC Program or ESG renewal funds.

### **Sanctions Procedure**

Sanctions may only be imposed by the CoC Board of Directors. An initial recommendation that sanctions be imposed is generated by the HMIS Lead, and is presented to the HMIS and Data Committee. The HMIS and Data Committee will make a recommendation to the Board of Directors regarding specific sanctions to be imposed. The Board may impose the recommended sanction, or a different sanction that it believes is appropriate.

### **Sanctions Separate from Project Review for Renewal**

Each CHO's record of compliance with the policies and procedures set forth in this Manual and the level of data quality achieved will be reported to the CoC Application Committee, which may take these factors into consideration in determining which projects will be submitted for renewal, and which agencies may be permitted to apply for new project funding. Decisions of the CoC Application Committee are separate and distinct from decisions concerning imposition of sanctions.

Appendix 1: Participation Agreement

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# Hampden County HMIS

## PARTICIPATION AGREEMENT

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This agreement is entered into on \_\_\_\_\_(date) between the City of Springfield, hereafter known as "City", and \_\_\_\_\_ (agency name), hereafter known as the "Contributing HMIS Organization" or "CHO," regarding access and use of the Hampden County Continuum of Care Homeless Management Information System, hereafter known as "Hampden County HMIS."

### I. Introduction

The Hampden County HMIS, a shared human services database, allows authorized personnel at homeless and human service provider agencies throughout Hampden County to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-agency agreements, on common clients.

The HMIS goals are to:

- Improve coordinated care for and services to homeless persons in Hampden County;
- Provide a user-friendly and high quality automated records system that expedites client intake procedures, improves referral accuracy, and supports the collection of quality information that can be used for program improvement and service-planning; and
- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD) and other funders as needed.

In compliance with all state and federal requirements regarding client/consumer confidentiality and data security, the Hampden County HMIS is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk for being homeless. The Hampden County Continuum of Care has selected Social Solutions Efforts to Outcomes (ETO) as its HMIS application, and the HMIS is administered by the City as the HMIS Lead.

### II. HMIS Lead Responsibilities

1. The City will provide the CHO 24-hour access to the HMIS data-gathering system, via internet connection.
2. The City will provide model Data Collection notices, Privacy Notices, Client Release forms and other templates for agreements that may be adopted or adapted in the CHO's implementation of HMIS functions.
3. The City will provide both initial training and periodic updates to that training for core CHO staff regarding the use of the HMIS, with the expectation that the CHO will take responsibility for conveying this information to all CHO staff using the system.

4. The City will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation). Access to this basic technical assistance will normally be available from 8:15 AM to 4:30 PM on Monday through Friday (with the exclusion of holidays).
5. The City will not publish reports on data concerning or provided by applicants for and recipients of benefits and services that identify specific persons. Public reports, including but not limited to the HUD Annual Homeless Assessment Report (AHAR) as required by Congress, will be limited to presentation of aggregated data within the Hampden County HMIS database.
6. The publication practices of the City will be governed by policies established by relevant CoC committees and will include qualifiers such as coverage levels or other issues necessary to clarify the meaning of published findings.

### **III. CHO Responsibilities**

1. The CHO Executive Director or authorized signatory will designate a CHO HMIS Site Manager who will assume responsibility for providing ongoing user support to all users within the CHO, including but not limited to the training of any staff person prior to issuance of a user account.
2. The CHO will enter all minimum required data elements as defined for all persons who are participating in services funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program, Emergency Shelter Grant (ESG) Program or Housing Opportunities for Persons with AIDs (HOPWA). The CHO will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.
3. The CHO will routinely review records it has entered in the HMIS for completeness and data accuracy. The review and data correction process will be made according to Hampden HMIS' published Policies and Procedures.
4. The CHO will not knowingly enter inaccurate information into HMIS.
5. The CHO will review and assess data entered into the Hampden County HMIS, and will enter data revisions as necessary, to reflect a change in the status of an applicant for or a recipient of benefits or services, enter updates, or edit incorrect information.
6. The CHO will utilize the HMIS for business purposes only.
7. The CHO will keep updated virus protection software on agency computers that access the HMIS.
8. Transmission of material in violation of any United States Federal or State regulations is prohibited.
9. The CHO will not use the HMIS with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.
10. The CHO agrees to designate one specific staff member to regularly attend HMIS and Data Committee meetings and other local or regional User Meetings to discuss procedures, updates, policy and practice guidelines, data analysis, and software/ hardware upgrades.
11. Notwithstanding any other provision of this Participation Agreement, the CHO agrees to abide by all policies and procedures relevant to the use of HMIS that the City or the Hampden County CoC publishes from time to time.

