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1. Project Summary

1.1 Background
To end homelessness, a community must know the scope of the problem, the characteristics of those who find themselves homeless, and understand what is working in their community and what is not. Solid data enables a community to work confidently towards their goals as they measure outputs, outcomes, and impacts.

A Homeless Management Information System (HMIS) is an information system designated by a local Continuum of Care (CoC) to comply with requirements of CoC Program Interim Rule 24 CFR 578 (12/2011). It is a locally-administered data system used to record and analyze client, service and housing data for individuals and families who are homeless or at risk of homelessness. HMIS is a valuable resource because of its capacity to integrate and unduplicate data across projects in a community. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at multiple levels: project, system, local, state and national. The Annual Homeless Assessment Report (AHAR) is HUD’s annual report that provides Congress with detailed data on individuals and households experiencing homelessness across the country each year. This report could not be written if communities were not able to provide HUD with reliable, aggregate data on the clients they serve.

HMIS is now used by the federal partners and their respective programs in the effort to end homelessness, which includes:
- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Veterans Affairs (VA)

US Department of Housing and Urban Development has released a HMIS Data Standards (https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/) which provides communities with baseline data collection requirements developed by each of these federal partners.

This manual is designed for CoC’s HMIS Lead Agencies, HMIS System Administrators, and HMIS Users to help the understand the data elements that are required in HMIS to meet participation and reporting requirements established by HUD and the federal partners. The latest manual will be followed as released by HUD.

1.2 Redding/Shasta County Homeless Continuum of Care (RSHCOC)
The Redding/Shasta County Homeless Continuum of Care (RSHCOC) has designated Shasta County to serve as the HMIS Lead Agency. In that capacity, Shasta County is responsible for the management and development of the RSHCOC’s HMIS implementation. Agencies with homeless-dedicated programs are highly encouraged to participate in the RSHCOC’s HMIS to support local data collection, service, and planning functions within the RSHCOC jurisdiction. RSHCOC’s jurisdiction encompasses all incorporated cities of Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra and Siskiyou Counties. Within these boundaries, other HUD designated programs components are operating including three (3) Housing Authorities, one (1) local Emergency Solutions Grant (ESG) area, a federally designated Community Development Block Grant (CDBG) entitlement area, a federally designated HOME Investment Partnerships Program (HOME) area, Veterans Administration (VA) service areas, and Projects for Assistance in Transition from Homelessness (PATH). The COC’s primary area of operations within the CoC geography includes the area served by the program components listed above.
1.3 HMIS Software
The HMIS provides homeless service providers throughout the region with a collaborative
approach to data collection and client management.

The RSHCOC has selected “ServicePoint”, web-based HMIS software owned by Bowman
Systems, LLC to be the HMIS software of record. It empowers human service providers,
agencies, coalitions, and communities to manage real-time client and services data. Shasta
County Department of Housing and Community Action Programs (SCCAA) has been
designated as the HMIS Lead Agency and will contract directly with Bowman Systems, LLC for
this software and supports end-users with a help desk, ongoing training, and project
customization including development of project-specific assessments and settings. SCCAA
works directly with Participating Agencies to identify needs and requirements for custom reports
developed by SCCAA or canned reports made available by Bowman Systems, LLC.

ServicePoint features:
• Combines the ease of the Internet and the performance of a powerful database;
• Protects client confidentiality by carefully restricting access;
• Has a robust client and referral tracking, case management, agency and program
indexing;
• Has an advanced reporting tool to understand and use key data;
• Facilities the secure sharing of data to help providers to effectively and efficiently
perform client case management;
• Ensures client, project, and agency-level data is available and accessible to all
Participating Agencies in accordance with Federal and State approved visibility settings
and data sharing policies;
• User-friendly, requiring a minimum learning curve for data entry and generations of
reports;
• Ensures program and agency-wide reports are easily produced by agencies; and
• Ensures providers can record detailed client profiles, assessments, referrals, history and
outcomes.

Benefits to Participating Agencies:
• Increases ability to prepare statistical and programmatic reports for funders, boards, and
other stakeholders;
• Saves staff time needed to gather client data;
• Formulates statistics and completes funding reports;
• Increases ability to track client outcomes and measures the success of services
provided;
• Increases ability to work collaboratively and to cooperate with other agencies to achieve
meaningful results; and
• Improves efficiency in delivering and managing services, resulting in tangible cost
savings.

