

Marion/Ocala County CoC FY 2023 Continuum of Care

Notice of Funding Opportunity (CoC NOFO)

Renewal Project Application FY2023HMIS

Contact: Robin Ford, Office of Homeless Prevention Manager

Phone: 352-629-8280

Kasey Tabor, HMIS Coordinator

Phone: 352-629-8734

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HMIS Procedures and Protocols (updated 8/2023)

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

- 1. **Type of Submission:** Application
- 2. **Type of Application:** Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. **Date Received:** 08/21/2023

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** FL0641

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of Ocala
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-6000392
- c. Unique Entity Identifier:** UB1YHBV4B5T8

d. Address

Street 1: 201 SE 3 Street
Street 2: Second floor
City: Ocala
County: Marion
State: Florida
Country: United States
Zip / Postal Code: 34471

e. Organizational Unit (optional)

Department Name: Joint Office on Homelessness
Division Name: Office of Homeless Prevention

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: James
Middle Name:
Last Name: Haynes
Suffix:
Title: Director
Organizational Affiliation: City of Ocala
Telephone Number: (352) 629-8312
Extension:

Fax Number: (352) 629-8241

Email: jhaynes@ocalafl.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Renewal Project Application FY2023HMIS

16. Congressional District(s):

a. Applicant: FL-003, FL-006
(for multiple selections hold CTRL key)

b. Project: FL-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2024

b. End Date: 08/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Pete

Middle Name:

Last Name: Lee

Suffix:

Title: City Manager

Telephone Number: (352) 629-8401
(Format: 123-456-7890)

Fax Number: (352) 629-8391
(Format: 123-456-7890)

Email: plee@ocalafl.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Ocala

Prefix: Mr.

First Name: Pete

Middle Name:

Last Name: Lee

Suffix:

Title: City Manager

Organizational Affiliation: City of Ocala

Telephone Number: (352) 629-8401

Extension:

Email: plee@ocalafl.gov

City: Ocala

County: Marion

State: Florida

Country: United States

Zip/Postal Code: 34471

2. Employer ID Number (EIN): 59-6000392

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$83,491.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive No assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Pete Lee, City Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Ocala

Program/Activity Receiving Federal Grant CoC Program
Funding:

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Pete

Middle Name

Last Name: Lee

Suffix:

Title: City Manager

Telephone Number: (352) 629-8401
(Format: 123-456-7890)

Fax Number: (352) 629-8391
(Format: 123-456-7890)

Email: plee@ocalafl.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Ocala

Name / Title of Authorized Official: Pete Lee, City Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES **Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.** **Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC No
grant participate in federal lobbying activities
(lobbying a federal administration or congress) in
connection with the CoC Program?**

Legal Name: City of Ocala

Street 1: 201 SE 3 Street

Street 2: Second floor

City: Ocala

County: Marion

State: Florida

Country: United States

Zip / Postal Code: 34471

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Pete

Middle Name:

Last Name: Lee

Suffix:

Title: City Manager

Telephone Number: (352) 629-8401
(Format: 123-456-7890)

Fax Number: (352) 629-8391
(Format: 123-456-7890)

Email: plee@ocalafl.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of Ocala
Prefix: Mr.
First Name: Pete

Middle Name:

Last Name: Lee

Suffix:

Title: City Manager

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? **No**

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. **Make changes**

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

changes in HMIS vendor 3B

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0641

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-514 - Ocala/Marion County CoC

3. CoC Collaborative Applicant Name: Ocala/Marion County Joint Office on Homelessness

4. Project Name: Renewal Project Application FY2023HMIS

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

HMIS is the information technology system used to collect client level data on the provisions of housing and services to homeless individuals and persons at risk of homelessness. WellSky Servicepoint is the current HMIS software utilized by the Ocala/Marion Continuum of Care (CoC). This software will continue to enhance the CoC's reporting of coordinated care for housing assistance programs and services to persons experiencing or are at risk of homelessness by providing user-friendly centralized intake, referral accuracy, and supporting the collection of quality information that will be used for program improvements and service planning. The Ocala/Marion County's HMIS software addresses all of HUD's reporting requirements and is in compliance with state and federal requirements regarding client confidentiality and data security. The software is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk of homelessness. The City of Ocala is the lead agency chosen by the CoC to administer and oversee HMIS. The City of Ocala, employs the HMIS Coordinator who is the single point of contact for establishing and setting up new participating agencies, setting user profiles consistent with agent responsibilities, and providing initial, updated, and annual trainings. Technical assistance is also provided to agencies who are utilizing the HMIS system to improve data accuracy. The HMIS Coordinator is responsible for ensuring accurate reports and assisting with reporting issues that are affecting data quality. The HMIS Lead Agency is responsible for the development of written policies and procedures outlining a HMIS Security Plan which meets the baseline requirements established by HUD. The CoC's software limits access of the database to participating member agencies and takes reasonable measures consistent with industry standards administratively, technically, and physically, to protect its data from accidental or intentional unauthorized use, modification, disclosure, and/or destruction. Data is backed up daily and encrypted during communications between servers to prevent eavesdropping or interception of data. The renewal grant will be used to fund the HMIS Coordinator Position and includes some administrative costs.

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The Marion CoC has several workgroups that are comprised of a diverse population who are tasked with reviewing and updating the HMIS Governance Charter and HMIS Policies and Procedures on an annual basis.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Kasey Tabor/HMIS Coordinator and the City of Ocala/HMIS Lead Agency are responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and

security standards on a regular basis?

Yes

8. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

Any type of security breach will be deemed an offense. First offense will result in the inactivation of the log-in immediately. The user will be asked to complete a security breach course which will include a review of the policies and procedures, a quiz and a security breach acknowledgement form. Second offense inactivate log-in immediately, notify the supervisor or executive director, notify the lead HMIS agency , and may notify HUD, VA, or Marion County who may withhold funding or take other action due to the violation of the agency's agreement at the HMIS lead agencies discretion. Third offense license is revoked permanently and further actions will be taken as necessary such as notifying client of the data breach and reporting to funder. If the login of a person who no longer works at an agency is shared the agency will be indirect violation of its Agreement with the Marion/Ocala Joint Office on Homeless Prevention and in this case the offense would begin as a second offense. If there are multiple security breaches within one agency the HMIS lead agency may require a response from the agency over and beyond the protocols listed. All breaches of security must be reported to the HMIS Coordinator, the Wellsky support team and the City of Ocala’s IT department within 24 hours of knowing about the incident.

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to No provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?

2. Will this project use funds from this grant to No provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?

3. Does this project propose to allocate funds No according to an indirect cost rate?

4. Renewal Grant Term: This field is pre- 1 Year populated with a one-year grant term and cannot be edited:

5. Select the costs for which funding is requested:

HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$20,873
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$20,873

1. Will this project generate program income No described in 24 CFR 578.97 to use as Match for this project?

Type	Source	Contributor	Value of Commitments
Cash	Government	Challenge Grant	\$20,873

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Challenge Grant
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$20,873

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$0
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$83,491
6. VAWA (Enter)	
7. Sub-total of CoC Program Costs Requested	\$83,491
8. Admin (Up to 10% of Sub-total in #7)	
9. HUD funded Sub-total + Admin. Requested	\$83,491
10. Cash Match (From Screen 6D)	\$20,873
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$20,873
13. Total Project Budget for this grant, including Match	\$104,364

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Pete Lee

Date: 08/21/2023

Title: City Manager

Applicant Organization: City of Ocala

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/07/2023
1B. SF-424 Legal Applicant	08/07/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2023
1E. SF-424 Compliance	08/07/2023
1F. SF-424 Declaration	08/07/2023
1G. HUD 2880	08/07/2023

Renewal Project Application FY2023	Page 41	08/21/2023
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1H. HUD-50070	08/07/2023
1I. Cert. Lobbying	08/07/2023
1J. SF-LLL	08/07/2023
IK. SF-424B	08/07/2023
Submission Without Changes	08/16/2023
Recipient Performance	08/07/2023
Renewal Grant Consolidation or Renewal Grant Expansion	08/16/2023
2A. Subrecipients	No Input Required
3A. Project Detail	08/07/2023
3B. Description	08/16/2023
4A. HMIS Standards	08/07/2023
6A. Funding Request	08/07/2023
6D. Match	08/16/2023
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	08/07/2023

1. Profile Type

Instructions:

Applicant Profile Type: (required) select one type of applicant based on the application to be completed and submitted to HUD. For organizations that operate as both a CoC applicant and a project applicant, a separate profile must be completed for each role. DO NOT try to submit a CoC Consolidated Application and a Project Application under the same profile. If you are unsure of this process, please contact your local Field Office representative.

- Collaborative applicant - the applicant designated by the CoC lead agency that will submit the CoC Consolidated application (formerly known as Exhibit 1) on behalf of the CoC. This ONLY covers the CoC Consolidated Application. All individual project applications must use a separate project applicant profile for submission.

- Project applicant - an organization submitting one or more project applications (formerly known as Exhibit 2) to request homeless assistance funding under the CoC Program. Applications include: CoC Renewal, CoC New, CoC Planning, UFA, YHDP Renewal, YHDP Replacement, Unsheltered set aside, Rural Set Aside, Unsheltered Planning, Unsheltered UFA.

Applicant Profile Type: Project Applicant

As a reminder, if you are submitting a CoC Consolidated application, you may only use the Collaborative Applicant profile selection. If you are submitting a project application(s), you may only use the Project Applicant profile selection.

Lastly, if your organization is in charge of submitting the CoC Consolidated Application and individual project applications, YOU MUST have two separate profile accounts. One for CoC Consolidated Application submissions, in which you select the Collaborative Applicant; and the other for Individual Project Application submissions, in which you select the Project Applicant.

2. Organization Information

Instructions:

Applicant Information: Enter the following related to the applicant organization/lead agency.

Legal Name: (required) enter the legal name of applicant that will submit the CoC application or project application, as appropriate.

Organizational Unit: (optional) enter the name of the primary organizational unit, department, or division for the applicant's legal entity, as applicable.

Organization Type: (required) select the appropriate organization type that identifies the applicant. Nonprofit organization (both public and private) are required to submit to HUD one of the following sources documenting the nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from licensed CPA (see NOFA for conditions); or (4) Letter from authorized state official showing applicant as organized and in good standing as a public nonprofit organization.

Employer/Taxpayer Number (EIN/TIN): (required) enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If the legal applicant organization is not in the US or is not legally organized, enter 44-4444444.

Organizational DUNS: (required) enter the applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>. If the legal applicant organization is not in the US or is not legally organized, enter 444444444.

- Collaborative applicant or project applicant - the DUNS number for the applicant organization is required, in order to complete the Profile and apply for funding. HUD does not award funding to applicants unless a DUNS number has been assigned.

Address: (required) enter the collaborative or project applicant's physical street address 1, street address 2, city, state, and zip code; (optional) also enter the county, province, and country, as applicable. Enter the mailing address, if different from the physical address entered.

Legal Name of Organization: City of Ocala

Organizational Unit

Department Name: Joint Office on Homelessness

Division Name: Office of Homeless Prevention

Organization Type: C. City or Township Government

Employer or Tax Identification Number: 59-6000392

Unique Entity Identifier: UB1YHBV4B5T8

Address

Street 1: 201 SE 3 Street

Street 2: Second floor

City: Ocala

State: Florida

Zip/Postal Code: 34471

County: Marion

Country: United States

Is the organization's mailing address the same as the address above? Yes

If no, click 'Save' and enter the mailing address in the fields presented below.

Authorized Representative Contact Information

Instructions:

Authorized Representative: (required) enter the prefix, first name, last name, title, telephone number, and email address of the person authorized to sign legal documents and legally obligate the applicant organization; (required) enter the authorized representative's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, extension, and fax number of the authorized representative.

Prefix: Mr.