## **IV. Privacy and Confidentiality**

### **A. Protection of Client Privacy**

1. The CHO will comply with all applicable federal, state and local laws regarding protection of client privacy.
2. The CHO will comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.
3. The CHO will comply specifically with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services.
4. The CHO will comply with 201 CMR 17:00 Standards for the Protection of Personal Information of Residents of the Commonwealth, and will comply with Massachusetts Executive Order 504.
5. The CHO will comply with all policies and procedures established by the City of Springfield/Hampden County HMIS pertaining to protection of client privacy.

### **B. Client Confidentiality**

1. The CHO agrees to post a data collection sign that meets the requirements of the Hampden County HMIS Policies and Procedures at all intake locations. The CHO will also make available the Hampden HMIS Privacy Notice (or an acceptable agency-specific alternative) to each consumer, and post the Privacy Notice on the CHO's website. The CHO will provide a verbal explanation of the HMIS and arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the Data Collection notice, the Privacy Notice or associated Consent Form.
2. The CHO will not solicit or enter information from clients into the HMIS database unless it is essential to provide services, report to CHO funders, or conduct evaluation or research.
3. The CHO will not divulge any confidential information received from the HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The CHO will ensure that all persons who are issued a User Identification and Password to the HMIS abide by this Participation Agreement, including all associated confidentiality provisions. The CHO will be responsible for oversight of its own related confidentiality requirements.
5. The CHO agrees that it will not request a User ID and Password for any person until the individual completes the CoC's online Privacy and Security training module.
6. The CHO acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the system by the CHO is strictly the responsibility of the CHO.
7. The CHO agrees that it will establish a procedure for accepting and considering questions or complaints about its privacy and security policies and procedures.

### ***C. Inter-Agency Sharing of Information***

1. The CHO acknowledges that all forms provided by Hampden County HMIS regarding client privacy and confidentiality are shared with the CHO as generally applicable models that may require specific modification in accord with CHO-specific rules. The CHO will review and revise (as necessary) all forms provided by HMIS to assure that they are in compliance with the laws, rules and regulations that govern its organization but in no case shall the agency relax any confidential rules established by this Participation Agreement or any other Hampden County HMIS policy or procedure.
2. The CHO agrees to develop a plan for all routine sharing practices with partnering CHOs and document that plan through a fully executed Interagency Data Network Sharing Agreement (IDNSA).
3. The CHO acknowledges that informed client consent is required before client information is shared with other CHOs in the system. The CHO will document client consent on the HMIS Client Consent - Release of Information for Data Sharing.
4. If the client has given approval through a completed HMIS Client Consent - Release of Information for Data Sharing, the Agency may share information according to IDNSA that the CHO has negotiated with other partnering agencies in HMIS.
5. The CHO will incorporate an HMIS release clause into its IDNSA(s) if the CHO intends to share restricted client data within the HMIS. Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other participating Agencies without the client's written, informed consent as documented on the CHO-modified Client Consent - Release of Information for Data Sharing. Sharing of restricted information must also be planned and documented through a fully executed IDNSA.
6. CHOs with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.
7. The CHO acknowledges that the CHO, itself, bears primary responsibility for oversight for all sharing of data it has collected via the HMIS. The CHO agrees to place all Client Consent - Release of Information for Data Sharing forms related to the HMIS in a file to be located at the CHO's business address and that such forms will be made available to the City for periodic audits. The CHO will retain these HMIS-related Client Consent - Release of Information for Data Sharing forms for a period of five (5) years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
8. The CHO acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

### ***D. Custody of Data***

1. The CHO acknowledges, and the City agrees, that the CHO retains ownership over all information it enters into the HMIS.
2. In the event that the Hampden County HMIS ceases to exist, member CHOs will be notified and provided reasonable time to access and save client data on those served by the agency, as well

as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored.

3. In the event that the Hampden County CoC ceases to exist, or the City ceases its service as the CoC's HMIS Lead, the custodianship of the data within HMIS will be transferred by the City to another organization for continuing administration, and all CHOs will be informed in a timely manner.

#### **V. Publication of Reports**

1. The CHO agrees that it may only release aggregated information generated by the HMIS that is specific to its own services.
2. The CHO acknowledges that the release of aggregated information will be governed through policies established by relevant committees operating at the Continuum of Care level. Such information will include qualifiers such as coverage levels or other issues necessary to fully explain the published findings.