Benefits to Clients:
• Provides a comprehensive view of the client, minimizing data collection;
• Provides an ability to comprehensively coordinate client care in real time; and
• Provides a single client record for improved provision of services.
2. HMIS DEFINITIONS

**Client:** A living individual about whom a Participating Agency collects or maintains protected personal information: (1) because the individual is receiving, has received, may receive, or has inquired about services: or (2) in order to identify service’s needs, or to plan or develop appropriate services within the CoC.

**Continuum of Care (CoC):** The group organized to carry out the responsibilities requirements under 24 CFR part 578 that is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service provider, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

**CoC Program:** A program identified by the CoC as part of its services system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis.

**Contributory CoC Programs:** A homeless assistance program or homelessness prevention program that contributes Protected Identifying Information or other client-level data to an HMIS.

**Contributory Non-CoC Programs:** A program that is neither a homeless assistance program nor a homelessness prevention program that contributes Protected Identifying Information or other client-level data to an HMIS.

**HMIS Lead Agency:** An organization designated by a CoC to operate the CoC’s HMIS on its behalf.

**Homeless Management Information System (HMIS):** The information system designated by Redding/Shasta County Homeless CoC to comply with the requirements of HUD used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

**HUD:** United States Department of Housing and Urban Development.

**Participating Agency:** An organization that operates a project that contributes data to an HMIS.

**Participating Agency Administrator:** An individual designated by the Participating Agency Executive Director, or other empowered officer, to act as the Participating Agency Administrator. The Participating Agency Administrator is the liaison between the Lead Agency and the Participating Agency’s End Users.

**Participating Agency End User:** An employee, volunteer, affiliate, associate, and any other individual acting on behalf of a Participating Agency or HMIS Lead Agency, who uses or enters data into HMIS.

**Participating CoC Program:** A contributory CoC Program that makes reasonable efforts to record all the universal data elements and all other required data elements as determined by HUD funding requirements on all clients served and discloses these data elements through agreed upon means to the HMIS Lead Agency at least once annually.
**Protected Identifying Information (PII):** Information about a Client that can be used to distinguish or trace a Client’s identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the Client.

**Security Officer:** An individual designated at each Participating Agency and Lead Agency to be responsible for ensuring compliance with applicable security standards.

**System Administrator:** An individual designated by the Lead Agency to act as the System Administrator. The System Administrator is the liaison between the Participating Agencies and the Lead Agency.

**Victim Services Provider:** A nonprofit or nongovernmental organization including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims/survivors of domestic violence, dating violence, sexual assault, or stalking.
3. CONTINUUM OF CARE STRUCTURE

The Redding/Shasta County Homeless Continuum of Care (CoC) is comprised of public and private agencies along with community residents including homeless and formerly homeless individuals. The CoC is designed to assess the need for homeless and affordable housing services and to develop and recommend a Continuum of Care Plan for the region on behalf of at-risk and homeless individuals and families.
4. STANDARDS FOR HMIS GOVERNANCE

4.1 HMIS Committee

Policy:

The HMIS Committee is made up of various members from the community who are both Participating Agency End Users and/or Participating Agency Administrators using the HMIS application. Committee members are required to attend not less than 75% of scheduled meetings per year. The purpose of these meetings is to establish HMIS Policies and Procedures, assist in the planning of all point-in-time counts, review all participating agencies compliance reports, and plan/participate in compliance monitoring.

Description:

To ensure every Participating Agency is compliant with HUD and County mandated Policies and Procedures, it is necessary to be involved in the formulation of these Policies and Procedures. These meetings will give Participating Agencies the opportunity to voice their concerns as well as determine what and how the policies are written and enforced.

Procedures:

- The HMIS Lead Agency will host, moderate, and determine where each quarterly meeting will take place.
- The HMIS Lead Agency will distribute agendas to each participating member prior to the meeting.
- Members wishing to add items to agendas can do so by emailing their requests to: hmis@co.shasta.ca.us.
- Changes and additions to the policy manual require Committee approval. All requests for changes, additions or deletions must be submitted on a Request for Policy Change or Addition Form (Appendix E) in order to be considered by the Committee.
- The HMIS Lead Agency will distribute minutes of each meeting to each Agency Administrator one week before the next scheduled HMIS Committee Meeting.