First Name: Pete

Middle Name:

Last Name: Lee

Suffix:

Title: City Manager

Organizational Affiliation: City of Ocala

Phone Number: (352) 629-8401

Format: 123-456-7890

Extension:

Alternate Phone Number:

Format: 123-456-7890

Extension:

Fax Number: (352) 629-8391

Format: 123-456-7890

E-mail Address: plee@ocalafl.gov

Confirm E-mail Address: plee@ocalafl.gov

Alternate Contact Information

Instructions:

Alternate Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the applicant's alternate contact person; (required) enter the alternate contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, telephone number extension, and fax number of the alternate contact.

Prefix: Mr.

First Name: James

Middle Name:

Last Name: Haynes

Suffix:

Title: Director

Organizational Affiliation: City of Ocala

Phone Number: (352) 629-8312
Format: 123-456-7890

Extension:

Alternate Phone Number:
Format: 123-456-7890

Extension:

Fax Number: (352) 629-8241
Format: 123-456-7890

E-mail Address: jhaynes@ocalafl.gov

Confirm E-mail Address: jhaynes@ocalafl.gov

4. Additional Information

Instructions:

1. Collaborative applicant's or project applicant's congressional district(s): indicate the congressional district(s) in which the applicant organization operates:

- Collaborative applicants - (optional) identifying the congressional districts is optional; however, HUD encourages collaborative applicants to identify the congressional districts located within the CoC geography.

- Project applicants - (required) identify all congressional districts in which the applicant houses or serves homeless persons funded with McKinney-Vento dollars. The district(s) selected will populate all project applications, and will be used to send funding notification to the appropriate Congressional representatives.

2. Is the applicant a faith-based organization?: (required) select the appropriate answer that identifies the applicant organization.

3. Has the applicant ever received a federal grant?: (required) select the appropriate answers that applies to the applicant organization.

4. Is the applicant's code of conduct already on file with HUD?: (required for nonprofit applicants) select the appropriate source to document the applicant's nonprofit status. This document must be attached in e-snaps. This question does not apply to applicants who are not nonprofit organizations.

1. Indicate applicant's congressional district(s): FL-003, FL-006
(for multiple selections hold CTRL and key)

2. Is the applicant a faith-based organization? No

3. Has the applicant ever received a federal grant? Yes

4. Is the applicant's code of conduct already on file with HUD? Yes

HUD Form 2880: Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Disclosure/Update Report - form HUD-2880

U.S. Department of Housing and Urban Development OMB Approval No. 2506-0112 (exp. 02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Ocala

Prefix: Mr.

First Name: Pete

Middle Name:

Last Name: Lee

Suffix:

Title: City Manager

Organizational Affiliation: City of Ocala

Telephone Number: (352) 629-8401

Extension:

Email: plee@ocalafl.gov

City: Ocala

County: Marion

State: Florida

Country: United States

Zip/Postal Code: 34471

2. Employer ID Number (EIN): 59-6000392

3. HUD Program: Continuum of Care Program

4. Total Amount Requested for this project:

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to addresses entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Applicant Code of Conduct

Document Type	Required?	Document Description	Date Attached
Applicant Code of Conduct	No		

Applicant's Code of Conduct Attachment Detail

Document Description:

Other Attachment

Document Type	Required?	Document Description	Date Attached
Other Attachment	No		

Attachment Details

Document Description:

6. Submission Summary

Page	Last Updated
1. Profile Type	08/09/2023
2. Organization Information	08/09/2023
Authorized Representative	08/09/2023
Alternate Contact	08/09/2023
4. Additional Information	08/09/2023
HUD Form 2880	08/09/2023
Code of Conduct	No Input Required
Other Attachment	No Input Required



August 23, 2023

MATCH VERIFICATION LETTER

City of Ocala

110 SE Watula Ave

Ocala FL 34471

Dear Department of Housing and Urban Development,

We commit to providing the following matching funds to the FY2023 Continuum of Care Homeless Assistance Competition for Project HMIS

1. Grant match in the total amount of \$20,873 which we will provide from our Challenge Grant during the grant period.

Sincerely,

James E Haynes Jr

James E. Haynes, Jr. Director Community Development Services



August 30, 2023

City of Ocala
110 SE Watula Ave
Ocala FL 34471

Dear Department of Housing and Urban Development,

The City of Ocala, through its Office of Homeless Prevention has incurred qualified expenses that will be offset by the 2021 HMIS Grant. To date the expenses have not been drawn down because of an oversight in properly awarding the grant award to the City. On Tuesday August 29th, we received an email from HUD Representative Larry Lopez, that grant FL0641L4H142105 was finally fully processed and entered in the to the eLoccs budget line. However, we still have not received the appropriate award letter to bring the grant into our budget. Once this is completed, we will immediately submit for full reimbursement of the awarded grant.

Sincerely,

James E Haynes Jr

James E. Haynes, Jr. Director Community Development Services

Ocala/Marion County Continuum of Care HMIS- Policy and Procedures

FL-514

Board Resolution 2013-12

2017-12 Version 4 approved by Board of Governors on October 10, 2017

Using the HMIS Platform - WellSky

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HMIS Inclusion and Participation Requirements

Policy:

WellSky is the current Homeless Management Information Services platform chosen by the Ocala/Marion County Continuum of Care. Authorization for agencies participation in HMIS WellSky only occurs through the HMIS Lead Agency (Marion County Homeless Council). Participating agencies will sign and abide by participation agreements outlining responsibilities of the HMIS Lead and the participating agency. The CoC will fund 100 licenses for agencies participating in homeless services in Marion County. Licenses are divided according to the amount of clients served. Additional licenses can be purchased by agencies from WellSky.

All agencies receiving funding from HUD, Continuum of Care, local and State Grants (ESG, TANF, Challenge and FEMA) are mandated to participate in HMIS. Health and human service providers who are not receiving grants from these entities are strongly encouraged to participate and actively enter data into HMIS.

Participating agencies identify individual users/agents to be authorized for access. WellSky classifies authorized persons accessing the system as agents. For consistency in this and other HMIS documents the term *agents* will be the terminology utilized to identify authorized users. *Agency Administrator* and *Lead Agents* are also referred to in this document and are those individuals within the agency with higher level access and security. Agency Administrators and Lead Agents have the capacity to make agent and project changes within WellSky

HMIS Lead Agency Trainer or authorized Lead Agents of the participating agency set up a profile and security The level of access, unique username and password for all new agents. Lead Agents or those agency members designated to receive referrals initiated through HMIS-WellSky are required **to utilize secure and valid e-mail accounts** for their login. That is, in order to receive referrals through WellSky the username for each person must be their ACTIVE e-mail address.

Procedure:

Participating Agency Director (or legal authorized officer) and HMIS Lead Agency Director are required to sign the participation agreement. The original signed agreement is maintained by the HMIS Lead Agency with a signed copy maintained by the participating agency. This agreement outlines responsibilities of both the HMIS Lead Agency (City of Ocala) and Participating Agency to include: privacy and confidentiality of Protected Personal Information, Inter-Agency Sharing of Information, Security, Data Entry and reporting requirements.

Upon signing of the participating agency agreement and payment of fee (or initial installment as agreed), HMIS Lead Agency Trainer will set up the participating agency in HMIS. Participating Agencies (Director or authorized Lead Agent) identify individual agents to be authorized for access. Agent profiles and security levels are set up according to level of access. Those with administrator access will be given security levels which allow greater access to information contained within the system and those with only data entry responsibilities may have limited access to client data or reporting functionalities. Participating agencies identify Lead Agents responsible

for receiving referrals through HMIS-WellSky and those individuals are required to utilize active and valid email accounts as logins. All agents are required to sign and demonstrate understanding of Right, Responsibility and Confidentiality forms. Original signed forms are provided to and maintained by the HMIS Lead Agency Trainer.

Domestic Violence Providers Exclusion

Policy:

At this time, Domestic Violence Providers do not enter client data into HMIS – WellSky. Domestic Violence Providers are required to have a comparable data base system from which only aggregate, non- identification victim information is provided to the Lead Agency.

2-1-1 Coordinated Entry does not enter client data on domestic violence victims seeking assistance from a domestic violence provider. Callers to 2-1-1 that are identified as fleeing or seeking assistance from a Domestic Violence Provider are referred directly to the Domestic Violence Provider.

Procedure:

There is currently one local Domestic Violence Provider in Ocala/Marion County. This provider collects and maintains personally identifying information on those seeking assistance, to include types and duration of services provided. This information is maintained in a secured HMIS comparable computer data base which allows for unique identifiers to be assigned to clients.

The Ocala Domestic Violence/Sexual Assault Center provides aggregate information to the HMIS Lead Agency or Continuum of Care on clients served for the purpose of capturing data for Point In Time Count, analysis of needs and gaps in services, public education/prevention campaigns or for other data collection deemed necessary to ensure unique needs taken into account for development of improved services, increased availability of services or application for funding of current or expanded services within the county.

2-1-1 is a designated Coordinated Entry point for Marion County. 2-1- 1 is open 24 hours a day/7 days a week and available to all persons in Marion County seeking help including those fleeing situations of violence. To best protect individuals and families fleeing or seeking refuge from violence, the following steps are taken by 2-1-1 when a caller is identified as in the above situation:

1. 2-1-1 specialist assess caller's safety, and confirm that client is not in immediate danger. If in immediate danger, caller is directed to contact 911 for assistance. Local law enforcement has agreements in place with the local Domestic Violence provider and directly assist or arrange for assistance of those in immediate danger in accessing safe refuge.
2. If not in immediate danger, 2-1-1 directly refers callers to the local Domestic Violence provider for services. The local Domestic Violence provider completes standardized lethality assessments on callers seeking services and safety.
3. In the event the local Domestic Violence provider lacks capacity to house the individual, alternate safe housing options are sought.
4. Callers experiencing or fleeing violence and not in immediate danger, may request to be connected directly with a non-domestic violence provider. (Immediate danger situations would include actively being battered, physically threatened or pursued by person who perpetrated violence). To ensure safety of the caller, 2-1-1 will not enter information in WellSky and will refer directly to a provider.

Roles and Responsibilities

Policy:

Roles and responsibilities are assigned to persons assessing and overseeing WellSky input and administration. Security levels of access are given contingent on the identified roles of users. Request for increase in access/role changes are to be initiated in writing to the HMIS Lead Agency Trainer.

Procedure:

WellSky is overseen on the local level by the Lead Agency, the Office of Homeless Prevention, City of Ocala. The Lead Agency employs the HMIS Coordinator/Trainer and Assistant. The Lead Trainer is the single point of contact for establishing and setting up new participating agencies; setting up user profiles consistent with agent responsibilities; providing initial, updated and annual training; maintaining copies of all required signed paperwork for access to the HMIS system; administering Train the Trainer Workshops; maintaining and updating the train the trainer manual as needed; overseeing the WellSky Bulletin page; providing technical assistance to agencies to improve data accuracy; disabling agents; and general communication/ support between the agencies and WellSky.

The HMIS Coordinator is responsible for ensuring reports are accurate and assisting with reporting issues that are affecting data quality. The HMIS Coordinator is also the security officer.

Each Participating Agency is required to establish at least one Lead Agent or Agency Administrator. Lead Agents are responsible for overseeing agents within the agency, ensuring data security requirements are being followed, assisting agents in collection and entry of most complete data. Lead Agents in agencies with 10 or more agents are authorized to set up profiles consistent with policy and security requirements and provide training on the current HMIS platform to new agents. Lead Agents providing training within their organization, must have completed Train the Trainer Workshop on the current HMIS platform and must ensure all new agents trained complete and sign required paperwork related to privacy, security, confidentiality and end user responsibilities.

All others accessing WellSky are agents and are responsible for collecting and inputting the most accurate and complete information on each client served, abiding by all required privacy, confidentiality and data sharing restrictions, completing all required training, and addressing data entry issues through the chain of command that starts with their agency Lead Agents.

All of the above individuals are responsible for adhering to all the policy and procedures outlined in this document and reporting any breaches of security and violations of confidentiality as outlined in the privacy and security section.

