

CHAMP: Universal Data Elements

DATE (e.g., 08/24/2014)

		/			/				
Month		Day				Year			

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

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DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month		Day				Year			

PRIMARY RACE

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native (HUD) | <input type="checkbox"/> White (HUD) |
| <input type="checkbox"/> Asian (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> Black or African American (HUD) | <input type="checkbox"/> Client refused (HUD) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (HUD) | |

SECONDARY RACE

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native (HUD) | <input type="checkbox"/> White (HUD) |
| <input type="checkbox"/> Asian (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> Black or African American (HUD) | <input type="checkbox"/> Client refused (HUD) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (HUD) | |

ETHNICITY

- | | |
|--|--|
| <input type="checkbox"/> Non-Hispanic / Non-Latino (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> Hispanic / Latino (HUD) | <input type="checkbox"/> Client refused (HUD) |

GENDER

- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) |
| <input type="checkbox"/> Male | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Transgender male to female (MTF or Male to Female) | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Transgender female to male (FTM or Female to Male) | |

DOES THE CLIENT HAVE A DISABLING CONDITION?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Yes (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> No (HUD) | <input type="checkbox"/> Client refused (HUD) |

RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|--|--|
| <input type="checkbox"/> Self (head of household) | <input type="checkbox"/> Head of household's other relation member (other relation to head of household) |
| <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Other: non-relation member |
| <input type="checkbox"/> Head of household's spouse or partner | |

CLIENT LOCATION [TN502=Knox Co.]

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> TN-502 | <input type="checkbox"/> TN-512 |
| <input type="checkbox"/> TN-506 | <input type="checkbox"/> KY-500 |
| <input type="checkbox"/> TN-509 | |

HOUSING STATUS

- | | |
|--|--|
| <input type="checkbox"/> Category 1 – Homeless (HUD) | <input type="checkbox"/> At risk of homelessness (HUD) |
| <input type="checkbox"/> Category 2 – At imminent risk of losing housing (HUD) | <input type="checkbox"/> Stably Housed (HUD) |
| <input type="checkbox"/> Category 3 – Homeless only under other federal statutes (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> Category 4 – Fleeing domestic violence (HUD) | <input type="checkbox"/> Refused (HUD) |

HOMELESSNESS PRIMARY REASON

- | | |
|---|--|
| <input type="checkbox"/> Aged out of Foster Care (YOUTH ONLY) | <input type="checkbox"/> Discharge from Hospital |
| <input type="checkbox"/> Cannot Find Affordable Housing | <input type="checkbox"/> Discharge from Jail |
| <input type="checkbox"/> Criminal Activity in the Past | <input type="checkbox"/> Parent Relationship (YOUTH ONLY) |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Fleeing Domestic Violence | <input type="checkbox"/> Runaway (YOUTH ONLY) |
| <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Loss of Transportation | <input type="checkbox"/> UN-Safe Housing/Substandard Housing |
| <input type="checkbox"/> Long-Term Medical Condition (Also see Discharge From Hospital and choose best fit) | <input type="checkbox"/> Underemployment/Low Income |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Utility Shutoff |
| <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Non-Violent Family Confrontation | |

RESIDENCE PRIOR TO PROGRAM ENTRY**Literally Homeless Situations**

- | | |
|--|--|
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) (HUD) | <input type="checkbox"/> Substance abuse treatment facility or detox center (HUD) |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD) | Transitional & Permanent Housing Situations |
| <input type="checkbox"/> Safe Haven (HUD) | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher (HUD) |
| <input type="checkbox"/> Interim Housing | <input type="checkbox"/> Owned by client, <i>no</i> ongoing housing subsidy (HUD) |
| | <input type="checkbox"/> Owned by client, with ongoing housing subsidy (HUD) |

Institutional Situations

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home (HUD) | <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (HUD) |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility (HUD) | <input type="checkbox"/> Rental by client, no ongoing subsidy (HUD) |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility (HUD) | <input type="checkbox"/> Rental by client, with VASH subsidy (HUD) |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Rental by client, with GPD TIP subsidy (HUD) |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility (HUD) | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Including RRH) (HUD) |

Transitional & Permanent Housing Situations (Continued)		<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) (HUD)
<input type="checkbox"/> Residential Project or halfay house with no homeless criteria		Other
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house (HUD)		<input type="checkbox"/> Client doesn't know(HUD)
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house (HUD)		<input type="checkbox"/> Refused (HUD)

LENGTH OF STAY IN PREVIOUS PLACE

<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer (HUD)
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know (HUD)
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused (HUD)

IF RESIDENCE PRIOR WAS IN INSTITUTIONAL SETTING AND LENGTH OF STAY IS LESS THAN 90 DAYS, DID YOU STAY ON THE STREETS, ES, OR SH THE NIGHT BEFORE ENTERING THE INSTITUTIONAL SETTING?

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> No	

IF RESIDENCE PRIOR WAS IN A TRANSITIONAL OR PERMANENT HOUSING SITUATION AND LENGTH OF STAY IS LESS THAN 7 DAYS, DID YOU STAY ON THE STREETS, ES, OR SH THE NIGHT BEFORE ENTERING THE TRANSITIONAL OR PERMANENT HOUSING SITUATION?

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> No	

APPROXIMATE DATE HOMELESSNESS STARTED

(e.g., 08/24/2014)

		/			/				
Month		Day				Year			

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

<input type="checkbox"/> One time (HUD)	<input type="checkbox"/> Four or more times (HUD)
<input type="checkbox"/> Two times (HUD)	<input type="checkbox"/> Client doesn't know (HUD)
<input type="checkbox"/> Three times (HUD)	<input type="checkbox"/> Client refused (HUD)

Total number of months homeless on the street, in ES or SH in the past three years

<input type="checkbox"/> One month (this time is the first month) (HUD)	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
<input type="checkbox"/> 2	<input type="checkbox"/> 10
<input type="checkbox"/> 3	<input type="checkbox"/> 11
<input type="checkbox"/> 4	<input type="checkbox"/> 12
<input type="checkbox"/> 5	<input type="checkbox"/> More than 12 months (HUD)
<input type="checkbox"/> 6	<input type="checkbox"/> Client doesn't know (HUD)
<input type="checkbox"/> 7	<input type="checkbox"/> Client refused (HUD)

Zip Code of Last Permanent Address

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Domestic violence victim/survivor

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|------------------------------------|--|
| <input type="checkbox"/> Yes (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> No (HUD) | <input type="checkbox"/> Client refused (HUD) |

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

- | | |
|--|---|
| <input type="checkbox"/> Within the past three months (HUD) | <input type="checkbox"/> More than a year ago (HUD) |
| <input type="checkbox"/> Three to six months ago (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> From six to twelve months ago (HUD) | <input type="checkbox"/> Client refused (HUD) |

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

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Yes (HUD) | <input type="checkbox"/> Client doesn't know (HUD) |
| <input type="checkbox"/> No (HUD) | <input type="checkbox"/> Client refused (HUD) |