

City of Knoxville Homelessness Grantees: HMIS Data Entry

If you have **multiple programs**, please be sure to **“Enter Data As”** to the correct program or reporting may not include all clients.

With **households**, please be sure to include ALL family members in the household.

The screenshot shows a window titled "Edit Entry Data - (28) Test, Paula S.". Under the "Household Members" section, there is a list of household members with checkboxes. The first item, "(6) Female Single Parent", is circled in orange. Below it are three other members: "(28) Test, Paula S.", "(30) Test, Bruce J.", and "(31) Test, Shaun G.", each with a checked checkbox and an entry date of 08/23/2016 12:00 AM. A note says "Be sure all family members checked." and there is a button "Include Additional Household Members". Below this is another section "Edit Entry Data - (28) Test, Paula S." with fields for "Provider" (University of Tennessee at Knoxville (1)), "Type" (HUD), and "Entry Date*" (08/23/2016 12:00 AM).

Figure 1

Relationship to HoH and Client location are common data errors:

The screenshot shows a form with fields for "Ethnicity*" (Non-Hispanic/Non-Latino (HUD)), "Gender*" (Male), "If Other Gender, specify", "Relationship to Head of Household*" (Self (head of household)), and "Client Location [TN502=Knox Co.]*" (TN-502). The "Relationship to Head of Household*" and "Client Location" fields are circled in orange.

Figure 2

NEW data element...Please capture **Area Median Income Percentage (AMI)** or in HMIS “% of county median income”

The screenshot shows a form with fields for "Income from Any Source" (Yes (HUD)), "Total Monthly Income" (189), and "% of county median income" (0% to 30%). The "% of county median income" field is circled in orange.

Figure 3

For **domestic violence**, please capture if they are fleeing and when experience occurred:

The screenshot shows a form with fields for "Domestic violence victim/survivor" (Yes (HUD)), "If yes for Domestic Violence Victim/Survivor, are you currently fleeing?" (No (HUD)), and "If yes for Domestic violence victim/survivor, when experience occurred" (Within the past three months (HUD)).

Figure 4

For **Chronic Homelessness**, please answer residence prior, length of stay in previous place, client entering from the street..., Approximate date started, regardless of where they stayed—number of times...in the past three years, and total number of months & disability information:

Homeless Information	
Residence Prior to Program Entry	Emergency shelter, including hotel or motel paid for with emergency shelter voucher(HUD) G
If Other Type of Residence, specify	G
Length of Stay in Previous Place	One year or longer (HUD) G
Zip Code of Last Permanent Address	37917 G
Zip data quality	Full or Partial Zip Code Reported (HUD) G
Housing Status *	Category 1 - Homeless (HUD) G
Is Client Homeless?	Yes G
Extent of Homelessness?	Chronic: 4 times in past 3 years G
Homelessness Primary Reason *	Eviction G
Homelessness Secondary Reason	Mental Health G
Client entering from the streets, ES or SH	Yes (HUD) G
If Yes for "Client entering from streets, ES or SH" Approximate date started: [Date Field]	12 / 01 / 2014 G
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	Four or more times (HUD) G
Total number of months homeless on the street, in ES or SH in the past three years	More than 12 months (HUD) G
Is Client Chronically Homeless?	Yes G

Also answer disability sub-questions

Figure 5

Disability (yes to determination, long duration, long-term, and an open end date)

Disabilities	
Disability Type	Mental Health Problem (HUD) G
Disability determination	Yes (HUD) G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD) G
If Yes, Documentation of the disability and severity on file	Yes G
If Yes for Mental Health Problem, Alcohol Abuse, Drug Abuse, or Both Alcohol and Drug Abuse, How confirmed (PATH only)	-Select- G
If Yes for Mental Health Problem (PATH only) Serious mental illness (SMI) and, if SMI, how confirmed	-Select- G
(If yes) Currently receiving services or treatment?	Yes (HUD) G
Note on Disability	G
Above condition is going to be long term?	Yes G
Start Date *	05 / 08 / 2015 G
End Date	G

Figure 6

For Rapid-Rehousing **ONLY**:

Showing 1-5 of 5

In Permanent Housing	Yes	G
If yes, Date of Move-In	08 / 25 / 2016	G
Required of ALL clients [Household Children Included]:		
Date of Birth *	01 / 01 / 1980	G
Date of Birth Type *	Full DOB Reported (HUD)	G

Figure 7

When giving **financial assistance services**, please be sure to:

SSVF Financial Assistance Amount \$

Service Costs

Number of Units		Be sure that these two fields are complete in order for your financial assistance services to pull into reports.
Unit Type	-Select-	
Cost per Unit	\$	
Total Cost of Units	\$	

Apply Funds for Service

Funding Sources

Figure 8

If you need assistance, please contact hmissupport@utk.edu for by phone or to schedule on-site assistance.