



**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

**HOMELESS MANAGEMENT INFORMATION SYSTEM
(HMIS)
*TRAINING MANUAL: Appendix Documents***

**Sacramento County Continuum of Care
&
Yolo County Continuum of Care**



HMIS CONSUMER NOTICE

Sacramento CoC Homeless Management Information System

Approved 11.14.2018

This Agency participates in the Sacramento Continuum of Care, Homeless Management Information System (HMIS), which collects basic information about consumers receiving services from this Agency. This data is collected in order to get a more accurate count of individuals and families who are homeless, and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice Statement describing our privacy practice is available to all consumers upon request. Agencies participating in HMIS share information with local agencies partnered in HMIS unless they serve a protected population, in compliance with applicable federal and state law. The list of HMIS Partner Agencies is available to consumers at intake upon request. Sharing information among agencies allows those agencies to work in a cooperative manner to provide you with better services.

You have the right to refuse certain data answers to be entered into the HMIS database. As such, we request every consumer whom we serve to sign a “Consumers Informed Consent & Release of Information Authorization”. Although you will receive services if you refuse to provide data answers, your eligibility to receive some specialized services may be impacted by not participating in HMIS.

You do have the ability to share your personal information with other area agencies that participate in the network by completing a “Consumers Informed Consent & Release of Information Authorization” form. This will allow those agencies to work in a cooperative manner to provide you with efficient and effective services.



HMIS CONSUMER NOTICE

Sacramento CoC Homeless Management Information System

Approved 11.14.2018

This Agency receives funding from U.S. Department of Housing and Urban Development to provide services for homeless and near homeless individuals and their families. A requirement of this funding is that the Agency participates in the Sacramento Continuum of Care, Homeless Management Information System (HMIS), which collects basic information about consumers receiving services from this Agency. This requirement was enacted in order to get a more accurate count of individuals and families who are homeless, and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice Statement describing our privacy practice is available to all consumers upon request. Agencies participating in HMIS share information with local agencies partnered in HMIS unless they serve a protected population, in compliance with applicable federal and state law. The list of HMIS Partner Agencies is available to consumers at intake upon request. Sharing information among agencies allows those agencies to work in a cooperative manner to provide you with better services.

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You do have the ability to share your personal information with other area agencies that participate in the network by completing a “Consumers Informed Consent & Release of Information Authorization” form. This will allow those agencies to work in a cooperative manner to provide you with efficient and effective services.



HOMELESS MANAGEMENT INFORMATION SYSTEM CONSUMER NOTICE

This agency receives funding from the U.S. Department of Housing and Urban Development (HUD) to assist persons experiencing homelessness or at-risk of experiencing homelessness. A requirement of this funding is that we participate in the region's local Homeless Management Information System (HMIS). HMIS is a database, which collects basic information about consumers receiving services from this agency.

HUD enacted this requirement to gain a more accurate count of individuals and families who are homeless, and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all consumers upon request. Agencies participating in HMIS share information with local agencies partnered in HMIS unless they serve a protected population, in compliance with applicable federal and state law. The list of HMIS Partner Agencies is available to consumers at intake upon request. Sharing information among agencies allows those agencies to work in a cooperative manner to provide you with better services.

You have the right to refuse certain data answers to be entered into the HMIS database. As such, we request every consumer whom we serve to sign a "Consumer Informed Consent & Release of Information Authorization." Although you will receive services if you refuse to provide data answers, your eligibility to receive some specialized services may be impacted by not participating in HMIS.

You do have the ability to share your personal information with other area agencies that participate in the network by completing a "Consumer Informed Consent & Release of Information Authorization" form. This will allow those agencies to work in a cooperative manner to provide you with efficient and effective services.