#### **VI. Database Integrity and Sanctions**

1. The CHO will comply with the security standards set forth in the HUD HMIS standards, the Hampden County HMIS Policies and Procedures Manual, and the City of Springfield HMIS Security Plan, including establishment of mechanisms to protect hardcopy data. The CHO will not share assigned User ID's and Passwords to access the HMIS with any other organization, governmental entity, business, or individual.
2. The CHO will not intentionally cause corruption of the HMIS in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.
3. The City will investigate all potential violations of any security protocols. Any user or CHO found to be in violation of security protocols will be sanctioned. Sanctions may include, but are not limited to:
  - a. Suspending or terminating access to HMIS;
  - b. Suspending funds disbursement;
  - c. Reducing or terminating the remaining grant;
  - d. Imposing conditions on future grants; and
  - e. Imposing other legally available remedies.
4. The Agency's access may be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by Agency users. Agencies that lose the ability to contribute HMIS may not receive CoC Program or ESG funding.

#### **VII. Hold Harmless**

1. The City makes no warranties, expressed or implied. The CHO, at all times, will indemnify and hold the City harmless from any damages, liabilities, claims, and expenses that may be claimed against

the CHO; or for injuries or damages to the CHO or another party arising from participation in the HMIS; or arising from any acts, omissions, neglect, or fault of the CHO or its agents, employees, licensees, or clients; or arising from the CHO's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business. The CHO will also hold the City harmless for loss or damage resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by Social Solutions, by the CHO's or other CHO's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. The City shall not be liable to the CHO for damages, losses, or injuries to the CHO or another party other than if such is the result of gross negligence or willful misconduct of the City.

2. The CHO agrees to keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars (\$500,000). Said insurance policy shall include coverage for the CHO's indemnification obligations under this agreement.
3. Provisions of Section VII shall survive any termination of the Participation Agreement.

#### **VIII. Terms and Conditions**

1. The parties hereto agree that this Participation 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.
2. The CHO shall not transfer or assign any rights or obligations under the Participation Agreement without the written consent of the City.
3. This agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breaches of this agreement. Should such situations arise, the HMIS may immediately suspend access to the HMIS until the allegations are resolved in order to protect the integrity of the system.
4. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.
5. The parties agree that Hampden County CoC is a third-party beneficiary of this contract and may enforce the terms and provisions of this contract as applicable. Further, the terms, conditions and agreements contained in this Participation Agreement may not be changed without the express written consent of the Hampden County CoC.
6. The Participation Agreement contains the entire agreement between the parties and supersedes all agreements, representations, warranties, statements, promises and understandings, whether oral or written, with respect to the subject matter hereof, and no party hereto shall be bound by or changed with any oral or written agreements, representations, warranties, statements, promises or understandings not specifically set forth in this Participation Agreement. Any change, modification, or waiver must be in writing and signed by both parties.
7. Neither party shall assign or transfer its rights, responsibilities or obligations under this Participation Agreement.

8. In the event that any provision of this Participation Agreement shall be held invalid or unenforceable, the same shall not affect in any respect whatsoever the validity or enforceability of the remainder of this Participation Agreement.
9. This Participation Agreement shall be executed in any number of counterparts, each of which, when executed and delivered, shall be an original, but all of which shall together constitute one in the same instrument.
10. This Participation Agreement shall be governed by, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts. All parties hereby agree to the jurisdiction of the courts of the Commonwealth of Massachusetts with respect to any legal proceedings arising out of this Agreement, and further agree to Springfield, Massachusetts as the place of venue for any such action.

IN WITNESS WHEREOF, the parties have entered into this Participation Agreement:

**CHO:** \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

**HMIS LEAD: City of Springfield Office of Housing**

1600 E. Columbus Ave., Springfield, MA 01103

Name & Title of Authorized Signature: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

Appendix 2: Hampden County HMIS User Agreement

DRAFT

# Hampden County HMIS

## USER AGREEMENT

---

Date: \_\_\_\_\_

User: \_\_\_\_\_

Employee Work Phone Number \_\_\_\_\_ Ext: \_\_\_\_\_

Employee E-Mail Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

I understand that I will be allowed access to confidential information and/or records in order that I may perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or Client records without the prior written consent of my employer, unless such disclosure is required by law.

### User Responsibilities

Your User ID and Password give you access to data in the Hampden County HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of this access. Failure to uphold the confidentiality standards set forth below is grounds for suspension of HMIS user privileges until such time as the issue is resolved.

\_\_\_\_\_ My User ID and Password are for my use only and must not be shared with anyone.

\_\_\_\_\_ I must take all responsible means to keep my User ID and Password physically secure.

\_\_\_\_\_ I understand that the only persons who may view Client files in the HMIS are authorized users and the Client to whom the information pertains.

\_\_\_\_\_ I may only view, obtain, disclose, or use the database information that is necessary to perform my job and none other.

\_\_\_\_\_ I will not leave a workstation where I am logged into HMIS unattended.

\_\_\_\_\_ I will log off of HMIS before leaving the workstation, even for a short time.