Breaches of security must be reported via email to kTabor@ocalafl.org within 24 hours of becoming aware of the incident. The email will be inclusive of all pertinent information related to the breach to include what steps the agency has taken to address the breach.

HMIS Committee

Policy:

The HMIS Committee is comprised of representatives from agencies using HMIS/WellSky and the HMIS Lead Agency. Functions of the committee include the early identification of issues which may affect data quality and security, evaluation of current platform in meeting the needs of the participating agencies and provision of consistent guidance in resolution of HMIS/WellSky platform issues. Each participating agency is asked to identify a Lead Agent to participate in the HMIS Committee.

HMIS Lead and participating agents are to email the HMIS Committee Chair at least two business days prior to the next scheduled HMIS Committee meeting with all concerns needing to be addressed. Emergent issues specific as to an agent's ability to access the system should be addressed directly with the HMIS Lead Agency Trainer.

Procedure:

The HMIS Committee will meet at least quarterly. Frequency of meetings may be increased as needed. Substantial changes to a current HMIS platform will necessitate at least bi-monthly meetings for the purpose of identification of and accelerated responses to data integrity concerns.

HMIS Committee meetings may include reviews of issues raised by agents such as effectiveness of the platform in capturing needed data, data timeliness issues (to include issues that increase the amount of time needed to enter the data), changes that may be initiated at the community level and request for changes at the platform level. One member of the committee, the HMIS Lead Agency representative, will be the conduit for information exchange between the committee and the HMIS platform provider (Simon Solutions).

Agency administrators or Lead Agents are asked to compile questions or concerns needing to be addressed by the Committee. All questions and concerns are to be emailed to the HMIS Committee Chair at least two full business days in advance of the scheduled HMIS meeting. Emergent issues or situations not related to a specific agent's ability to access the system should be brought to the attention of the Committee Chair who will call an emergency meeting, if needed. Questions and concerns not previously addressed and resolved will be added to the HMIS Committee meeting agenda. In the event, the question or concern has previously been addressed, the committee chair will notify the person who emailed the issue of the prior approved and established resolution.

Issues brought to the HMIS platform provider are tracked and resolutions discussed. As issues or suggested changes in formats or functions within the system are resolved, those items will be checked off the list. The HMIS Lead Agency Trainer will post changes to HMIS/WellSky bulletin board. The HMIS Lead Agency Trainer may elect to provide additional training to assist agencies in navigating or implementing changes.

HMIS Committee members may also request additional trainings to be implemented or required. Implementation of additional required trainings for all participating agencies (above what is currently provided) should occur only when it is determined that such training would increase competency across all users. Isolated training needs identified for specific agents or participating agencies will be addressed directly with the HMIS Lead Trainer and not with the committee.

HMIS Security and Privacy Requirements

Policy:

The HMIS Lead Agency and Participating Agencies (including all agents) using and accessing WellSky must follow the minimum baseline security and privacy requirements. These requirements are consistent with the baseline requirements as established by HUD and approved by the Continuum of Care Board of Governors.

Procedure:

WellSky limits access of the database to participating Member Agencies and takes reasonable measures, consistent with industry standard administrative, technical and physical safeguards, to protect WellSky data from accidental or intentional unauthorized use, modification, disclosure, and/or destruction. WellSky provides disaster protection and recovery as data is backed up daily. Data is encrypted during communication between servers, ensuring no eavesdropping or interception of data.

Authorization to access WellSky/HMIS shall only occur through the HMIS Lead Agency Trainer or participating agencies Lead Agent. Access will be granted by the setting up of authorized persons with a profile and security level of access, unique username and password. Access and password information will be provided when the individual has completed required training. All individuals are required to read and sign the end user agreement which outlines User Rights, Responsibilities, Confidentiality and Code of Ethics in order to become authorized agent/users. Original signed copies of these documents are to be maintained by the HMIS Lead Agency.

Participating agencies are responsible for ensuring only authorized agents are inputting and/or accessing information through WellSky/HMIS. Participating agencies that opt to use lead agents to administer training, are responsible for ensuring that users understand and (as the final step in their annual training) have signed documentation regarding HMIS Users Rights, Responsibilities, and Code of Ethics regarding HMIS client information.

Anyone accessing HMIS/WellSky will have a unique user name and password. Passwords must be at least eight characters long, contain at least one letter and one number and must not be the user/agent name, HMIS name or HMIS vendor name. Passwords are provided to new users at the initiation of training and users are advised to change passwords upon first entering the system outside of the training session. User IDs and passwords must be kept secure and confidential and shall not be shared, stored or openly displayed. WellSky has 256-bit SSL Security Certification and specifically does not allow browsers to store passwords.

The HMIS Lead Agency Trainer will periodically compare the agents accessing HMIS/WellSky against original signed documents on file. In the event it is found that no documentation of required training (on current HMIS platform) and signed documents exist for specific agent/users, their log-in will be disabled. The HMIS Lead Agency Trainer will notify the participating agency leadership/lead agent of this impending action. The participating agency for whom the agent/user is accessing or entering data will be given one business day to provide the HMIS Lead Agency Trainer with required documentation to prevent the disabling of the user's log-in.

Disabling of log-ins may also occur if the user has not used HMIS for three consecutive months or information is received indicating the user is violating security or privacy practices. In the event disabling of the log-in was due to reports of or suspicion of violation of security procedures by agent/user, HMIS Lead Agency and the

Participating Agency Lead Agent or Administrator will jointly investigate and determine what action, if any, is merited. Security violations considered to be severe, deliberate or demonstrative of a pattern of disregard for client or agency privacy will be reported to appropriate regulatory agencies for further action.

Upon departure of staff with HMIS/WellSky access, participating agency Lead Agents will ensure that access to the system is disabled and will notify the HMIS Lead Agency Trainer of same. Participating agencies must ensure that computers stationed in public areas used to collect and store HMIS data are staffed at all times. Users must log out of HMIS/WellSky if they step away from a computer located in publicly accessible areas. Unattended workstations in non-publicly accessible areas should be set to automatically turn on a password protected screen saver after periods of non-use lasting 3 minutes or more.

Participating agencies are responsible for ensuring that individual employees and volunteers accessing the HMIS system comply with WellSky practices and procedures regarding confidentiality, security and integrity of the system. At this time, there is no requirement that client consent be obtained in order to enter client information into HMIS. There is only a requirement that client consent be obtained in order to **share** information entered into HMIS with one or more other HMIS participating agencies.

Data Sharing

The Internal Data Sharing Policy is intended to facilitate, structure, and protect data sharing among homeless service providers. Collection and sharing of data is essential for coordinated service delivery. HMIS-WellSky Information is captured in an “open with exception” manner to insure that necessary and appropriate referrals and coordinated service provision takes place effortlessly. All client records are open for sharing as long as signed unexpired consents or releases of information are in effect. Confidential client information will only be released with authorized written consent by the client or the client’s legal guardian.

Only client specific data which has been expressly approved for release by the client, and noted in the electronic case record, shall be accessible to other participating agencies, or available for inclusion in reports. Client authorization to collect and release information shall also be established through the use of written, signed client consent/release of information form, to be completed as part of the standardized intake application.

Completed Release of Information forms authorize basic identifying client data, as well as non-confidential service transaction information to be entered into WellSky. This authorization form permits basic client identifying information and services provided to be shared among HMIS-WellSky participating agencies. Agencies collecting data may make specific information to include case notes, assistance records, request or alerts available for view only within their agency or open to all agencies. It is recommended that the “agency only” designation be used when it is necessary to specifically comply with heightened privacy standards which your organization is subject to or to ensure personal safety, or privacy request of the individual served.

Each participating agency will be responsible for maintaining appropriate documentation of client authorization, consent to release, Release of Information (ROI) or legal guardian-provided consent forms granting permission to input information into HMIS/WellSky. Release of Information forms in HMIS/WellSky indicate authorization is valid for three years from date of forms being signed, unless otherwise revoked by signer or legal guardian. WellSky has a release of information (ROI) form within each case which can be completed, reviewed with and signed by the client or legal guardian. Agencies may use agency specific forms for release of information or consent to share data. ROI’s completed within WellSky automatically pre-populate the expiration date on the case page.

HUD Funded projects and recipients of ESG and Challenge Funds are to maintain Release of Information documents for seven years. Participating agencies will be responsible for adhering to record retention requirements of other grant funders or internal agency rules (exceeding seven years). Participating agencies agree to maintain all Release of Information or consent to release form(s) related to HMIS/WellSky in a location

accessible for periodic audits. Participating agencies will dispose of forms only in a manner that ensures client confidentiality is not compromised.

211 (or alternatively 877-215-4495) is the Coordinated Entry point that is available to clients telephonically. As such this is the only agency authorized to obtain verbal consent for the collection, entry and sharing of personal information. 211 shares this information through referrals to most appropriately matched agencies for service provision and assistance. Signed written Release of Information or consent forms are then obtained, and retained, directly from the individual (or guardian) by the participating agency at the time of intake, assessment and/or service provision.

Completed signed Release of Information or consent forms authorizes basic identifying client data, as well as non-confidential service transaction information to be entered into HMIS/WellSky. This authorization permits basic client identifying information and services provided to be shared among all HMIS/WellSky participating agencies.

Each participating agency will communicate to the client any information beyond basic identifying data and non-confidential services that will be shared if client consent is given. Agencies with whom the information is shared are responsible for obtaining appropriate consent before allowing further sharing of client records.

In the event an agency becomes aware of unauthorized use, disclosure or violation of security standards, they will report the incident within one business day to the HMIS/WellSky Network Administrator. Notification shall be in writing and shall include statement of steps the agency is taking to address the current incident and prevent further incidents.

Unauthorized disclosure of client information also must be immediately reported to the client.

HMIS Training Requirements

Policy:

Access to HMIS will not be given without completion of training on the current platform (WellSky). All agents MUST be trained by an HMIS Lead Trainer or by an agent authorized to train. In order to be authorized to conduct HMIS training, agencies must have 10 or more authorized agents and the Lead Agent must complete the HMIS Train the Trainer workshop on the current HMIS platform. Completion of the Train the Trainer workshop on an HMIS platform no longer in use, is not recognized as sufficient to meet this requirement.

Training is inclusive of data security standards and all agents are required to read and sign the end user agreement which outlines rights, responsibilities, confidentiality and code of ethics. All users are required to complete annual refresher training to include a review and resigning of security documents.

Procedure:

Ongoing training is available and provided through a number of avenues. When new agencies are added to WellSky, the HMIS Lead Agency Trainer works with the agency director or authorized agent to schedule a mutually agreeable training date. New and established participating agencies can also sign up agents for training that is provided on a basis. In addition, participating agencies or agents can contact the HMIS Lead agency trainer directly to schedule training. Training can be administered at the Lead Agency office or on-site at the Participating Agencies. Verification of training documents are maintained by the HMIS Lead Agency Trainer and notices sent to lead agents at least 30 days in advance of annual renewal training due date.

Participating agencies with 10 or more employees may elect to utilize Lead Agents to train new agents. Completion of the Train the Trainer workshop on the WellSky platform by the Lead Agent is required prior to the administration of training internally to participating agents. All Lead Agents completing Train the Trainer workshop are provided with the WellSky HMIS Training Guide. This guide contains instructions for the trainer on documentation which is to be printed and completed by the agent, step by step directions for all aspects of WellSky including screen shots, WellSky User Guides and this HMIS Procedures Manual. Lead Agents administering training are required to review confidentiality, security and integrity of data with new agents as well as have new agents sign forms acknowledging receipt and understanding of these standards. Original signed, fully completed forms for each agent trained is to be provided to the HMIS Lead Agency Trainer within 2 business days of the agent being given access to WellSky

The HMIS Lead Agency Trainer will periodically compare agents accessing and with active profiles in WellSky against original signed documents on file. In the event it is found that there is no documentation of required training (on the current HMIS platform) as evidenced by the required signed documents for each agent, the HMIS Lead Agency Trainer will contact the Agency Administrator or Lead Agent to request the forms. Participating Agencies will be given one business day from receipt of request to provide the documentation to the HMIS Lead Agency trainer or schedule training. Failure to provide required documentation within the time frame specified, will result in the agent's log in being disabled.