Homeless Management Information System (HMIS) Consumers Informed Consent & Release of Information Authorization

I, (print consumer's name) _____, understand that (Service Provider) _____ collected information about me and/or my dependents listed below to enter it into a database system called Homeless Management Information System (HMIS). This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of services

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

THE INFORMATION MAY CONSIST OF THE FOLLOWING PPI (PROTECTED PERSONAL INFORMATION):

- | | | |
|---|--------------------------------------|-----------------------------|
| • Name | • Residence Prior to Project Entry | • Domestic Violence |
| • Date of Birth | • Homeless History | • Mental Health |
| • Social Security Number | • Zip Code of Last Permanent Address | • Disabling Condition |
| • Gender | • Family Composition | • Alcohol & Drug |
| • Ethnicity and Race | • Employment Status | • Legal history/information |
| • Program Entry Date | • Veteran Status | • Photo (If applicable) |
| • Program Exit Date | • HIV/AIDS | |
| • Income and Non-Cash Benefits information (sources and amounts of household income, employment information, work skills) | | |
| • Housing information (may include address, type of housing, homeless status, and reason for homelessness) | | |

I UNDERSTAND THAT:

- ✓ Use of my likeness in a photograph will be viewable by other participating agencies and may be cropped or edited, as needed. I waive the right to approve or inspect the finished photograph.
- ✓ Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
- ✓ The participating agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS participating agencies.
- ✓ Staff members of the participating agencies who will see my information have signed agreements to maintain confidentiality regarding my information.

- ✓ The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- ✓ If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the participating agencies.
- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see my information
- ✓ Bitfocus, Inc. is Sacramento’s HMIS Vendor. When Bitfocus works on the system, they may see my information.
- ✓ People using HMIS information to write reports may see your information. Researchers must sign an agreement to protect my privacy before seeing HMIS data. My private information will never appear in research reports.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a “Consumer Revocation of Consent to Release Information form”, but that cancellation will not be retroactive.
- ✓ Additionally, I understand that participation in data collection is optional, and I may choose not to participate.
- ✓ This release is valid for seven (7) years from the date of my signature below.
- ✓ I also understand that I may withdraw my consent at any time.
- ✓ I understand that my personal information will not be made public and will only be used with strict confidentiality.

Participating agencies: A list of the participating agencies within the Sacramento Homeless Management Information System may be viewed prior to signing this form.

List all Dependent children under 18 in household, if any (first and last names):

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Please initial one of the following levels of consent:

_____ I give authorization for mine and my dependents listed above, Protected Personal and relevant information **to be entered into the HMIS and shared between participating agencies.**

OR

_____ I give authorization for mine and my dependents listed above Protected Personal and relevant information **to be entered into the HMIS, but not shared between participating agencies.**

OR

_____ I do not consent to the inclusion of personal information in HMIS about me and any dependents listed above.

_____ **Consumer’s Signature** _____ **Date**

_____ **Agency Personnel Name (print)** _____ **Agency Personnel Signature** _____ **Date**



Yolo County Homeless and Poverty Action Coalition (HPAC)

Davis/Woodland/Yolo County Continuum of Care (CA-521)

HMIS INFORMED CONSENT AND RELEASE OF INFORMATION AUTHORIZATION

I, (print consumer's name) _____, understand that (service provider) _____ collected information about me and/or my dependents listed below to enter it into a database system called the Homeless Management Information System (HMIS). This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless.

Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing the confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- Produce a client profile at intake that will be shared by collaborating agencies
- Produce anonymous, aggregate-level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for the provision of new services
- Allocate resources among agencies engaged in the provision of services

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following Protected Personal Information (PPI):

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Project Entry/Exit Date
- Income/Non-Cash Benefits
- Housing Information
- Residence Prior to Project Entry
- Homeless History
- Zip Code of Last Permanent Address
- Family Composition
- Employment Status
- Veteran Status
- HIV/AIDS
- Domestic Violence
- Mental Health
- Disabling Condition
- Alcohol and Drug Use
- Legal History
- Photo (If applicable)

I UNDERSTAND THAT:

- Use of my likeness in a photograph will be viewable by other participating agencies and may be cropped or edited, as needed. I waive the right to approve or inspect the finished photograph.
- Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
- The participating agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS participating agencies.
- Staff members of the participating agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the participating agencies.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see my information
- Bitfocus, Inc. is Sacramento's HMIS Vendor. When Bitfocus works on the system, they may see my information.
- People using HMIS information to write reports may see your information. Researchers must sign an agreement to protect my privacy before seeing HMIS data. My private information will never appear in research reports.
- This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a Consumer Revocation of Consent to Release Information form, but that cancellation will not be retroactive.
- Additionally, I understand that participation in data collection is optional, and I may choose not to participate.
- This release is valid for seven (7) years from the date of my signature below.
- I also understand that I may withdraw my consent at any time.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.