\_\_\_\_\_ I will assure that any printouts/hard copies of HMIS information are properly secured.

\_\_\_\_\_ I will notify my supervisor if I notice or suspect a breach in privacy or security.

## Ethical Data Usage

Once you have completed Security/Privacy training and signed your User Agreement, you are entitled to access to the HMIS. In addition to the responsibilities listed above, you must also adhere to the following principles of ethical data usage.

- Authorized Users will only ask Clients for information necessary to providing services, comply with contractual agreements, and to improve or better coordinate services.
- Authorized Users will ensure that Clients understand that their data is being collected and managed in the HMIS.
- Authorized Users will obtain a signed Release of Information (ROI) form before sharing client data with an outside program or agency on the HMIS.
- Authorized Users will maintain a copy of the ROI Form.
- Authorized Users will not knowingly enter false and/or misleading information into the HMIS.
- Authorized Users will only use data in accordance with the Privacy Policy.

By affixing my signature to this document, I acknowledge that I have been provided a copy of my organization's Privacy Notice and agree to comply with its terms.

---

User Signature

Date

---

Program or Dept. Manager Signature

Date

Appendix 3: HMIS User Account Request/Termination Form

DRAFT

# Hampden County HMIS

## HMIS USER ACCOUNT REQUEST FORM

---

|  |                                      |                       |
|--|--------------------------------------|-----------------------|
| <input type="checkbox"/> New User                | <input type="checkbox"/> Delete User | Today's Date: _____   |
| <input type="checkbox"/> Change User Information | <input type="checkbox"/> Other       | Effective Date: _____ |

**Agency Information**

Agency Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_

(Street) (City) (State) (Zip Code)

**Employee (HMIS-User) Information**

Employee Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Email: \_\_\_\_\_

Program: \_\_\_\_\_

Appendix 4: Authorized User List Form

DRAFT

# Hampden County HMIS AUTHORIZED USER LIST

---

**CHO Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Person  
Submitting Form:** \_\_\_\_\_

User Name: \_\_\_\_\_

This form must be completed and submitted every quarter to Deborah Merkman, Hampden HMIS Administrator. Please email the form to [dmerkman@springfieldcityhall.com](mailto:dmerkman@springfieldcityhall.com) or fax it to (413) 787-6515. Make copies of the form if you need additional pages.

*Quarterly due dates are: January 15, April 15, July 15, October 15*

**Agency HMIS Users not listed will have HMIS access removed by the HMIS Administrator.**

## Appendix 5: Data Collection Forms

Minimum Data Collection for All Contributing HMIS Organizations:

- Universal Intake Form (For all programs)

Forms Required for HUD Programs and Encouraged for all Others:

- Universal Intake Form
- Intake & Initial Assessment Form
- Annual Assessment
- Exit

DRAFT

# Hampden County HMIS: Universal Intake Form

Complete this form for each household member

## Client Information

Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

Exit Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SSN Data Code \_\_\_ Full \_\_\_ Partial \_\_\_ Don't know \_\_\_ Refused

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

DOB Data Code \_\_\_ Full \_\_\_ Approximate or Partial

Race (P= Primary; S= Secondary) \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Black/African American  
\_\_\_ Native Hawaiian / Pacific Islander \_\_\_ White \_\_\_ Don't know \_\_\_ Refused

Ethnicity \_\_\_ Hispanic/Latino \_\_\_ Other (Non-Hispanic /Latino) \_\_\_ Don't know \_\_\_ Refused

Gender \_\_\_ F \_\_\_ M \_\_\_ Trans MTF \_\_\_ Trans FTM \_\_\_ Don't know \_\_\_ Refused

Household Type \_\_\_ Head of Household \_\_\_ Child in family \_\_\_ Single adult  
\_\_\_ Other adult in family \_\_\_ Unaccompanied youth

U.S. Military Veteran? \_\_\_ Yes \_\_\_ No \_\_\_ DK \_\_\_ Refused

Disabling Condition? \_\_\_ Yes \_\_\_ No \_\_\_ DK \_\_\_ Refused

Chronic Homelessness? \_\_\_ Yes \_\_\_ No \_\_\_ DK \_\_\_ Refused

## Housing Information

*Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)*

### Where did you stay last night (prior living situation on night before program entry)?

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency shelter                  | <input type="checkbox"/> Rental by Client no subsidy   | <input type="checkbox"/> Safe Haven                       |
| <input type="checkbox"/> Transitional housing for homeless  | <input type="checkbox"/> Owned by Client no subsidy    | <input type="checkbox"/> Rental by client w VASH          |
| <input type="checkbox"/> Permanent housing for homeless     | <input type="checkbox"/> Staying / living w family     | <input type="checkbox"/> Rental by client w other subsidy |
| <input type="checkbox"/> Psychiatric Hospital / facilities  | <input type="checkbox"/> Staying / living w friend     | <input type="checkbox"/> Owned by client w subsidy        |
| <input type="checkbox"/> Substance Abuse facility           | <input type="checkbox"/> Hotel / Motel no ES subsidy   | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Hospital (non-psychiatric)         | <input type="checkbox"/> Foster care home / group home | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Jail, Prison or detention facility | <input type="checkbox"/> Place not for habitation      | <input type="checkbox"/> Refused                          |