Annual refresher training is required for all HMIS/WellSky agents. Annual training will contain the same elements as the initial training, to include confidentiality, security and integrity of data. All agents are required to sign (at time of initial and annual refresher training) the Right, Responsibility and Confidentiality forms as well as demonstrate understanding of data security requirements. Original signed documents are maintained by the HMIS Lead Agency Trainer. Participating agencies may opt to keep copies of the signed documents on file and may request copies of same from the HMIS Lead Agency Trainer.

Agent Support and Technical Assistance

Policy:

Support and technical assistance is available to all agents. Agents are asked to contact the HMIS Lead Agency Trainer for assistance. In the event the HMIS Lead Agency Trainer is not able to resolve the issue, the HMIS provider will be contacted for help.

Procedure:

Agents needing assistance such as how to navigate between screens, where to locate or input specific data, password resets, how to restrict viewing of data, how to pull reports or having basic WellSky questions may contact the HMIS Lead Agency Trainer or assistant via email or phone. All contact information for the HMIS trainer is provided at time of training. Assistance is available 7:00 am to 6:00 pm Monday through Friday (with the exclusion of holidays). Request for assistance will be answered as soon as possible but no later than one business day.

Bulletins and Dashboard

Policy:

The Bulletin area of WellSky is used to provide information specific to HMIS/WellSky trainings, changes in HMIS processes, and updates relevant to all participating agencies. This area is NOT to be used for specific agency updates in funding, accepting referrals, etc. Those types of updates should be included in the agency's service description.

Community Dashboard is generated directly by WellSky based on the information inputted by participating agencies.

Procedure:

The HMIS Network Administrator is responsible for maintaining and updating the Bulletin area of WellSky. The Bulletin area will continuously contain information on regularly held training dates. The HMIS Lead trainer will regularly add information on additional training opportunities, as well as HMIS/WellSky updates and changes. The number of bulletins will be kept to a minimum to allow for quick reference and review.

Those agents or administrators wishing to have information posted on the bulletin board are to contact the HMIS Lead Trainer via email. The HMIS Lead Trainer will review the information to determine if it meets criteria for posting on the Bulletin area. If the information is appropriate, posting will be accomplished within 2 business days of receipt and review.

Changes to include the addition of functions/features, changes in terminology or naming conventions, and general WellSky upgrades will be communicated by the HMIS Lead Trainer notifying the Agency Administrator (24 hours in advance of implementation of changes) and posting descriptions of the changes on the bulletin area. Agency Administrators are to ensure agents are advised of the changes and reminded to check the Bulletin area upon each log-in.

Duplicate Records and Merging Client Records

Policy:

HMIS/WellSky is utilized to gain unduplicated counts of individuals served and types of services delivered. Agents are to search for existing clients before creating new client record. If a possible duplicate record is found, the record is to be flagged. Flagging alerts, the HMIS Lead Agency of the possible duplicate.

Procedure:

Before entering any individual's information, agents must conduct a search of WellSky records. This is completed through use of the 'Advanced Search' option. It is recommended that if the individual is not found, shorten the name by either entering the first initial and last name or first name and last initial. This will aid in locating individuals who were previously entered with a different spelling. If the individual is still not found in WellSky, agents will add by clicking the link to 'create case'.

During the advance search, one or more individuals with shared demographics (same first and last name, same year of birth etc.) may display. These individuals would be considered possible duplicates. Agents will attempt to match the information from the individual already in WellSky with the individual seeking assistance. If all data matches, the agent will use that record to update all information to include collecting all universal elements at minimum. The agent will flag partial or multiple matches.

The steps to flagging the case are as follows:

1. Open one of the duplicate records and hit the flag case button which appears on the lower right-hand corner of the screen. Update all required personal information and demographic data elements in the one record.
2. A window will appear where the changes needed can be noted. Agents flagging the case are to enter into this screen the following information:
 - all possible client record identification numbers to be merged,
 - correct spelling of client's name
 - and which record has the updated, accurate information

After submitting the above information to the lead agency, an email is generated back to the agent that flagged the case, notifying them that the flagged case has been submitted to the HMIS Lead Trainer. The HMIS Lead Trainer will complete a review of the possible duplicates and if found to be appropriate, merge the client records to include all updated information provided. Once the duplicated client records are merged the client's notes, assistance and project history/information are saved in the final merged client record.

Mandatory Data Fields

Policy:

All agents inputting into HMIS/WellSky are tasked with the responsibility of collecting and inputting data that is complete and accurate. Agents will make every effort to collect and enter into HMIS/WellSky all required data at the time of initial contact but no later than 48 hours from service delivery.

Universal Data Elements (UDEs) are elements required to be collected by all projects participating in HMIS, regardless of funding source. Data mandated by HUD is labeled 'required' or has a red asterisk in WellSky. Agents are not able to save the clients information without answering those data fields. Agents may classify information as unknown or refused (if truly unknown or refused) and update those fields once the information becomes known.

Program Specific Data Elements differ from the Universal Data Elements in that no one project must collect every single element in this section. Which data elements are required is dictated by the reporting requirements set forth by each funding partner. Participating agencies receiving funding through the Continuum of Care are to collect all program specific data elements.

Agencies may require additional data to be collected by agents to meet agency or grant specific data requirements outside of what is outlined in this policy. Agency administrators are to ensure agents are trained internally on agency specific data requirements outside of what is listed below.

All agents are to use HUD definitions for homeless status (literally, imminent risk, homeless under other statutes, fleeing/attempting to flee DV, and stably housed).

Procedure:

New client data is collected by interviewing the individual, head of household and any other persons with knowledge of the family, in order to collect all required data elements. Data collection and the inclusion of information from other persons is dependent on obtaining a signed consent form and/or release of information form. Legal guardians are interviewed to obtain information about minor children or wards.

Agents should not assume that data previously collected and entered as to a client is accurate. Agents should make every effort to verify with the client, accuracy of collected data and revisit data elements that have been previously marked as unknown, refused or not collected.

HMIS Universal Data Elements (UDEs) are required to be collected by all projects participating in HMIS, regardless of funding source.

The Universal Data Elements are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.

The Universal Data Elements are the foundation on which the Annual Homeless Assessment Report (AHAR) is developed. The AHAR provides Congress the national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. It is used locally to inform communities on how their specific homeless information compares nationally and to understand changes within community's over

time. The AHAR is used as a critical resource for informing the U.S. Interagency Council on Homelessness and other federal partners on the nature of homelessness in the United States and provides a unique longitudinal lens to inform homelessness policy nationwide. Universal Data Elements also help local communities to better target resources, and position programs to end homelessness.

The first seven UDEs (name, social security number, date of birth, race, ethnicity, gender and Veteran Status) are required to be collected once per client, regardless of how many project stays or services the client has in the system. This information needs to be verified upon project start, and if found to be incorrect or outdated, corrected in the original record. The remaining UDE's (disabling condition, project start date, project exit date, destination, relationship to Head of Household, Client location, Housing Move-in date, and Living Situation) are to be collected at least once per project stay.

Street Outreach projects may record a project entry with limited information about a client and improve on the accuracy and completeness of client data by editing data in HMIS as they engage the client. Street Outreach workers are to enter as much identifying information as possible to prevent duplication of records by other agencies/agents.

Street outreach projects are expected to record the *Date of Engagement* with each client. Per the HMIS Data Standards and by agreement across all federal partners, an engagement date is the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The *Date of Engagement* should be entered into HMIS at the point that the client has been engaged by the outreach worker. This date may be on or after the *Project Start Date* and must be prior to the *Project Exit Date*. If the client exits without becoming engaged, the *Date of Engagement* should be left blank. If the client was contacted on the date of engagement, a *Contact* must also be entered for that date.

Data Quality: Reporting on data quality for street outreach projects is limited to clients with a *Date of Engagement*. Therefore, it is important that outreach workers record the *Date of Engagement* and also review all Universal Data Elements and applicable Program Specific Data Elements for completeness and accuracy. The *Date of Engagement* coincides with the requirement for HMIS data quality; therefore all Universal Data Elements should be entered into HMIS on or before the *Date of Engagement*.

Project Exit: Project exit represents the end of a client's participation with a project. The exit date should coincide with the date that the client is no longer considered to be participating in the project. This standard should be applied consistently across all Street Outreach projects. Reasons to exit a client include:

- The client has entered another project type (e.g., TH, PSH) or otherwise found housing;
- The client is engaged with another project.
- The client is deceased.
- The outreach worker has been unable to locate the client for an extended period of time (e.g. 90 days from last contact) and there are no recorded contacts.

HUD understands that often night-by-night shelters are not able to collect exit data. Persons who leave or disappear without completing an exit interview are to be recorded with *Destination* of 'No Exit Interview Completed.'

2017 HMIS Data Standards changes enable all types of Permanent Housing projects to collect data on assistance provided to the client prior to the client entering housing. For these project types, the *Project Start Date* is the date following application that the client was admitted into the project. To be admitted indicates the following

factors have been met:

- Information provided by the client or from the referral indicates they meet the criteria for admission;
- The client has indicated they want to be housed in this project; and
- The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, or scattered-site subsidy) or expects to have one in a reasonably short amount of time.

Required Universal Data Elements are described below:

Name

The first, middle, last names, and suffix for all clients should be collected to support the unique identification of each person served. If a full legal name is not available at the time a record is created, agents should enter the best information available in the name fields; this may be a nickname, a partial name, or even a client description. Generally, projects are not required to verify that the information provided matches legal documents. However, each project needs to be aware of record keeping and documentation requirements of their specific funders.

Name Response Category Descriptions:

- “Full name reported” should be selected for *Name Data Quality* as long as complete, full first and last names have been recorded. To avoid duplicate record creation, the full first name should be used (e.g., James vs. Jim) and the last name should be recorded as the individual has it recorded on their official legal documents (driver’s license, social security card, etc.)
- Select “Partial, street name or code name reported” in the following circumstances: 1) a partial, short, or nickname was used instead of the full first name; 2) a street name or code name was used for street outreach clients at initial intake and until the client was able to supply their full legal name; 3) a name modification was used for victims of domestic violence for security reasons; and 4) for any other reason the name does not match the clients full name as it would appear on identification.
- Select “Client doesn’t know” when client does not know their name. Use “Client doesn’t know” vs. “Partial, street name or code name reported” if you entered a false name/made up name in order to create a record in the system solely because the client did not know or was unable to provide their name.
- Select “Client refused” when client refuses to provide their name. Use “Client refused” vs. “Partial Street name or code name reported” if you entered a false name/made up name in order to create a record in the system solely because the client refused to tell you, their name.
- Select “Data not Collected” when the agent did not request the data.

Social Security Number

The collection of a client’s Social Security number (SSN) and other personal identifying information are required for two important reasons. First, unique identifiers are critical to producing an accurate, unduplicated local count of homeless persons accessing services covered by HMIS. Where data is shared across projects, the SSN greatly facilitates the process of identifying clients who have been served and allows projects to de-duplicate upon project entry. Second, an important objective for ending homelessness is to increase access and

utilization of mainstream programs by persons who are homeless or at-risk of homelessness. Since SSN is a required data element for many mainstream programs, such as Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income (SSI), etc., projects may need the SSN along with the other personal identifiers in order to access mainstream services for their clients.

Data Collection Instructions: Enter the nine-digit SSN and appropriate *SSN Data Quality* indicator. If a partial social security number is obtained, leave any missing digit blank. When enrolling a client who already has a record in WellSky verify that the SSN in the system is accurate and correct it if it is not.

Response Category Descriptions:

- Select “Full SSN reported” for *SSN Data Quality* when a complete and valid SSN is provided.
- Select “Approximate or partial SSN reported” when any SSN other than a complete and valid 9-digit SSN, regardless of the reason, is provided.
- Select “Client doesn’t know” when a client does not know or does not have a SSN.
- Select “Client refused” when a client refuses to provide any part of their SSN.
- Select “Data not Collected” when the agent did not request the data.