A list of the participating agencies within HPAC's HMIS may be viewed prior to signing this form.

LIST ALL DEPENDENT CHILDREN IN THE HOUSEHOLD UNDER AGE 18:

Dependent (1)

Dependent (2)

Dependent (3)

Dependent (4)

Dependent (5)

Dependent (6)

PLEASE INITIAL ONE OF THE FOLLOWING LEVELS OF CONSENT:

_____ I give authorization for mine and my dependents listed above, Protected Personal, and relevant information **to be entered into the HMIS** and **shared between participating agencies.**

OR

_____ I give authorization for mine and my dependents listed above Protected Personal and relevant information **to be entered into the HMIS**, but **not shared between participating agencies.**

OR

_____ I do not consent to the inclusion of personal information in HMIS about me and any dependents listed above.

Client's Signature

Date

Agency Personnel's Signature

Date

Agency Personnel's Name (Please Print)

Agencies Participating in Sacramento Homeless Management Information System (HMIS)

WHO SHOULD PARTICIPATE?

HMIS seeks to collect information from all homeless service providers throughout the county. These include agencies that provide housing services (transitional housing, permanent supportive housing, Rapid Re-Housing, emergency shelters, for instance), homeless prevention projects, as well as auxiliary services (such as food shelves, outreach programs, and drop-in centers), and other service providers in contact with people experiencing homelessness. In order to gain as comprehensive a picture of homelessness as possible, other agencies are strongly encouraged to use HMIS as well. Increased participation in HMIS will increase our understanding of clients' characteristics and needs, help us to better evaluate programs, and strengthen our efforts to end homelessness.

Agencies REQUIRED by U.S. Department of Housing and Urban Development (HUD) requires its grantees under the following programs to participate in HMIS:

- Supportive Housing Program (SHP)
- Transitional Housing Program (THP)
- Shelter Plus Care (S+C)
- Housing Opportunities for Persons With AIDS (HOPWA)
- Emergency Solutions Grant (ESG)
- Emergency Shelter Programs (ESP)

Who is currently using the HMIS system in Sacramento County?

211 Sacramento	Sacramento County Child Protective Services
Asian Pacific Community Counseling	Sacramento County Department of Behavioral Health
Berkeley Food and Housing Project	Sacramento County Department of Human Assistance
Bishop Gallegos Maternity Home	Sacramento County Public Defender
Bridges, Inc.	Sacramento Covered
Capital Star Community Services	Sacramento LGBT Community Center
City of Sacramento	Sacramento Self Help Housing
Community Against Sexual Harm	Sacramento Veterans Resource Center
Consumer Self Help Center	Saint John's Program For Real Change
Cottage Housing, Inc	Salvation Army
Department of Veterans Affairs	SHRA - Shelter Plus Care
Downtown Streets Team	Telecare
El Hogar Community Service, Inc.	TLCS, Inc.
First Step Communities	Turning Point Community Programs
Francis House Center	Visions Unlimited
LifeSTEPS	Volunteers Of America
Lutheran Social Services	Waking the Village
Mercy Housing	WEAVE
Next Move (SAEHC)	WellSpace Health
Resources for Independent Living	Wind Youth Services
River Oak Center for Children	Women's Empowerment

Who is currently using the HMIS system in Yolo County?