### Length of stay at location selected above

1 week or less  
 More than 1 week but less than 1 month  
 1 to 3 months  
 More than 3 months but less than 1 year  
 1 year or longer

Zip Code of last permanent address: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Data Code: \_\_\_ Full or Partial \_\_\_ DK \_\_\_ Refused

### Housing Status at Entry

Literally Homeless  Imminently losing housing  Unstably housed, at-risk of losing housing  DK  Refused

# Hampden County HMIS: Intake & Initial Assessment Form

## Client Information

Entry Date  /  /  mm/dd/yyyy

Exit Date  /  /  mm/dd/yyyy

First Name

Last Name

Social Security No.  -  -

SSN Data Code  Full  Partial  Don't know  Refused

Date of Birth  /  /  mm/dd/yyyy

DOB Data Code  Full  Approximate or Partial

Race (P= Primary; S= Secondary)  American Indian/Alaska Native  Asian  Black/African American  
 Native Hawaiian / Pacific Islander  White  Don't know  Refused

Ethnicity  Hispanic/Latino  Other (Non-Hispanic /Latino)  Don't know  Refused

Gender  F  M  Trans MTF  Trans FTM  Don't know  Refused

Household Type  Head of Household  Child in family  Single adult  
 Other adult in family  Unaccompanied youth

U.S. Military Veteran?  Yes  No  DK  Refused

Disabling Condition?  Yes  No  DK  Refused

Chronic Homelessness?  Yes  No  DK  Refused

## Housing Information

*Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)*

### Where did you stay last night (prior living situation on night before program entry)?

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency shelter                  | <input type="checkbox"/> Rental by Client no subsidy   | <input type="checkbox"/> Safe Haven                       |
| <input type="checkbox"/> Transitional housing for homeless  | <input type="checkbox"/> Owned by Client no subsidy    | <input type="checkbox"/> Rental by client w VASH          |
| <input type="checkbox"/> Permanent housing for homeless     | <input type="checkbox"/> Staying / living w family     | <input type="checkbox"/> Rental by client w other subsidy |
| <input type="checkbox"/> Psychiatric Hospital / facilities  | <input type="checkbox"/> Staying / living w friend     | <input type="checkbox"/> Owned by client w subsidy        |
| <input type="checkbox"/> Substance Abuse facility           | <input type="checkbox"/> Hotel / Motel no ES subsidy   | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Hospital (non-psychiatric)         | <input type="checkbox"/> Foster care home / group home | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Jail, Prison or detention facility | <input type="checkbox"/> Place not for habitation      | <input type="checkbox"/> Refused                          |

### Length of stay at location selected above

1 week or less  
 More than 1 week but less than 1 month  
 1 to 3 months  
 More than 3 months but less than 1 year  
 1 year or longer

Zip Code of last permanent address:  Data Code:  Full or Partial  DK  Refused

### Housing Status at Entry

Literally Homeless  Imminently losing housing  Unstably housed, at-risk of losing housing  DK  Refused

## Health and Wellness

Does the client have a **mental health** condition?  Yes  No  DK  Refused

Is it of long duration while impairing their ability to live independently?  Yes  No  DK  Refused

Are they receiving services or treatment for the MH condition?  Yes  No  DK  Refused

Does the client have a **substance abuse** problem?  Yes  No  DK  Refused

Is it of long duration while impairing their ability to live independently?  Yes  No  DK  Refused

Are they receiving services or treatment for the substance abuse?  Yes  No  DK  Refused

Does the client have a **developmental disability**?  Yes  No  DK  Refused

Are they receiving services or treatment for the dev. disability?  Yes  No  DK  Refused

Does the client have a **physical disability**?  Yes  No  DK  Refused

Are they receiving services or treatment for physical disability?  Yes  No  DK  Refused

Does the client have a **chronic health condition**?  Yes  No  DK  Refused

Are they receiving services or treatment for chronic condition?  Yes  No  DK  Refused

\*Is the client **pregnant**?  NA  Yes  No  DK  Refused

Due Date: \_\_\_\_\_

Does the client have **HIV/AIDS**?  Yes  No  DK  Refused

Are they receiving services or treatment for the HIV/AIDS?  Yes  No  DK  Refused

\*Compared to other people their age, how does the client rate her or his health? *(Self report only)*  Yes  No  DK  Refused