Date of Birth

The date of birth is used to calculate the age of persons served at time of project entry or at any point during project enrollment. It also supports the unique identification of each person served. The date of birth is collected at record creation and verified at each contact for all clients.

Collect the month, day, and year of birth for every person served. When enrolling a client who already has a record in the HMIS, verify that the date of birth on the record is accurate and correct it if it is not.

Response Category Descriptions:

- “Full DOB reported” must be selected for *Date of Birth Type* when the complete date of birth is provided by the client.
- “Approximate or partial DOB reported” must be selected if a client cannot remember their full or exact date of birth. If the client cannot remember their birth year, it may be estimated by asking the person’s age and calculating the approximate year of birth. If a client cannot remember the month or day of birth, record an approximate date of “01” for month and “01” for day.
- Select “Client doesn’t know” if the client is unable to recall their age.
- Select “Client refused” when a client refuses to provide their DOB.
- Select “Data not Collected” when the agent did not request the data.

Race

Race is used to count the number of persons who identify themselves within one or more of five different racial categories. Race is collected at client record creation for all clients. This is the only field that offers the option to check multiple boxes.

Data Collection Instructions: In separate data fields, collect the self-identified race(s) of each client served. Allow clients to identify as many racial categories as apply. Staff observations should not be used to collect information on race. When enrolling a client who already has a record in the HMIS, verify that race information is complete and accurate – and correct it if it is not.

Response Category Descriptions:

- “American Indian or Alaska Native” is a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- “Asian” is a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- “Black or African American” is a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black or African American.”
- “Native Hawaiian or Other Pacific Islander” is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- “White” is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- “Other race or other multi race may be used for any person that states none of the above or is three or more of the above races.
- “Client doesn’t know” or “Client refused” should only be selected when a client does not know or refuses to identify their race(s) from among the five listed races. Neither “Client doesn’t know” nor “Client refused” should be used in conjunction with any other response.
- Select “Data not Collected” when the agent did not request the data.

Ethnicity

Ethnicity is used to count the number of persons who do and do not identify themselves as Hispanic or Latino.

Data Collection Instructions: Collect the self-identified ethnicity of each client served at record creation. Staff observations should not be used to collect information on ethnicity. When enrolling a client who already has a record in WellSky verify that ethnicity information is complete and accurate -- and correct it if it is not.

Response Category Descriptions: The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.

Gender

Gender is used to count the number of men, women, transgender individuals and clients who identify as neither men, women nor transgender. When enrolling a client who already has a record in WellSky verify that the gender recorded accurately reflects the client's self-reported gender – and correct it if it does not.

Data Collection Instructions: Record the self-reported gender of each client served. Staff observations should not be used to collect information on gender. Agents should be sensitive to persons who do not identify as either male, female or transgender.

Response Category Descriptions: Transgender is defined as persons with a gender identity that is different from the sex assigned to them at birth. Gender Non-Conforming is replacing “Other” and is defined as persons that do not identify as either male, female or transgender.

Clients reporting different gender identities or presenting different gender expressions as multiple projects within the same CoC are not violating standards for accurate collection of information. When this occurs, clients are to be asked what gender they want reflected in HMIS and shared with other participating agencies.

Veteran Status

Veteran status is used to count the number of clients who are Veterans of the United States armed forces. This information is collected at record creation for all adults. This includes clients that turn 18 while enrolled in a project.

Asking additional questions may result in more accurate information as some clients may not be aware that they are considered veterans. Examples include: “Have you ever been on active duty in the military?” When enrolling a client who already has a record in WellSky verify that the veteran status recorded is accurate, and correct it if it does not.

Response Category Descriptions: Respond “Yes” to *Veteran Status* if the person is someone who has served on active duty in the armed forces of the United States regardless of discharge status or length of services. This does not include inactive military reserves or the National Guard unless the person was called up to active duty. *(Please note: there is an exception for those serving in the Reserves or National Guard and becomes disabled due to an acute myocardial infarction, cardiac arrest or cerebrovascular accident during a period of inactive duty training.)*

Disabling Condition

Disabling condition is used to count the number of clients who self-report a disabling condition at project entry. This data element is to be used with other information to identify whether a client meets the criteria for chronic homelessness.

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - 1) Is expected to be long-continuing or of indefinite duration;
 - 2) Substantially impedes the individual's ability to live independently; and

3) Could be improved by the provision of more suitable housing conditions.

- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Additionally, if the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service, they should be identified as having a disabling condition.

It is not necessary to provide documentation to complete this data element. If a screening or assessment indicates that a client has a disabling condition, enter 'Yes.' Only projects that receive funding with eligibility criteria that require documentation of the disabling condition should require documentation.

There should be one and only one value for *Disabling Condition* for each project stay. If the status changes over the course of the project stay, or the information was recorded incorrectly at the time of the project start, correct the record.

Project Entry Date/Project Start Date

Project Entry Date is used to determine the start of a client's period of participation with a project. All projects need this data element for reporting lengths of stay, and amount of time spent participating in the service provision projects.

Data Collection Instructions: Project staff record the month, day, and year of project entry. The project entry date indicates a client is now being assisted by the project. For each client's enrollment in a project there must be only one Project Start Date. Each individual in a household will have their own project start date. If a new client is added to a household after the original household members' start date, the new clients start date should reflect the actual day that the client started the project.

- For Street Outreach – this is the Date of first contact with the client
- For Emergency Shelter- is the night the client first stayed in the shelter. Night by Night shelters will have a project start date and will allow clients to re-enter as necessary without exiting and restarting each stay.
- For Permanent Housing, including Rapid Re-Housing- this is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met: 1. Information has been provided by the client that indicates they meet the criteria for admission, 2. The client has indicated a desire to be housed in this project, 3. The client is able to access services or housing through the project (there is an opening or one expected in a reasonably short amount of time).
- Other Service Projects including but not limited to: services only, homelessness prevention, coordinated assessment, or health care – this is the date the client first began working with the project and received the first provision of service.

Project Exit Date

Project Exit Date is used to determine the end of a client's period of participation with a project. All projects need this data element for reporting time spent participating in the project.

Data Collection Instructions: Project staff record the month, day and year of last day of occupancy or service. For residential projects, this date would represent the last day of continuous stay in the project before the client transfers to another residential project or otherwise stops residing in the project. For example, if a person checked into an overnight shelter on January 30, 2017, stayed overnight and left in the morning, the exit date for that shelter stay would be January 31, 2017.

Clients in rapid re-housing projects are to be exited after the last service is provided. If case management services are provided past the final date of receiving rental assistance, the client must not be exited until those services cease.

For non-residential projects the exit date may represent the last day a service was provided or the last date a contact was made. The exit date should coincide with the date the client is no longer considered a project participant. Projects must have a clear and consistently applied procedure for determining when a client who is receiving supportive services is no longer considered a client. For example, if a person has been receiving weekly counseling as part of an ongoing treatment project and either formally terminates their involvement or fails to return for counseling, the last date of service is the date of the last counseling session. If a client uses a service for just one day (i.e., starts and stops before midnight of same day), then the *Project Exit Date* may be the same as the *Project Entry Date*.

Destination

Destination is used to identify where a client will stay just after exiting a project for purposes of tracking and outcome measurement. This information is collected at project exit for all clients. (**Note:** The universe of persons the data is collected on has changed from Heads of Households and Adults to All clients. This change has been made to accommodate instances where the household does not leave all at the same time or to the same destination to improve accuracy.)

Data Collection Instructions: Select the response category that best describes where the client will be living after the date on which they exit the project. For non-lodging projects this may be the same as the place where the client was living during project participation.

Response categories include: Temporary situations (place not meant for habitation, emergency shelter including hotel/motel paid by emergency shelter voucher, transitional housing, hotel or motel not paid by any program, residential treatment or halfway house, temporarily staying with family or friends, institutional setting), Permanent situations (rental by client with rapid rehousing subsidy, permanent housing, rental or owned by client with GPD, VASH or other ongoing housing subsidy, rental by client with no subsidy, with friends or family permanent tenure) or other (deceased, other, no exit interview completed, client does not know, client refused and data not collected).

Note: temporary stays with friends or family are those that involve a time specified period, permanent stays with friend or family are those where there is family reunification or no time limit specified.

"Other" responses will not be counted as a positive and every effort should be made to see if the client's destination fits in any of the other categories.

Relationship to Head of Household

This element is used for identification of the heads of household for each household and facilitates the identification, tracking and enumeration of households served by projects. In addition, specifying the relationship of household members to the head of household facilitates reporting on household composition. This information is collected at time of project entry for all clients.

Data Collection Instructions: The term “Head of Household” is not intended to mean the leader of the house; it is intended to identify one client to whom all other household members can be associated. There cannot be more than one head of household for any given project entry. Identify the head of household and the relationship of all other household members to the head of household for each household at project entry. If the head of household leaves the project while other household members remain, another member of the household currently participating in the project must be designated as the head of household and the other members’ relationship to head of household should be revised to reflect each individual’s relationship to the newly designated head of household in the event that it differs from the relationship to whoever was previously identified as the head of household.

In a household of a single individual, that person must be identified as the head of household.

Children born during a residential project enrollment who are expected to live with the residential project enrollee should be entered into WellSky at time of their birth date.

Children of custodial parents who may have regular, but not full-time, custody of the child (e.g. weekend, every other week, etc.) are to be entered into WellSky in a residential project only if they are living with the parent during the project stay. If the visitation is sporadic or very short term, providers may house them without considering them in the reporting scenarios. In these circumstances, the note section of the parent or Head of Household needs to be completed to identify that a child is residing with the adult on an intermittent basis but otherwise stably housed. It is recommended that at least first name and age of child is included in the notes.

When a group of persons present together as a household or family unit, no matter the configuration or whether or not a minor is among the members, one of those persons must be designated as the head of household and the rest must have their relationship to the head of household recorded. However, if the group of persons are all youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as its own record in its own household. For projects funded by RHY, all elements are required to be collected for each youth, even if they are residing in one residential/housing unit together. It is important to create separate records for youth who present together to better understand homelessness among youth. Entering them separately will not be a barrier to or impact future interventions.

Response Category Descriptions: A household is a single individual or a group of persons who apply together to a project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed).

Heads of household may be alternatively thought of as the “primary client,” the “eligible individual” etc., rather than as a fixed designation.

Client Location

The Client Location (HUD-assigned CoC Code) is used to link project client data to the relevant CoC and is necessary to ensure accurate counts of persons who are served within a CoC. This information is collected at time of project entry and update on Head of Household.

Data Collection Instructions: Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of initial intake and/or project entry.

Please note: it is Best Practice to obtain as much information as possible on how to locate or contact a client. If a client is homeless and unable to provide an address, agents should attempt to collect general information about where the area most often frequented by the client. (Examples may include encampment behind the Winn Dixie in the Forest, encampment in forest just past Buc and Does etc.). In these cases, clients should be asked about multiple ways to contact by phone which may include obtaining phone numbers of others in the encampment, family members or friends that messages could be left with and provided with a number to contact the agency or 211.

Housing Move-In Date – (For households with project start dates that do not have a housing move in date must be excluded from counts of persons in permanent housing on the Housing Inventory Count)

This element is used to document the date that a client admitted into a Permanent Housing project moves into housing. This data is critical to point-in-time and housing inventory counts as it differentiates clients who are enrolled in a Permanent Housing project but are still literally homeless (in emergency shelter, Safe Haven, transitional housing or on the street) from clients who have moved in to permanent housing.

2017 data standards moved this element from Program Specific Data to Universal Data Element and added the standard to a wider variety of project types. Prior to 2017, this data was required to be collected on those entering Rapid Re-Housing projects. With the release of the 2107 standards, this data is also to be collected for those who entering non Rapid Re-Housing projects.

Data Collection Instructions: For clients with a Project Start Date in a permanent housing project of any kind, record the date a client or household moves into a permanent housing unit.