Best Practice:

- Participating Agencies are strongly encouraged to suggest topics that they feel should be discussed.
- Participating Agencies are encouraged to share their ideas and best practices that they feel others in the community would benefit from as well.

4.2 Requests for Policy Addition, Deletion, or Change

Policy:

All requests for changes to the Policies & Procedures Manual must be made in writing and will be tracked by the HMIS Lead Agency. Requests received will be reviewed by HMIS Committee prior to being changed in the Policies and Procedures Manual.
Description:

All requests for changes, additions, or deletions to this Policies and Procedures Manual must be submitted in writing in order to be considered. All Redding/Shasta County Homeless CoC members are welcome to submit requests. Submitting a request does not guarantee approval of the request.

Procedure:

- Complete an HMIS Request for Policy Addition, Deletion, or Change (Appendix E) form and submit it to the Lead Agency

  **By mail:**

  Shasta County Department of Housing and Community Action Programs  
  Attn: HMIS System Administrator  
  1450 Court Street, Suite 108  
  Redding, CA 96001

  **By Fax:**

  (530) 225-5178  
  Attn: HMIS System Administrator

  **By email:**

  HMIS@co.shasta.ca.us

- Lead Agency will present changes to HMIS Committee for discussion and recommended action, which may include approval, denial, or other appropriate, reasonable determinations.

- Approved requests will be inserted in this Policies and Procedures Manual and uploaded to the Continuum of Care website within 7 business days following approval.

4.3 Mandated Additions, Deletions, or Changes

**Policy:**

All legislative, regulatory, or other legal authority changes to the Policies & Procedures Manual must be implemented within the time frame established by HUD.

**Description:**

Changes that are mandated by HUD will be implemented by the HMIS Lead Agency in the designated time frame according to the HUD requirements.
Procedure:

- Upon notice from HUD of regulatory changes, the HMIS Lead Agency will send out written notice to each Participating Agency.
- At the next scheduled HMIS Committee Meeting, the HMIS Lead Agency will present any HUD mandated changes.
- All changes will be implemented within the time frame established by HUD and new Policies and Procedures Manual will be published within seven business days.
5. HMIS DATA QUALITY STANDARDS

5.1 Applicability, Purpose and Goals

The Data Quality Standards ensure the completeness, accuracy, and consistency of the data in HMIS. The Data Quality Standards and Management encompass the Data Quality Plan, Data Accuracy, Data Completeness, and Data Timeless Benchmarks, Data Quality Reports and correction of data when necessary.

5.1.1 Data Quality Plan

Policy:

The HMIS Lead Agency will implement this Data Quality Plan to ensure consistent data collection and data quality across all Participating Agencies.

Description:

At minimum the Data Quality Plan must include the following elements:

- Identify the responsibilities of all parties in the CoC (CoC primary decision-making entity, Lead Agency, Participating Agencies, and Participating Agency End Users) with respect to achieving good quality HMIS data.
- Benchmarks for data timelessness, data accuracy, and data completeness.

5.1.2 Monitoring by Lead Agency

Policy:

The HMIS Lead Agency will monitor the overall data quality entered by individual Participating Agencies.

Description:

Specifically the Lead Agency will:

- Utilize the Data Quality Report and the Data Quality Detail Report to monitor data quality for each Participating Agency.
- Produce monthly program level information for each Participating Agency identifying data quality weaknesses and recommending solutions for issues that need to be addressed.
- Provide regular feedback to individual Participating Agencies to ensure problems are addressed.
- Provide training and/or technical assistance to Participating Agency staff to ensure problems are addressed.
- Monitor the updating of Client data that has been identified as non-compliant with the Data Quality Plan.
5.2 Data Quality Benchmarks

5.2.1 Data Accuracy Benchmarks

Policy:

To qualify as “participating in the HMIS,” all Participating Agencies must meet the data quality benchmarks as described in the Data Quality Plan.

Description:

Client information entered must be valid and accurately represent information provided to End User. Every Participating Agency must enter data on Clients in the same way over time, regardless of which staff person is entering the data.

Procedure:

To determine the accuracy of information, Participating Agencies must regularly conduct data quality checks.

Required Benchmark:

95% of data entered must reflect what Clients are reporting.