City of Davis	Fourth and Hope
City of West Sacramento	Interfaith Rotating Winter Shelter (IRWS)
City of Woodland	Turning Point Community Programs
Davis Community Meals and Housing	Yolo Community Care Continuum
Downtown Streets Team	Yolo County Children's Alliance
Empower Yolo	Yolo County Health and Human Services Agency



Homeless Management Information System (HMIS)

Sacramento/Yolo County Continuum of Care
Homeless Management Information System (HMIS)

Consumer Revocation of Consent to Release Information

I, (print consumer's name) _____, hereby revoke permission to share my family and mine personal information in the Sacramento/Yolo Continuum of Care (CoC) HMIS. I understand that my information will remain in Sacramento and Yolo CoC Homeless Management Information System (HMIS) as part of the non-identifying data collected on homeless services provided by the Continuum of Care.

I understand that information that has already been entered remains in the system. By canceling my agreement for participation in the Sacramento and Yolo CoC HMIS my personal information that has been saved will be restricted.

I further understand that any information entered and/or shared under my previously agreed-to consent will continue to be shared and that this Client Revocation of Consent applies to any information entered into the system from this day forward.

I also understand that the disclosure of my non-identifying information may be required in some instances, such as for the reporting of aggregate numbers to Sacramento and Yolo CoC HMIS Collaborative and to agencies that provide funding to this agency.

Sacramento and Yolo CoC HMIS and this agency are hereby released from any legal responsibility or liability for the release, use or disclosure of information I authorized previously.

I understand that this revocation will become effective immediately upon receipt of my signature below.

Consumer's Signature

Date

Agency Personnel Name (print)

Agency Personnel Signature

Date

Configuring HMIS : Client does not consent

Field name	Client's Actual Info	Instructions	CLIENT PROFILE	
SSN	123-99-999	000-00-0000	Social Security Number	XXX - XX - XXXX
Quality of SSN		Client Refused	Quality of SSN	Client refused
Last name	Jenkins	Refused	Last Name	A4598Xy
First name	Phil	<i>Your agency's internal ID if you have one, or Consent</i>	First Name	Refused
Quality of Name		Client Refused	Quality of Name	Client refused
Quality of DOB		Approximate	Quality of DOB	Approximate or partial DOB reported
Date of Birth	July 6, 1942	<i>Jan 1 actual year of birth +/- 1 year*</i>	Date of Birth	01/01/1941 Adult. Age: 7
Gender, race, ethnicity, veteran status	Is not Veteran, Male, White	<i>Actual is OK, so long as it's not a give-away</i>	Middle Name	None
			Gender	Male
			Race	White
			Ethnicity	Non-Hispanic/Non-Latino
			Veteran Status	No
		* For <17, subtract at least 1 year		



Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing



Homeless Definition

RECORDKEEPING REQUIREMENTS

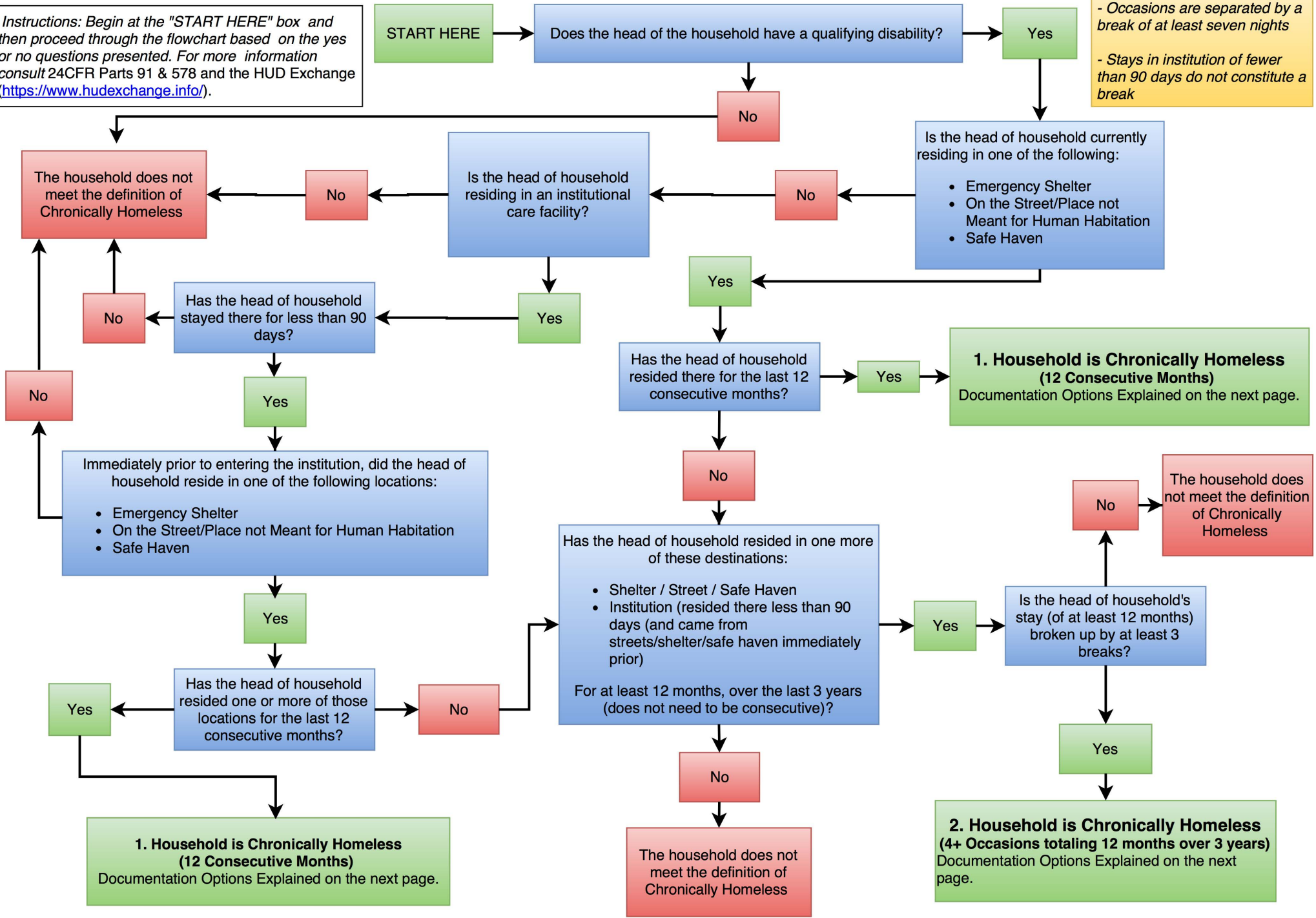


<p>Category 1</p> <p>Literally Homeless</p>	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> ○ discharge paperwork <u>or</u> written/oral referral, <u>or</u> ○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution 	
	<p>Category 2</p> <p>Imminent Risk of Homelessness</p>	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a <u>hotel</u> or <u>motel</u>—evidence that they lack the financial resources to <u>stay</u>; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	<p>Category 3</p> <p>Homeless under other Federal statutes</p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
	<p>Category 4</p> <p>Fleeing/ Attempting to Flee DV</p>	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Flowchart of HUD's Definition of Chronic Homelessness

Instructions: Begin at the "START HERE" box and then proceed through the flowchart based on the yes or no questions presented. For more information consult 24CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/>).

Remember:
 - Occasions are separated by a break of at least seven nights
 - Stays in institution of fewer than 90 days do not constitute a break





Documentation Standards for Chronic Homelessness

Instructions: Based on your navigation of the flowchart on the previous page, locate the appropriate numbered situation on this page and follow the documentation standards noted. This tool summarizes the criteria for the new Chronically Homeless Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>)

Situation	Documentation of Homelessness	Documentation of Disability
<p>1. Household is Chronically Homeless</p> <p>(12 Consecutive Months)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HMIS record or record from a comparable database; or <input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. <p>If the head of household is currently staying in an institution where they have been for less than 90 days (and were in a shelter/street/safe haven immediately prior) their Institutional Stay can be documented by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence, or <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. 	<p>Documentation of the head of household's disability, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification of the disability from a licensed professional; <input type="checkbox"/> Written verification from the Social Security Administration; <input type="checkbox"/> The receipt of a disability check; or <input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.
<p>2. Household is Chronically Homeless</p> <p>(4+ Occasions totaling 12 months over 3 years)*</p> <p><i>*May include institution stays of <90 days</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> HMIS record or record from a comparable database; or <input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence (for institutional stays of less than 90 days) <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. <p><i>* Each separate occasion MUST be documented (minimum of 3 breaks). 100% of the breaks can be documented by self- report.</i></p>	<p>Documentation of the head of household's disability, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification of the disability from a licensed professional; <input type="checkbox"/> Written verification from the Social Security Administration; <input type="checkbox"/> The receipt of a disability check; or <input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Important Notes:

- Each individual occasion needs to be fully documented.
- Breaks can be documented by self-report.
- For each Project:
 - 100% of households served can use self-certification for 3 months of their 12 months,
 - 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and
 - 25% of households served can use self-certification as documentation for any and all months.

Sacramento Continuum of Care HMIS Exit Destination Guidance

The Exit Destination describes where the client will be staying after they leave the program/project.

For clients who will be staying with family or friends, select the response that includes the expected tenure of the destination (permanent or temporary).

For rental by client and owned by client, select the response that includes the type of housing subsidy, if any, the client will be receiving.

A housing subsidy may be tenant, project, or sponsor based and provides ongoing assistance to reduce rent burden. This includes either a housing subsidy provided through the Veterans Affairs Supportive Housing (VASH) program or other housing subsidy. Other housing subsidies may include:

- HUD-funded subsidy (for example, public housing, Housing Choice Voucher or Section 8)
- Other housing subsidy (for example, state rental assistance voucher)

In our HMIS system, most of our projects have the housing type initials in the Project Name.

- ES: Emergency Shelter
- HP: Homeless Prevention
- PH: Permanent Housing Program
- PSH: Permanent Supportive Housing Program
- RRH: Rapid Re-Housing Program
- SSO: Supportive Services Only
- TH: Transitional Housing Program

Exit Destination Option in HMIS	Explanation	Suggested Housing Status
Deceased	The client died while in the program	Data Not Collected
Emergency shelter, including hotel or motel paid for with voucher	The client has exited to an Emergency Shelter, including: <ul style="list-style-type: none"> • A hotel or motel paid for with an emergency shelter voucher. • Domestic Violence shelter • Missions 	Homeless
Foster Care Home or Foster Care Group Home	The client has exited to: <ul style="list-style-type: none"> • an adult or child foster care home • a foster care group home 	At-risk of homelessness
Hospital or other non-psychiatric medical facility	The client has exited to a hospital for any reason other than psychiatric. Includes any residential care involving a medical need such as: <ul style="list-style-type: none"> • hospital • rehabilitation center 	At-risk of homelessness
Hotel or motel paid for without emergency shelter voucher	The client has exited to a hotel or motel and is paying for it themselves (no voucher).	At-risk of homelessness

Sacramento Continuum of Care HMIS Exit Destination Guidance

Exit Destination Option in HMIS	Explanation	Suggested Housing Status
Jail, prison or juvenile detention facility	The client has been arrested and is residing in a: <ul style="list-style-type: none"> • local jail • prison (state or federal) • juvenile detention facility 	At-risk of homelessness
Long-term care facility or nursing home	The client has exited to a long-term care facility or nursing home.	Stably Housed
Moved from one HOPWA funded project to HOPWA PH	Client exited one HOPWA funded project into HOPWA PH	At-risk of homelessness
Moved from one HOPWA funded project to HOPWA TH	The client exited one HOPWA funded project to enter HOPWA TH	At-risk of homelessness
Owned by client, no ongoing housing subsidy	The unit the client is living in is owned by him or her and has no ongoing housing subsidy attached to it.	Stably Housed
Owned by client, with ongoing housing subsidy	The unit the client is living in is owned by him or her and has an ongoing housing subsidy (mortgage payment support) attached to it. Includes USDA Rural Development Loan/Recovery Act Supports.	Stably Housed
Permanent housing (other than RRH) for formerly homeless persons	The unit the client is renting is being subsidized by any homeless funding source. This could be a scattered-site or site-based supportive housing where the rental subsidy is from: <ul style="list-style-type: none"> • Shelter Plus Care • Supportive Housing Program • Local source of subsidy restricted strictly for homeless persons. 	Stably Housed
Place not meant for habitation	The client is living in a place not meant for habitation. For example: <ul style="list-style-type: none"> • a vehicle • an abandoned building • bus/train/subway station • anywhere outside 	Homeless
Psychiatric hospital or other psychiatric facility	The client has exited to a: <ul style="list-style-type: none"> • psychiatric facility • psychiatric hospital • psychiatric unit of a local hospital 	At-risk of homelessness
Rental by client, no ongoing housing subsidy	The unit the client is renting is not supported by any government or private subsidy.	Stably Housed
Rental by client, with RRH or equivalent subsidy	The unit the client is renting is being supported by a Rapid Re-Housing (RRH) subsidy.	Stably Housed
Rental by client, with VASH housing subsidy	The unit the client is renting is being supported by a Veterans Affairs Supportive Housing (VASH) subsidy.	Stably Housed