For Rapid Re-Housing projects only, a housing move in date must be entered regardless of whether or not the project is providing rental assistance for the unit.

For any other projects that are Permanent Housing in HMIS, clients who are receiving pre-housing placement services but ultimately housed by another project should be exited from that project to the appropriate housing destination. If the client exits the permanent housing project for a different housing opportunity without physically moving into a housing unit associated with the project, do not enter a Housing Move-In Date, simply exit the client and record the exit destination.

Living Situation

The universal data elements 3.9 Residence Prior to Project Entry and 3.917 Length of Time on the Streets, in an Emergency Shelter or in a Safe Haven have been combined to one element 3.917 Living Situation. This element is used to identify the type of living situation and length of stay in that situation just prior to entry into a Street Outreach, or Emergency Shelter (ES) project for all adults and heads of households. This

data element is being used with other information to identify whether a client appears to meet the criteria for chronic homelessness.

“The streets” is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

Information should be gathered on all clients at project entry. For those with active records on October 1, 2016 the data should have been mapped from the prior HMIS information and no data entry should be required. HUD recommends that the data for this element be reviewed as part of a record review the first time the record is opened after deployment, to assure accuracy and to account for any previously blank responses.

Data Collection Instructions:

Intake staff should ask clients about their homeless history, including specific instances the client spent on the street, or in an emergency shelter. This may require explaining what each of these situations are, relative to the HUD definition for each. For projects that do not provide lodging, the “prior” living situation may be the same as the client’s current living situation.

Select the type of residence that most closely matches where the client was living prior to intake or project start. Record the length of time the client was residing in their previous place of stay. Adult members of the same household may have different prior living situations.

If the client is entering Transitional Housing, any form of Permanent Housing (PSH and RRRH), services only project, homeless prevention or coordinated entry from an **institutional setting**:

Indicate if the client was in the institution for less than 90 days, if yes, indicate if the client’s living situation immediately prior to entering the institution was on the streets or in an emergency shelter.

If yes to both, **record the actual or approximate** date that homeless situation began (beginning of the continuous period of homelessness on the streets, emergency shelter or moving between the two, **record** the number of times the client has been on the streets, or in emergency shelter in the past three years (including today) and **record** the cumulative total number of months the client has been homeless on the streets, or in emergency shelter in the past three years.

If **no** to either question, stop collecting data for this element.

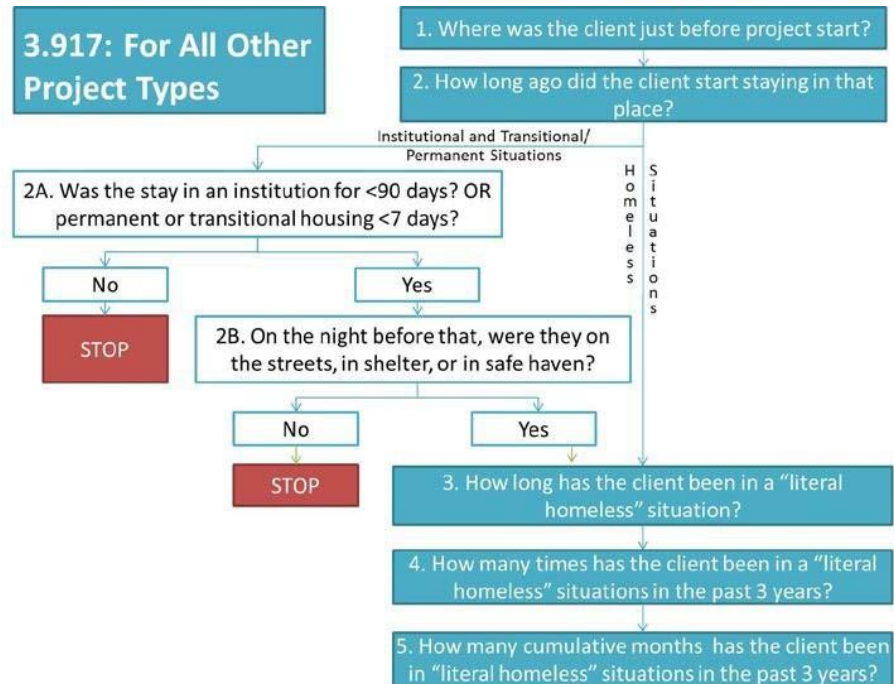
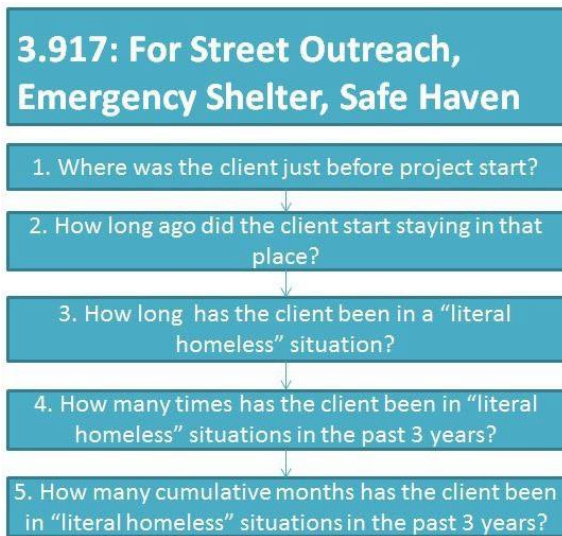
If the client is entering Transitional housing, any form of permanent housing, services only project, homeless prevention or coordinated entry from any type of **transitional or permanent housing**:

Indicate if the client was in the transitional or permanent housing situation for less than 7 nights, if yes, indicate if the clients living situation immediately prior to entering transitional or permanent housing was on the streets or in an emergency shelter.

If no to either, stop collecting data for this element.

If yes to both or the client is entering emergency shelter or street outreach **record** the actual or approximate date this homeless situation began (beginning of the continuous period of homelessness on the streets, emergency shelter or moving between those two), record the number of times the client has been on the streets , or in emergency shelter in the past three years (including today) and record the cumulative total number of months the client has been homeless on the streets or in emergency shelter in the past three years.

See Chart below for more explanation on collecting this data.



Program Specific Data Elements

To meet the statutory and regulatory requirements of federally funded programs using HMIS, these additional elements are required for different funding sources. HMIS/WellSky has enabled and restricted visibility of the elements based on the project funding and type. This allows for the collection of the data required only for that project type and for required reports to be produced using the response categories exactly as they are presented in the most current HUD Data Standards and Data Dictionary Manuals.

Income and Sources

Income and sources of income are collected for the purpose of determining whether households are accessing all income sources for which they are eligible at project start and to allow for analysis of changes in composition of income between project start and exit.

Increase in income is a **key performance measure**.

Income and sources collected at project start and exit are to reflect the information as of the date of project start and exit. Any income associated with a minor used for household expenses and support should be included in the head of households Income and Sources record.

An income and source record must be created or updated at any time during a project stay if income or sources change. This includes when a minor child enters or leaves a household and the income of the household changes as a result. In that case, a new Income and sources record must be created for the 18-year-old client reflecting any income associated with that client. This would also include the situation when a minor child in a household turns 18. A new Income and Sources record must be created for the 18-year-old reflecting any income associated with that client. If some existing income transfers to the 18 year olds new record, an additional update record would need to be created for the Head of Household, reflecting the removal of that income from their record. Information date for updated income information must reflect the date of the data collection.

An annual assessment is required for all persons residing in the project one year or more. Income and sources must be recorded in WellSky as an Annual Assessment even if there is no change in either the income or sources. Unaccompanied youth are considered their own head of household and data collection for this element is required of them. Date for those records must reflect the date of the data collection, which must be no more than 30 days before or after the anniversary of the head of household's Project Start Date.

If a client's income information was recorded incorrectly, correct the existing record rather than adding an "update" record.

Income and Sources default to "No" when initially entering into a project. To enter an income source – choose the appropriate option and hit the yes bullet, then enter the monthly income for that source. The total monthly income will be automatically tallied at the bottom of the page. Continue to add all income sources, hit the save button and continue until all income source information is captured.

When a client has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive.

If the response to *Income from any Source* is “No” then no further data collection is required. The “Client doesn’t know” and “Client refused” responses should only be used when clients do not know or refuse to answer whether they have any income.

Non-Cash Benefits

Non-cash benefits are important to determine whether clients are accessing all mainstream program benefits for which they may be eligible and to develop a more complete picture of their economic circumstances. This information is collected at project entry, annual assessment, and project exit. Update as Non-cash benefits change on Head of household and all adults.

Unaccompanied youth are considered their own head of household and data collection for this element is required of them. Record whether or not the client is receiving each of the listed benefits. A “Yes” response should be recorded only for current benefits. As an example, if a client received food stamps on the first of the month and expects to receive food stamps again on the first of the next month, record “Yes” for *Supplemental Nutritional Assistance Program (SNAP)*. If a client received food stamps on the first of the month but is not eligible to receive food stamps on the first of next month, then the client would not be considered to be currently receiving food stamps and “No” should be recorded for *Supplemental Nutritional Assistance Program (SNAP)*. Clients may identify multiple sources of non-cash benefits. Benefits received by a minor child should be assigned to the head of household. In the event that a minor child enters or leaves the household and the non-cash benefits received by the household change as a result, an update to the head of household’s record should be entered to reflect that change.

To reduce data collection and reporting burden, if a client reports receiving no non-cash benefit from any source, no additional data collection is required. If *Non-cash benefit from any source* is “Yes,” however, project staff should ask clients to respond with a “Yes” or “No” for each of the listed benefits. The “Client doesn’t know” and “Client refused” responses should only be used when clients do not know or refuse to answer whether they have non-cash benefits.

Non-cash benefits received for the household (such as SNAP/Food Stamps) should be recorded under the non-cash benefits of the head of household.

Health Insurance

Health insurance information is important to determine whether clients currently have health insurance coverage, are accessing all mainstream project medical assistance benefits for which they may be eligible, and to ascertain a more complete picture of their economic circumstances. This information is collected at project entry, annual assessment and project exit. Health insurance changes are updated as they occur.

Data on Health Insurance collected at project entry and project exit are to reflect the information as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and the date of project exit. Updates and annual assessments are to reflect the date the information was collected.

An annual assessment is required for all persons residing in the project one year or more. Health Insurance must be recorded in wellSky as an Annual Assessment even if there is no change. Annual assessment updates must include the head of household and any other family members at the same time.

Unaccompanied youth are considered their own head of household and data collection for this element is required of them.

Response Category Descriptions:

- *Information Date:* The date of project entry or exit, the date the annual assessment was completed or the date updated information was collected.
- *Covered by Health Insurance and specific Sources:* If the response to *Covered by Health Insurance* is “No” then no further data collection is required. If the response is “Yes” then record whether or not the client is covered by each of the listed insurance types. To reduce data collection and reporting burden, if a client report having no health insurance coverage, no additional data collection is required unless required by a specific funder.
- *Other* If a person has health insurance other than the ones identified in this response please indicate “yes” and name the health insurance they have in the “specify” cell.
- Insurance accessed through the federal or a state Health Exchange (e.g. healthcare.gov), except for Medicaid should be recorded as Private Pay Health Insurance, even if a subsidy covering most of the cost of insurance was provided.
- If the Health Exchange provided access for the client to enroll in Medicaid and the client was eligible and became enrolled in Medicaid, then the response should be “yes” for Medicaid.
- Record TRICARE – available to veterans based on military service –as “Employer-Provided Health Care.
- Medicaid is a partnership between federal and state funds. It should always be listed as Medicaid not State Health Insurance.
- Indigent care received by a medical provider or hospital to cover a health care cost is not insurance.

Disability Elements 4.5-4.10

Disability information is collected for the purpose of identifying the impact or contribution to homelessness, determine eligibility, special housing needs and service accommodations needed, referral initiation and as part of the identification of chronic homelessness.