5.2.2 Data Completeness Benchmarks

Description:

All data entered should be complete. Partially complete or missing data can negatively affect the quality of data. Missing data could mean the client does not receive the services that could help them become permanently housed and end their homelessness. Below is an acceptable range of missing and incomplete responses.

Procedure:

Participating Agency Administrator should check the completeness of the data entered by Participating Agency End Users within their agency.

Required Benchmark:

100% of all HUD funded homeless assistance programs (excluding Victim Services Provider programs) must participate.

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Required For</th>
<th>Residential Projects</th>
<th>Street Outreach and Services Only Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Missing</td>
<td>Incomplete</td>
</tr>
<tr>
<td>Universal Data Elements (UDEs):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Race</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Category</td>
<td>Data Source</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Gender</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>Adults</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>Adults</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Residence Prior to Project Entry</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Length of Stay in Previous Place</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Destination (Exit)</td>
<td>Adults/HOH at exit</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Relationship to Head of Household</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Client Location</td>
<td>HOH Only</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Continuously Homeless for at Least One Year</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Number of Times Client Homeless in Past 3 Years</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>If 4 or more (for above), Total Number of Months</td>
<td>Adults/HOH 4+ only</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Total Number Months Cont. Homeless Prior to Entry</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Status Documented?</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td><strong>Additional Data Elements:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Victim/Survivor</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Service</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Income Received (Y/N)</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Non-Cash Benefits Received (Y/N)</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Covered by Health Insurance (Y/N)</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td><strong>HUD Verification:</strong> (Elements measure completeness at Entry ONLY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Type</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Income Source</td>
<td>All</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Income Amount (for all valid sources)</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Non-Cash Source</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td>Health Insurance Type</td>
<td>Adults/HOH</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
<tr>
<td><strong>Other Federally Mandated Data Elements:</strong> (Based on Funding Source, as Applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Various Data Elements (as outlined in the most recently published HMIS Data Standards)</td>
<td>As Applicable</td>
<td>&lt;5%</td>
<td>&lt;7%</td>
</tr>
</tbody>
</table>
5.2.3 Data Timeliness Benchmarks

Description:

To be most useful for reporting, the most up-to-date information possible on Clients must be included.

Procedure:

Information must be entered within five calendar days of the event (Intake/enrollment, service delivery, or exit).

Required Benchmark:

Client information must be entered by Participating Agencies within five calendar days following the date on which the Client was served. Every Participating Agency must update Client information at exit and/or at annual assessment, per the requirements relative to each Universal and Program Specific Data Element.

5.3 Data Quality Required Reports

The overall standards for HMIS software are presented in the Homeless Management Information System (HMIS) Data Standards Revised Notice as published by HUD. Copies are available upon request.

5.3.1 Data Quality Report

This report calculates the percentage of required Client-level data elements with null or missing values divided by the total number of Client records. The report will also calculate the number of usable values (all values excluding “Don’t know” and “Refused” responses) in each required field over any desired time period (e.g., last month, last year). The report will be generated for each of the Participating Agencies programs. The program level reports will cover all applicable Universal and Program Specific Data Elements. The CoC reports will be limited to the following universal data elements: Name, Social Security Number, Data of Birth, Ethnicity, Race, Veteran Status, Gender, Disabling Condition, Residence Prior to Program Entry, and Zip Code of Last Permanent Address. Percentages will be based on the universe of client records for which the data element is required. For example, percent (%) null for veterans = number of clients with no veteran status recorded/number of adults.

5.3.2 Data Quality Detail Report

This report calculates the percentage of required Client-level data elements with null or missing values divided by the total number of Client records. The report will also calculate the number of usable values (all values excluding “Don’t know” and “Refused” responses) in each required field over any desired time period (e.g., last month, last year). The report will be generated for each of the Participating Agencies programs. The program level reports will cover all applicable Universal and Program Specific Data Elements. The CoC reports will be limited to the following universal data elements: Name, Social Security Number, Data of Birth, Ethnicity, Race, Veteran Status, Gender, Disabling Condition, Residence Prior to Program Entry, and Zip Code of Last Permanent Address. Percentages will be based on the universe of client records for which the data element is required. For example, percent (%) null for veterans = number of clients with no veteran status recorded/number of adults.
no veteran status recorded/number of adults. This report further details the Client name as well as all missing data as stated above.