## Education

\*Is the client in school or working on any degree or certificate?  Yes  No

\*Has the client received vocational training or apprenticeship certificates?  Yes  No

\*What is the highest level of school completed by the client?

|   |  |   |
|---|--|---|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> Nursery school to 4th grade | <input type="checkbox"/> 5th grade or 6th grade |
| <input type="checkbox"/> 7th grade or 8th grade | <input type="checkbox"/> 9th grade                   | <input type="checkbox"/> 10th grade             |
| <input type="checkbox"/> 11th grade             | <input type="checkbox"/> 12th grade, no diploma      | <input type="checkbox"/> High school diploma    |
| <input type="checkbox"/> GED                    | <input type="checkbox"/> Post-secondary school       |   |

\*If the client has been enrolled in post-secondary education, what degree(s) did he/she earn?

|                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> None    | <input type="checkbox"/> Associates degree | <input type="checkbox"/> Bachelors degree                 |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctorate         | <input type="checkbox"/> Certificate of advanced training |

**Work and Income**

\*Is the client currently employed?  Yes  No

If the client is unemployed: Are they looking for work?  Yes  No

If the client is employed, please complete the following.

Hours employed per week:  hr/wk

Tenure of employment  Permanent  Temporary  Seasonal

Is the client looking for additional employment or increased hours at his/her current job?  Yes  No

Did the client receive income from any source in the past 30 days?  Yes  No

Select all income sources that apply and list the monthly amount

| Income Source  | Amount \$ | Income Source   | Amount \$ |
|--|-----------|---|-----------|
| <input type="checkbox"/> Earned income                 |           | <input type="checkbox"/> Unemployment insurance       |           |
| <input type="checkbox"/> SSI                           |           | <input type="checkbox"/> SSDI                         |           |
| <input type="checkbox"/> TANF                          |           | <input type="checkbox"/> General Assistance/EA        |           |
| <input type="checkbox"/> Veterans disability insurance |           | <input type="checkbox"/> Private disability insurance |           |
| <input type="checkbox"/> Workers Compensation          |           | <input type="checkbox"/> Social Security Retirement   |           |
| <input type="checkbox"/> Veterans pension              |           | <input type="checkbox"/> Private pension              |           |
| <input type="checkbox"/> Alimony                       |           | <input type="checkbox"/> Child support                |           |
| <input type="checkbox"/> Other (describe):             |           |   |           |

Did the client receive Non-cash benefits from any source in past 30 days? (i.e. Food Stamps, Health Coverage, Public Housing, etc.)  Yes  No

Select all non-cash benefits that apply...

- SNAP (formerly Food Stamps)†
- Medicare
- Medicaid/ MassHealth
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Childrens Health Insurance Program
- VA Medical services
- TANF transportation services
- TANF child care services
- Other TANF services
- Section 8, Public Housing, other rental assistance
- Temporary rental assistance
- Other :

†SNAP Amount \$ \_\_\_\_\_ per month

\*optional question

**You've reached the end of the intake. Thank you very much for your time!**

## Definitions

### U.S. Military Veteran

Must have served on **active** duty in the armed forces. This does not include inactive military reserves or the National Guard unless the individual was called up to active duty.

### Disabling Condition

Must have a health/mental health condition that:

- a) Is expected to be of long duration; and
- b) Interferes with the individual's capacity to function in daily life.

Disabling conditions include but are not limited to: physical impairments; serious chronic health issues; ongoing substance abuse; serious mental illness; developmental disorders; HIV/AIDS.

### Chronic Homelessness

Must have a disabling condition **and** have experienced one of the following:

- a) One year or more of continuous homelessness; or
- b) At least 4 episodes of homelessness in the past 3 years.

A family is considered chronically homeless if one or more of the parents meets the above criteria.

### Housing Status

Literally Homeless:

Unsheltered; living in Emergency Shelter; in hospital but in ES or unsheltered prior to hospital stay; Leaving TH without housing; or DV victims.

Imminently losing housing:

Being evicted from private unit; discharge from institution; or in condemned housing.

Unstably housed and at risk of losing housing:

In housing, or doubled up, and at risk due to housing cost, conflict or other condition.