If the Universal Data element (UDE) of disabling condition was yes, at least one of the six disability elements below should also have a yes. The disability elements are required to be collected at project entry and exit. If the UDE (collected at intake) for disabling condition was marked incorrectly, this element will need to be corrected at time this information learned. For the UDE of disabling condition and the six disability elements, the disabling condition must be one that is expected to be on long-continued and indefinite duration and substantially impair the client’s ability to live independently.

Documentation supporting the presence of a disabling condition below is not required in order to enter the information in HMIS. Project and agents are to be aware of any interagency or grant funder requirements for obtaining and maintaining documentation. It is best practice and highly encouraged by the Continuum of Care and HMIS Lead Agency, that projects and agents collect documentation and upload into the system.

Doing so will benefit the clients referred for SSI/SSDI Outreach, Access and Recovery (SOAR), mainstream benefits and housing projects with disability documentation requirements.

For each of the disabling conditions (physical, developmental, chronic health, HIV/AIDS, mental health or substance abuse) where yes is recorded, record if the disabling condition is, (1) expected to be of long, continued and indefinite duration (2) substantially impedes the client's ability to live independently, (3) and such ability could be improved by more suitable housing conditions.

Note: 2017 data standards eliminated the need to document if clients are receiving treatment or services for the disabling conditions.

Physical Disability

This information is collected to identify the number of physically disabled persons served, determine eligibility for disability benefits, and assess the need for services. Physical disability information is collected at project entry and project exit on all clients. Update if information changes anytime during project stay.

Data Collection Instructions: Data on Physical Disability collected at project entry and project exit are to reflect the information as of the date of entry and exit. Data should be reviewed and updated as necessary any time the information has been known to change.

In separate fields, determine (1) if the client has a physical disability/physical impairment, (2) expected to be of long, continued and indefinite duration (3) substantially impedes the client's ability to live independently, (4) and such ability could be improved by more suitable housing conditions.

Developmental Disability

For the purposes of these data standards, a developmental disability means a severe, chronic disability that attributed to a mental and/or physical impairment that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency. In field 2, indicate yes if the developmental disability is expected to be of long, continued and indefinite duration, substantially impair

Data Collection Instructions: Data collected on Developmental Disability at project entry and project exit are to reflect the information as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and the date of project exit. Data should be reviewed and updated as necessary any time the information has been known to change.

Chronic Health Condition

For the purpose of these Data Standards, a chronic health condition means a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (traumatic brain injury, post-traumatic distress syndrome, dementia etc.), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke or emphysema.

This data is collected on all clients to count the number of persons served with severe health conditions and assess their need for healthcare and other medical services.

Data Collection Instructions: Data on Chronic Health Condition collected at project entry and project exit are to reflect the information as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and the date of project exit. Data should be reviewed and updated as necessary any time the information has been known to change.

HIV/AIDS

Special Considerations: This informative is restricted and is not to be released without informed client consent. Release of this information is only to be completed for the purpose of referring the client for treatment or to meet program eligibility. This information should be recorded only when a project has data confidentiality protections that include agency policies and procedures and staff training to ensure that HIV related information cannot be accessed by anyone without the proper authorization.

Data Collection Instructions: Data on HIV/AIDS collected at project entry and project exit are to reflect the information as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and the date of project exit. Data should be reviewed and updated as necessary any time the information has been known to change.

Mental Health Problem

Rationale: This information is collected on all clients to count the number of persons with mental health problems served and to assess the need for treatment. A mental health problem may range from situational depression to serious mental illnesses. The dependent fields are designed to gauge the severity of the mental health problem. Select “Yes” if the mental health problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature.

Data Collection Instructions: Data on Mental Health Problem collected at project entry and project exit are to reflect the information as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and the date of project exit. Data should be reviewed and updated as necessary any time the information has been known to change.

Substance Abuse

This data is collected on all clients to count the number of persons served with substance abuse problems and to assess the need for treatment.

Data Collection Instructions: Data on Substance Abuse collected at project entry and project exit are to reflect the information as of the date of entry and exit. Data collections for project entry and exit information are to be dated the same date as the date of project entry and the date of project exit. Data should be reviewed and updated as necessary any time the information has been known to change.

If required by a funder, identify how the substance abuse problem was confirmed.

Domestic Violence

Ascertaining whether a person is a survivor of or fleeing from domestic violence is necessary to provide the person with the appropriate services to prevent further abuse and to treat the physical and psychological injuries from prior abuse. Also, ascertaining that a person may be experiencing domestic violence will be important for the safety of project staff and other clients. At the aggregate level, knowing the size of the population experiencing homelessness that has experienced domestic violence is critical for determining the resources needed to address the problem in this population.

Data Collection Instructions: Data on Domestic Violence collected at project entry are to reflect the information as of the date of entry. Data collected at project entry are to be dated the same date as

the date of project entry. Data should be reviewed and updated as necessary any time the information has been known to change.

In separate fields, determine (1) if the client has experience any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the person or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence, (2), if so, when the client's most recent experience of domestic violence occurred and (3) if the person is currently fleeing, is attempting to flee or is afraid to return to their primary nighttime residence.

Special Considerations: Projects should be especially sensitive to the collection of domestic violence information from clients and should implement appropriate interview protocols to protect client privacy and safety such as: asking this question in a private location and not in the presence of a romantic partner; delaying all entry of data about clients identified with a recent history of domestic violence; or choosing not to disclose data about clients with a history of domestic violence to other homeless projects.

Contact

Record and count the number of contacts with homeless persons by **street outreach and other service projects** and to provide information on the number of contacts required to engage the client. This information is collected on Head of households and adults at project entry, exit and each contact in between.

Data Collection Instructions: All street outreach is expected to record every contact made with each client, including when the Project Start Date or Date of Engagement is recorded on the same day. Record the date and location of each contact or interaction with a client. A contact is defined as an interaction between a worker and a client. Contacts may range from simple a verbal conversation between the street outreach worker and the client about the client's well-being or needs, a meeting to discuss a housing plan or a referral to another community service.

Record the date and indicate if the clients are staying on the street, emergency shelter or worker unable to determine, at each interaction with a client. The first contact with the client will occur at the same point as Project Start Date or Date of Engagement is recorded in WellSky and requires that a client record be established.

Night by night shelters should only record a contact if the interaction between the shelter personnel and client goes beyond the basic provision of shelter services. A contact for emergency shelter does not include activities of daily sheltering (bed registration, request for personal items, dinner sign-up, meals etc.), nor should it be redundant with bed night or services provided.

Date of Engagement

For purpose of these data standards, is the date on which an interactive client relationship results in a deliberate client assessment or beginning of a housing, case or treatment plan. Collected to count the number of homeless persons engaged by street outreach projects or night-by-night shelters.

Data Collection Instructions: Record the date a client became engaged by a street outreach project or night-by-night emergency shelter in the development of a plan to address their situation. Only one date of engagement is allowed between project start and exit. The date may be on or after the project start date and must be prior to the exit date. If the project has not developed an intensive relationship with the client before exit, date of engagement should be left blank. Should the client return after project exit and have a new project entry a new date of engagement is to be established.

Response Category Descriptions: Date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan.

The date of engagement should be entered into WellSky at the point that the client has become engaged. It may be on or after the project entry date and prior to project exit. If the client exits without becoming engaged the engagement date should be left blank.

For PATH projects only, the date of engagement must occur on or before the date of enrollment (PATH Status 4.20).

Bed Night Date

This element is used to determine each bed-night utilized by a client in a night-by-night shelter. This information is exported and examined in HUD required reports for bed utilization. Bed utilization of less than 65% is unable to be used as a valid reporting result, per HUD. Bed utilizations falling below 65% must be fully explained (see reporting section of this manual for further information). There must be a record of a bed night on the Project Start Date into a night-by-night shelter, any additional bed night dates must be after the Project Start Date and before the Project Exit Date.

Housing Assessment Disposition

This data is used to track client disposition following a brief assessment of critical housing needs and may be used as part of the Coordinated Entry process. The disposition response categories represent the different types of continuum projects or other community assistance to which a client may be referred upon presenting with a request for assistance to address a housing crisis.

Options include: referred to emergency shelter, transitional housing, rapid re-housing, permanent supportive housing, street outreach, other continuum project, other community project or unable to refer or accept due to no services available or ineligible for continuum projects or applicant declined referral or terminated assessment prior to completion and other (please explain).

The Housing Assessment Disposition element is only required for projects that are doing assessments as part of the Continuum Coordinated Entry system, to capture information and efforts made to house the client for planning purposes.

Inputting Services and Projects

Policy:

Programs or services that are available to *anyone* (not just existing agency clients) are listed under the categories tab in WellSky. Short service descriptions are also entered in this area and aids other agencies and 211 in generating appropriate referrals or request for assistance.

Those programs and services that are only available to existing clients of specific agencies are listed and inputted in the 'projects' area of WellSky. This prevents the referral of those seeking assistance to services or programs that they would automatically NOT qualify.

Agencies are required to regularly update services to reflect changes in availability or eligibility as well as, funding status and date of update. Agencies are required to respond to WellSky bulletin request for services updates.

Procedure:

At the time that each agency profile and project is set up in WellSky the HMIS Lead Agency Trainer will work directly with the Agency Administrator or designee to identify what services are provided and availability of service information (available to all or available only to currently housed clients).

Services available to all (not just existing agency clients) are listed under the 'Categories' tab and under the agency 'services' tab. Brief service descriptions in this tab will include pertinent eligibility requirements (such as Veteran status, children in household, income and age limits etc.), current funding status and date updated.

Programs or services available only to existing clients will be listed and input in the 'local Categories and agency services area. The brief project description will contain a notation that the Project is for 'Internal Agency Use'.

Agencies are to regularly update services (as soon as change known but no later than 48 hours of the change). While this function is available to agents, agencies will implement within their agency a procedure that include a designated Lead Agent or Agency Administrator to make needed changes and to respond to WellSky and 211 request for service updates. Agents designated as responsible for updating services, are to update services only as to their agency. Service updates are completed by the following process:

1. Click on 'my agency' tab
2. Then click on services
3. Click add services
4. Contact HMIS lead to ensure categories and service update mirror one another.

Agencies are asked not to delete services no longer offered. When specific services are no longer available, agencies need to indicate this in the service update area and disable the category as to their agency only. This preserves both the information of prior service provision and enables the provider to update (rather than recreate) that service availability as needed.

Services and assistance will be inputted using the Housing Related Services and Assistance Terminology as described in the chart below:

Definitions used for Housing Related Services and Assistance

Approved Service/Assistance Term	Definition
Rent	Financial help with rent costs.
Mortgage	Financial help with mortgage costs.
Utility	Financial help with utility costs. <i>Including: electric, water, gas, heat</i>
Utility Deposit	Financial help with utility deposits. <i>Including: electric, water, gas, heat</i>
Rent Deposit	Financial help with rent deposits. <i>Including: first, last and/or security</i>
Emergency Shelter	Temporary housing. <i>Check in for availability nightly, or 1-5 night stay</i>
Transitional Shelter	Longer term shelter with “wrap around” services to increase overall stability. Generally, do NOT have to check in daily for availability. <i>Time ranges from a couple of weeks to months (varying on programs).</i>
Moving Costs	Assistance with storage, moving trucks, furniture, etc.

Updating ‘Assistance’ as funding changes is vital for the most effective linkage to appropriate services, eliminates the generation of inappropriate referrals and “false-hope” for clients seeking services. The HMIS Lead Agency Trainer regularly posts on the WellSky bulletin board requests for agencies to update services and program information. 211 request updates at least weekly as to funding and availability changes. Discretion for the updating of ‘internal agency only’ projects in WellSky remain with the agency.

Recording and Requesting Assistance

Policy:

All assistance that is provided needs to be inputted by the Agency directly providing the assistance or services. Assistance and request for assistance or referrals need to be updated within 48 hours of service provision. At no time will agents input the assistance provided information under the funding agency, if it is not the same as the agency directly providing the assistance.