5.4 Reduce Duplications in HMIS for Every Participating Agency

Policy:

To reduce the duplication of Client records, Participating Agency End Users should always search for the Client before creating a new Client record.

Description:

The burden of not creating duplicate records falls on each Participating Agency End User. The HMIS system does not prevent duplicate Client records; therefore, it is up to each End User to ensure every Client is first searched for and if not found, added. If matches are found, the Participating Agency End User must determine if any of the records found match the Client.

Procedures:

- When an End User is collecting data, the End User will first attempt to locate the Client by searching (Search Now button) for them by either name (first and/or last), date of birth (DOB), social security number (SSN) or Program.
- If no matches are found for the Client, the End User will continue to add the basic Universal Data Elements.

Best Practices:

- The End User should perform more than one type of search when attempting to find an existing record. Clients often do not use the exact same name that was previously entered.
- Using a field other than “name” tends to be more accurate and not open for interpretation (birth date, social security number, etc.).

5.5 Data Quality and Correction

Policy:

Participating Agency Administrators are required to run the Data Quality Report for each of the Participating Agencies programs and respond to the HMIS Lead Agency’s request for data clean-up.

Procedures:

- At the end of each month, the HMIS System Administrator will review the quality of each Participating Agencies data by running reports.
- Participating Agency Administrators are required to work with the HMIS System Administrator to rectify any shortfalls on data quality and fix issues within 15 business days.
6. PRIVACY STANDARDS

6.1 Policies and Applications

The HMIS Lead Agency will provide to all Participating Agencies, and make otherwise publicly available to anyone upon request, notices that:

- Describe its role in the processing of PII obtained from Participating Agencies.
- Describe accountability measures for meeting applicable privacy and security obligations.
- Inform clients how to pursue their privacy rights with Participating Agencies.

6.1.1 Privacy Policy and Mandatory Collection Notice

Policy:

All Participating Agency End Users must have a sign posted at their workstation or wherever data is collected that describes how information about the client may be used and disclosed and how the client can get access to their information.

Description:

The Mandatory Collection Notice (Appendix D) must be posted at each workstation, desk, or area used for HMIS data collection. The HMIS Privacy Policy (Appendix C) is a document describing a client’s data rights in relation to HMIS.

Procedures:

- Post the HMIS Mandatory Collection Notice at each workstation, desk, or area used for HMIS data collection.
- Upon request by a client, the HMIS Privacy Policy shall be provided.

Best Practice:

A Participating Agency could also post the HMIS Mandatory Collection Notice in a waiting room, an intake line, or another area where clients congregate before intake occurs. This will give clients another opportunity to read the notice before receiving services.

6.1.2 Informed Consent Process

Policy:

All clients must go through the Informed Consent Process.

Procedure:

Once a client has been determined eligible for services at Participating Agency, a Participating Agency End User must verbally explain the use and benefits of HMIS using the Client Consent Form as a guide.
Best Practice:

It is recommended that End Users go through the Informed Consent Process consistently with each client.

6.1.3 HMIS Client Consent Form (ROI)

Policy:

All clients’ HMIS Client Consent forms must be stored securely for a minimum of seven years from date signed.

Procedures:

- The Client Consent form (Appendix A) is valid for seven years from the date signed by Client. Therefore, for auditing purposes it is important to keep the signed HMIS Client Consent form for at least that length of time, unless form is uploaded to HMIS.
- Client Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked away in a file cabinet and not accessible without authorization).
- If a Participating Agency does not currently keep client files, they must establish a file system to maintain Client Consent forms.
- If a Participating Agency chooses to upload each Client Consent form into HMIS (preferred method), each Client Consent form can be shredded.

Best Practices:

It is recommended that Participating Agencies keep the Client Consent form in their current client file with the other information being collected and maintained. It will be easier to locate their information in this manner rather than creating a separate file for HMIS.

Policy:

Participating Agencies will give clients a copy of the HMIS Client Consent form.

Procedures:

- The front side of the Client Consent form (front and back) details the client’s rights in HMIS data collection. This information is particularly important to those clients that agree to participate in HMIS.
- The Participating Agency End User should make a copy (or give a blank copy) to the client.

Best Practice:

Participating Agencies should provide clients with a photocopy of the Client Consent form, so that the client has a record of their HMIS participation decision.
Policy:

Unless a current, valid court order declaring the client incompetent is known to the Participating Agency or the HMIS Committee, or such court order is provided to same, clients are presumed competent.