# Hampden County HMIS: Annual Assessment Form

## Client Information

Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

Exit Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SSN Data Code \_\_\_ Full \_\_\_ Partial \_\_\_ Don't know \_\_\_ Refused

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

DOB Data Code \_\_\_ Full \_\_\_ Approximate or Partial

Race (P= Primary; S= Secondary) \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Black/African American  
\_\_\_ Native Hawaiian / Pacific Islander \_\_\_ White \_\_\_ Don't know \_\_\_ Refused

Ethnicity \_\_\_ Hispanic/Latino \_\_\_ Other (Non-Hispanic /Latino) \_\_\_ Don't know \_\_\_ Refused

Gender \_\_\_ F \_\_\_ M \_\_\_ Trans MTF \_\_\_ Trans FTM \_\_\_ Don't know \_\_\_ Refused

Household Type \_\_\_ Head of Household \_\_\_ Child in family \_\_\_ Single adult  
\_\_\_ Other adult in family \_\_\_ Unaccompanied youth

U.S. Military Veteran? \_\_\_ Yes \_\_\_ No \_\_\_ DK \_\_\_ Refused

Disabling Condition? \_\_\_ Yes \_\_\_ No \_\_\_ DK \_\_\_ Refused

Chronic Homelessness? \_\_\_ Yes \_\_\_ No \_\_\_ DK \_\_\_ Refused

## Housing Information

*Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)*

### Where did you stay last night (prior living situation on night before program entry)?

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency shelter                  | <input type="checkbox"/> Rental by Client no subsidy   | <input type="checkbox"/> Safe Haven                       |
| <input type="checkbox"/> Transitional housing for homeless  | <input type="checkbox"/> Owned by Client no subsidy    | <input type="checkbox"/> Rental by client w VASH          |
| <input type="checkbox"/> Permanent housing for homeless     | <input type="checkbox"/> Staying / living w family     | <input type="checkbox"/> Rental by client w other subsidy |
| <input type="checkbox"/> Psychiatric Hospital / facilities  | <input type="checkbox"/> Staying / living w friend     | <input type="checkbox"/> Owned by client w subsidy        |
| <input type="checkbox"/> Substance Abuse facility           | <input type="checkbox"/> Hotel / Motel no ES subsidy   | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Hospital (non-psychiatric)         | <input type="checkbox"/> Foster care home / group home | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Jail, Prison or detention facility | <input type="checkbox"/> Place not for habitation      | <input type="checkbox"/> Refused                          |

### Length of stay at location selected above

1 week or less  
 More than 1 week but less than 1 month  
 1 to 3 months  
 More than 3 months but less than 1 year  
 1 year or longer

Zip Code of last permanent address: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Data Code: \_\_\_ Full or Partial \_\_\_ DK \_\_\_ Refused

### Housing Status at Entry

Literally Homeless \_\_\_ Imminently losing housing \_\_\_ Unstably housed, at-risk of losing housing \_\_\_ DK \_\_\_ Refused

## Health and Wellness

Does the client have a **mental health** condition?  Yes  No  DK  Refused

Is it of long duration while impairing their ability to live independently?  Yes  No  DK  Refused

Are they receiving services or treatment for the MH condition?  Yes  No  DK  Refused

Does the client have a **substance abuse** problem?  Yes  No  DK  Refused

Is it of long duration while impairing their ability to live independently?  Yes  No  DK  Refused

Are they receiving services or treatment for the substance abuse?  Yes  No  DK  Refused

Does the client have a **developmental disability**?  Yes  No  DK  Refused

Are they receiving services or treatment for the dev. disability?  Yes  No  DK  Refused

Does the client have a **physical disability**?  Yes  No  DK  Refused

Are they receiving services or treatment for physical disability?  Yes  No  DK  Refused

Does the client have a **chronic health condition**?  Yes  No  DK  Refused

Are they receiving services or treatment for chronic condition?  Yes  No  DK  Refused

\*Is the client **pregnant**?  NA  Yes  No  DK  Refused

Due Date: \_\_\_\_\_

Does the client have **HIV/AIDS**?  Yes  No  DK  Refused

Are they receiving services or treatment for the HIV/AIDS?  Yes  No  DK  Refused

\*Compared to other people their age, how does the client rate her or his health? *(Self report only)*  Yes  No  DK  Refused

## Education

\*Is the client in school or working on any degree or certificate?  Yes  No

\*Has the client received vocational training or apprenticeship certificates?  Yes  No

\*What is the highest level of school completed by the client?

No schooling completed

Nursery school to 4th grade

5th grade or 6th grade

7th grade or 8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school diploma

GED

Post-secondary school

\*If the client has been enrolled in post-secondary education, what degree(s) did he/she earn?

None

Associates degree

Bachelors degree

Masters

Doctorate

Certificate of advanced training

**Work and Income**

\*Is the client currently employed?  Yes  No

If the client is unemployed: Are they looking for work?  Yes  No

If the client is employed, please complete the following.