Procedure:

The orange Assistance tab is used to request assistance via an e-mail referral, add an assistance/service provided, view any updates on referrals sent on behalf of a client, and update status on an assistance referral received by your agency. Agents are to update the case record to reflect provision of assistance as soon as possible by no later than 48 hours from provision of assistance. The assistance provided will be entered under the agency that provided the assistance. In the event an agency is unable to provide the assistance requested or additional assistance not available through the agency is requested, this should be notated in the record and a request for assistance/referral initiated.

Best practice: In order to view all assistance records associated with a client, it is best practice to check all three boxes in the black header (client, living with and related to).

The request for assistance/referral features works hand in hand with the services feature. To request assistance from another agency, agents will go into the case, click the assistance tab and then add request/referral icon. The request tab allows for the agent to pick the category and type of service.

Agents are to indicate amount (number of services needed, unit (using drop downs to choose the appropriate service), category (using drop down), status of request, description of request and time/date of request. Agents may upload supporting documentation in this section as well.

Tracker Agents are to record in the description section information believed to be pertinent to the agency receiving the referral. This could be anything from a general description of what is needed to a thorough description of client's eligibility status, accommodations needed (auxiliary aide, non- English speaker, handicap accessibility) etc. Assistance records and request for assistance/referrals are to be made visible to all agencies, unless there is a restriction on data sharing (client refuses or information is protected).

Uploading Documents or Attachments in HMIS

Policy:

Maintaining documents within the WellSky decreases the need for clients to have to produce the same document for separate service providers or at each time assistance is requested. Photos are uploaded on the personal info page; other documents may be uploaded into the notes or assistance area of WellSky. All documents or attachments should be 'visible to all agencies' unless otherwise restricted (ex: medical records, mental health diagnosis, domestic violence documentation, or client does not give permission to share).

Procedure:

Agents must make sure they are in the individual's case before uploading any documents or photos. On the personal info page, agents click on the upload photo tab. This tab enables an upload from a file or use of a webcam photo. Uploading photos aid agencies in preventing duplicated or fraudulent assistance seeking. All other documents, may be uploaded in either the assistance or notes area for the individual client. Maintaining documents within the WellSky decreases the need for clients to have to produce the same document for separate service providers or at each time assistance is requested. Agents must be familiar with restriction on release and sharing of documents and information. Documents containing information that is restricted or which the client specifically identifies as not to be shared, must be saved as 'agency only view'.

If in the process of uploading a document, it is discovered the agent has uploaded to the wrong case or individual (i.e.: child's birth certificate in parent's case, wrong John Doe etc.), the document should be immediately deleted and then uploaded to the correct case. In the event it is discovered by an agent that did not do the upload, that a document is the wrong case that agent will contact the agent or lead agent for the agency that uploaded the document. Only the agent completing the upload or an agency administrator will remove or delete documents uploaded in the wrong case.

VI-SPDAT and SPDAT

Policy:

The **VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool)** is the tool used to measure the severity of homelessness a client is experiencing. The SPDAT (Service Prioritization Decision Assistance Tool) is an evidence-informed approach to assessing an individual's or family's acuity. The VI-SPDAT is currently in WellSky under the Assessment Tab. The VI-SPDAT score is then used in order to assess the services and provide referrals that best fit the client's needs and eligibility.

Street Outreach providers and programs encountering those experiencing homelessness and desiring housing, may complete the VI-SPDAT on those individuals. 211 and providers who have not completed training on the

VI-SPDAT, may refer the client to the Coordinated Entry Assessor using the referral steps described previously in this manual. SPDAT's are also referred to the Coordinated Entry Assessor using the same steps. VI-SPDAT data inputted directly into WellSky is populated onto a by Name Master List which is used in the Coordinated Entry process for housing determination.

Procedure:

VI-SPDAT's are to be completed on all homeless individuals and families desiring housing. The VI-SPDAT's are to be administered by outreach, housing assistance and service providers (having completed VI-SPDAT training) that come into contact with this population. The VI-SPDAT can be completed directly in WellSky or for providers and street outreach personnel without computer access, handwritten and then manually entered and uploaded into WellSky. Entry into WellSky should occur as soon as possible after completion of the VI-SPDAT and no later than 2 business days of completion of the tool.

SPDAT's will be administered by the Coordinated Entry Assessor, initially (until available in WellSky or during times which internet service is not available) handwritten and then manually entered and uploaded into WellSky.

The by Name Master List will be exported from WellSky in an excel format and compared against cases report (homeless individuals and families only) on at least a monthly basis. Homeless individuals and families showing on the cases report, not on the by Name Master List will be contacted for the purpose of completion of the VI-SPDAT and SPDAT (inclusion on the by Name Master List). Those homeless seeking housing and being served by Domestic Violence Providers and having signed consents for VI-SPDAT or SPDAT will be added to the by Name Master List excel spreadsheet outside of Charity Tracking using the unique identifiers (as provided by the Domestic Violence data system) for inclusion in the Housing Determination/Coordinated Entry process. Once housed and with appropriate signed consents and security measures in place, those no longer receiving services through the domestic violence provider may be entered into HMIS/ WellSky Performance Standards and Reports

Policy:

The Continuum of Care utilizes data exported from WellSky to track progress in meeting COC and project specific performance goals, support community wide plans, and to determine how to be direct resources to prevent and end homelessness. Additionally, HUD requires submissions of reports annually and the data for these reports also come from WellSky.

To ensure the data submitted to the COC and HUD, as well as other funder agencies is an accurate and true depiction of the extent and nature of homelessness, performance standards consistent with HUD requirements have been put in place and will be monitored throughout the year.

Reports will be pulled at least quarterly, to check for accuracy and completeness of data entered. Agencies will be contacted to correct inaccurate or conflicting data and asked to fill in missing data elements as they are discovered. Agencies will have five business days from contact to make the needed corrections or submit an explanation of why the requested actions cannot be completed.

The HMIS Lead Agency and/or Performance Committee will seek first to assist those agencies demonstrating a reduced ability to meet performance standards. Assistance may include additional or refresher training. Agencies unable to demonstrate an increase in data completeness and accuracy, will be required to submit to the Performance Committee a written corrective action plan.

Procedure:

All agents are tasked with the responsibility of collecting and inputting data that is complete and accurate. Agents will make every effort to collect and enter into WellSky all required data at time of initial contact. Agents may classify information as unknown or refused, if the client does not know or refuses.

Entering data in a timely manner can reduce human error and prevent duplication of services. Inputting and updating of data should occur as close to the time data collected as possible but no later than 5 business days from when the data was collected.

Lead Agents, Agency Administrators and HMIS lead agency staff are responsible for oversight of data quality. Project managers or program administrators (or authorized lead agents) participating in HMIS/ WellSky ensure staff collecting and inputting data are familiar with universal data requirements and the importance of timely and accurate data collection and entry. Administrators and HMIS Lead Agency staff periodically pull and review data completeness reports.

Data quality and accuracy will be evaluated on an ongoing basis; agencies will be contacted to correct or complete missing data. Agencies must respond within 5 business days of this contact. Don't know, Refused and not collected data will show up as missing data. All agencies providing housing assistance (emergency, transitional, permanent and Rapid) should strive for 3 % or less of missing data. Those providing services only (food, clothing etc.) should strive for less than 20% of missing data.

The Continuum of Care is in the process of developing a Performance Review Committee which will review data quality at minimum on a quarterly basis. Data quality reports will be reviewed as a whole (entirety of HMIS Participating Agency data) and drilled down (to specific agencies, projects and agents). Reviewing the reports as a whole will enable the committee to identify data quality at the community level. Drilling down will enable the agency to identify patterns within specific types of programs, best practices which can be adopted and develop targeted corrective action or training plans.

Data extracted from WellSky and reviewed by the committee will include project specific outcomes regarding number of households served, data entry timeliness, data quality, average length of stay, length of time from engagement to project entry, income at project start and exit, and destination at time of exit. The System Performance Measures will be used to review the quality of data and outcomes specific to the community (entirety of HMIS Participating Agencies) as a whole.

The Continuum of Care will utilize the data and performance reviews to track progress in meeting COC and project specific performance goals, support community wide plans, and to determine how to direct resources to prevent and end homelessness.

The following reports are provided to HUD on an annual basis:

Point-In-Time (PIT) - is the count of sheltered and unsheltered persons experiencing homelessness in a single night in January. The PIT count is to be completed using unduplicated counts or statistically reliable estimates of homeless persons in sheltered and unsheltered locations on a single night. This includes the collection and reporting of information on the demographic characteristics of all persons reported as sheltered or unsheltered, including household type, age, gender, race, ethnicity, household composition and Veteran status. HUD strongly encourages the use of HMIS data to generate these counts for projects with 100% of beds participating in HMIS.

Housing Inventory Count (HIC) - is a point in time inventory of projects within the Continuum of Care that provide beds and units dedicated to serving persons who are homeless. This data is submitted both to HUD and to the entity responsible for the Consolidated Plan jurisdiction. HUD strongly encourages the use of HMIS data

as a starting point to generate the HIC. Prior to the submission of this report, HMIS IT Support contacts each project administrator or representative to verify the data generated. Projects are required to verify, update and correct the information in HMIS prior to submission of this report.

The PIT and HIC are integrally related. The sum total of persons reported in emergency shelter and transitional housing projects on the HIC must match the sum total of sheltered persons reported in the PIT count. It must be verified with project staff that all HMIS data is complete and correct for the night of the HIC and PIT count and that Project Entry and Project Exit Dates have been entered for all persons who entered or exited on or before the date of the count.

Annual Housing Assessment Report (AHAR) – The data for this report comes from WellSky and is provided to Congress. The AHAR looks at 12 months of data on the number of persons using emergency shelter, transitional and permanent supportive housing. This data is combined with information from the Point- In-Time and Housing Inventory Count. HMIS aggregate data extracted includes age, race, ethnicity, residence prior to program entry, zip code of last permanent address, disabling conditions and types, Veteran status and household size.

Annual Performance Report (APR) – HUD requires recipients of funds through HUD or the Continuum of Care to submit an Annual Performance Report within 90 days from the end of grant operating year. This report is used by HUD to track the progress and performance of HUD funded grants. HUD requires the APR to be submitted using the SAGE HMIS Reporting Repository. This allows for the submission of data directly from HIMS via the Comma Separate Value (CSV) import. Separate APR reports are required for HMIS and planning grants. Projects submitting APR's must identify if 100% of clients served are in HMIS as required by the Continuum of Care and if not, why not. Bed and unit inventory and utilization information from the last Wednesday in January, April, July and October is captured in this report with SAGE automatically calculating project utilization rates directly from the data imported. Bed utilization of 65% or less is considered by HUD as not indicative of actual bed usage and requires additional reporting and explanation. The total number of beds reported as occupied must match the total number of persons reported, and the total number of units must be equal to or less than the total number of households reported. Any deviance must be explained fully in the report. Project's providing housing and assistance through HUD funding (including Outreach) must have valid and complete data on each client served. APR components and questions include: data quality (looks at missing information, errors based on inconsistent or system identified incorrect information entered into HMIS, errors associated with core performance measures of housing destination and income, timeliness of data entry, and the number of inactive records with no exit dates), Persons served, households served, contacts and engagement (Street Outreach), gender, race, ethnicity, physical and mental conditions, domestic violence, living situation, income at entry and exit, non-cash benefits, health insurance, length of participation, exit destination, information specific as to Veterans Chronically Homeless and Youth.

System Performance Measures – all Continuums of Care must be able to generate a single report from their local HMIS that reflects the performance of the entire Continuum (all HMIS Participating Projects regardless of funding source). The reporting period is from October 1 through September 30 of each year and is due to HUD in August of the following year. The report is to be reviewed as to HMIS coverage and data quality issues addressed and corrected prior to submission. There are seven performance measures: Length of Time Homeless, Extent to which persons who exit homelessness to permanent housing destinations return to homelessness, number of homeless persons, employment and income growth for homeless persons, number of persons who become homeless for the first time, homeless prevention and housing placement for persons defined in category 3, and successful placement from Street Outreach and successful placement in or retention of permanent housing.