Sacramento Continuum of Care HMIS Exit Destination Guidance

Exit Destination Option in HMIS	Explanation	Suggested Housing Status
Rental by client, with GPD TIP housing subsidy	The unit the client is renting is being supported by a Grant and Per Diem Program – Transition in Place (GPD TIP) subsidy.	Stably Housed
Rental by client, with other ongoing housing subsidy	The unit the client is renting is being supported by a subsidy – either government or private, either site-based or voucher. Includes Section 8, HARP, HCV, State Rental Assistance (SER) and HPRP. This may also include clients who leave for Job Corps, college, Military or National Guard training.	Stably Housed
Residential project or halfway house with no homeless criteria	The client has exited to a halfway house or residential project that does not require homeless status for entry.	Stably Housed
Safe Haven (DO NOT USE)	DO NOT USE THIS RESPONSE!!!! Sacramento CoC doesn't have not have any HUD specific program that was formally designated as a Safe Haven.	DO NOT USE
Staying or Living With Family – Permanent Tenure	The client has moved into a room, apartment or house occupied by a family member and is intending on living there. Use “permanent” if the client has NOT been given a specific time limit in which he/she needs to leave. In many cases, permanent signifies family re-unification.	Stably Housed
Staying or Living With Family – Temporary Tenure	The client has exited to a room, apartment or house occupied by a family member and is intending on staying there only a short time. Use “temporary” if client is given a time limit in which he/she needs to leave or if the staff has knowledge that the destination is meant to be very short term and/or is lacking stability, such as overcrowding (more than 1.5 persons per room).	At-risk of homelessness
Staying or Living With Friends – Permanent Tenure	The client has moved into a room, apartment or house occupied by a friend and is intending on living there. Use “permanent” if the client has NOT been given a specific time limit in which he/she needs to leave.	Stably Housed
Staying or Living With Friends – Temporary Tenure	The client has exited to a room, apartment or house occupied by a friend and is intending on staying there only a short time. Use “temporary” if client is given a time limit in which he/she needs to leave or if the staff has knowledge that the destination is meant to be very short term and/or is lacking stability, such as overcrowding (more than 1.5 persons per room).	At-risk of homelessness
Substance Abuse Treatment facility or Detox center	The client has exited to: <ul style="list-style-type: none"> • a substance abuse treatment program • a detox program • other substance abuse residential facility 	At-risk of homelessness

Sacramento Continuum of Care HMIS Exit Destination Guidance

Exit Destination Option in HMIS	Explanation	Suggested Housing Status
Transitional Housing for homeless persons (including youth)	The client has exited to a Transitional Housing program for the homeless which is housing with supports that is time limited up to 24 months. NOTE: Does not include an exit to substance abuse treatment facility.	At-risk of homelessness
Other	Some place other than what is able to be recorded in any of the above fields. (Must specify if Other is chosen)	TBD
No Exit Interview Completed	An exit interview was not completed for this client. This will translate as missing information on data quality reports	Data Not Collected
Client Doesn't Know	The client exited the program telling program staff he or she was uncertain of where they were going.	Client Doesn't Know
Client Refused	The client exited the program and refused to tell program staff where they were going.	Client Refused