Hours employed per week:  hr/wk

Tenure of employment  Permanent  Temporary  Seasonal

Is the client looking for additional employment or increased hours at his/her current job?  Yes  No

Did the client receive income from any source in the past 30 days?  Yes  No

Select all income sources that apply and list the monthly amount

| Income Source  | Amount \$ | Income Source   | Amount \$ |
|--|-----------|---|-----------|
| <input type="checkbox"/> Earned income                 |           | <input type="checkbox"/> Unemployment insurance       |           |
| <input type="checkbox"/> SSI                           |           | <input type="checkbox"/> SSDI                         |           |
| <input type="checkbox"/> TANF                          |           | <input type="checkbox"/> General Assistance/EA        |           |
| <input type="checkbox"/> Veterans disability insurance |           | <input type="checkbox"/> Private disability insurance |           |
| <input type="checkbox"/> Workers Compensation          |           | <input type="checkbox"/> Social Security Retirement   |           |
| <input type="checkbox"/> Veterans pension              |           | <input type="checkbox"/> Private pension              |           |
| <input type="checkbox"/> Alimony                       |           | <input type="checkbox"/> Child support                |           |
| <input type="checkbox"/> Other (describe):             |           |   |           |

Did the client receive Non-cash benefits from any source in past 30 days? (i.e. Food Stamps, Health Coverage, Public Housing, etc.)  Yes  No

Select all non-cash benefits that apply...

- SNAP (formerly Food Stamps)†
- Medicare
- Medicaid/ MassHealth
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Childrens Health Insurance Program
- VA Medical services
- TANF transportation services
- TANF child care services
- Other TANF services
- Section 8, Public Housing, other rental assistance
- Temporary rental assistance
- Other :

†SNAP Amount \$ \_\_\_\_\_ per month

\*optional question

**You've reached the end of the intake. Thank you very much for your time!**

## Definitions

### U.S. Military Veteran

Must have served on **active** duty in the armed forces. This does not include inactive military reserves or the National Guard unless the individual was called up to active duty.

### Disabling Condition

Must have a health/mental health condition that:

- c) Is expected to be of long duration; and
- d) Interferes with the individual's capacity to function in daily life.

Disabling conditions include but are not limited to: physical impairments; serious chronic health issues; ongoing substance abuse; serious mental illness; developmental disorders; HIV/AIDS.

### Chronic Homelessness

Must have a disabling condition **and** have experienced one of the following:

- c) One year or more of continuous homelessness; or
- d) At least 4 episodes of homelessness in the past 3 years.

A family is considered chronically homeless if one or more of the parents meets the above criteria.

### Housing Status

Literally Homeless:

Unsheltered; living in Emergency Shelter; in hospital but in ES or unsheltered prior to hospital stay; Leaving TH without housing; or DV victims.

Imminently losing housing:

Being evicted from private unit; discharge from institution; or in condemned housing.

Unstably housed and at risk of losing housing:

In housing, or doubled up, and at risk due to housing cost, conflict or other condition.

# Hampden County HMIS Exit Form

Program: \_\_\_\_\_

## Client Information

Entry Date      \_\_\_ / \_\_\_ / \_\_\_ mm/dd/yyyy

Exit Date      \_\_\_ / \_\_\_ / \_\_\_ mm/dd/yyyy

First Name      \_\_\_\_\_

Last Name      \_\_\_\_\_

## Exit Information

### Where did the client go upon exit?

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency shelter, including hotel/motel paid for with an emergency shelter voucher | <input type="checkbox"/> Transitional housing for homeless persons          |
| <input type="checkbox"/> Permanent supportive housing for formerly homeless persons                          | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Substance abuse treatment program or detox  | <input type="checkbox"/> Hospital (non-psychiatric)                         |
| <input type="checkbox"/> Jail, prison, juvenile detention facility   | <input type="checkbox"/> Foster care or group home                          |
| <input type="checkbox"/> Rental by client, <b>no</b> ongoing housing subsidy                                 | <input type="checkbox"/> Owned by client, <b>no</b> ongoing subsidy         |
| <input type="checkbox"/> Staying or living with friends, <b>permanent</b> tenure                             | <input type="checkbox"/> Staying with friends, <b>temporary</b> tenure      |
| <input type="checkbox"/> Staying or living with family, <b>permanent</b> tenure                              | <input type="checkbox"/> Staying with family, <b>temporary</b> tenure       |
| <input type="checkbox"/> Rental by client with VASH subsidy  | <input type="checkbox"/> Rental by client with other subsidy                |
| <input type="checkbox"/> Place not meant for human habitation (outside/streets etc.)                         | <input type="checkbox"/> Safe Haven   |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Deceased   |
| <input type="checkbox"/> Client doesn't know   | <input type="checkbox"/> Client refused to say                              |