Procedures:

- The industry-wide best practice is to presume that all clients are competent, unless there is a known court ordering stating otherwise.
- If there is a known, current, and valid court order stating the individual is not competent, then it is not possible for that individual to provide a Client Consent Form. In this case, the End Users should mark down “DO NOT ENTER MY INFORMATION...” and sign as the Participating Agency witness.

Policy:

Clients do not have to participate in HMIS to be served by the program.

Procedures:

- A number of clients may choose not to participate in HMIS; however, it is important for reporting purposes that these individuals are still counted.
- To account for the overall services rendered by a Participating Agency, each Participating Agency must keep track of how many clients did not participate in HMIS.

Policy:

Participating Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in HMIS.

Procedure:

- Participating Agencies must determine if an individual will or will not receive services before the individual goes through the Informed Consent process.

6.2 Revoking Authorization for HMIS Data Collection

Policy:

Clients who initially agree to participate in HMIS have the right to rescind their permission for data collection.

Procedures:

- In order to rescind his or her permission to participate in HMIS, a client must request and complete the Revocation Form (Appendix G).
- The Participating Agency will file the completed Revocation Form with the client's previously signed Client Consent Form.
- Upon a client completing the Revocation Form, the Participating Agency will no longer collect and enter data concerning that client for HMIS purposes.
• The Participating Agency will promptly contact the System Administrator to request that the client’s record be marked inactive and the System Administrator will mark the client’s record accordingly.

**Best Practices:**

If a client comes into a Participating Agency that never provided services to the client and requests a Revocation Form, Participating Agency shall collect the completed Revocation Form and forward form to the HMIS System Administrator.

### 6.3 Client’s Access to Their Information

**Policy:**

Clients have the right to a copy of their Universal and Program Specific data contained within HMIS.

**Procedures:**

- Clients may request a copy of their information contained within HMIS.
- Upon request of the client, Participating Agencies are required to provide a print out from HMIS of the Universal and Program Specific Data Elements.
- Participating Agencies are not required to print out any additional information, although it is optional and allowed.

**Best Practices:**

- Case management notes are typically not shared with the client. However, consider providing the client related information such as their goals, outcomes, referrals, and services provided.
- If utilizing paper forms, with data entry occurring later, consider making a photocopy of the paper forms for the client if they request a copy.
- If entering data directly, without utilizing paper forms, consider automatically printing a copy of the information for the client.

### 6.4 Client Grievance Process

**Policy:**

Clients have the right to file a Grievance Form regarding potential violation of their privacy rights as it pertains to HMIS participation.

**Procedures:**

- A client must request the Client HMIS Grievance Form (Appendix H) from the Participating Agency.
- The client may choose to submit the completed form to the Participating Agency, OR the client may submit the form directly to the Lead Agency.
- If the Participating Agency receives a completed Grievance Form, they must submit it to the HMIS Lead Agency promptly.
- The HMIS Lead Agency will review the grievance, research the nature of the complaint, and will respond to the grievant within 30 days.
Policy:

No punishment will be taken by the HMIS Committee against a client if a client files a grievance.

Procedure:

- The Participating Agency named in the grievance, the HMIS Lead Agency, and other Participating Agencies will not refuse or reduce services to the client because of the client filing a grievance.
- If a client reports retaliation because of filing a grievance, the HMIS Committee will conduct an investigation.

6.5 Electronic Sharing of Client Data

Policy:

Client data may not be shared unless: 1) explicitly authorized by the client on the Release of Information form; and 2) an Inter-Agency Data Sharing Agreement has been executed by the Participating Agency.

Description:

While coordinating services, it is important to keep the client's identity confidential unless the Client expressly permits their information to be shared and an Inter-Agency Data Sharing Agreement (DSA) (Appendix F) is signed.

Procedures:

- End Users will keep client data confidential at all times and will obtain client permission to disclose PII only when necessary.
- Electronic data sharing between Participating Agencies will be enabled with client consent.

6.6 Electronic Sharing of Client Records between Participating Agencies

Policy:

HMIS has the ability to allow client information sharing between Participating Agencies. This is only done when a DSA (Appendix F) has been executed.

Description:

HMIS allows Participating Agencies to share the same client record as they provide and coordinate services for the client. Participating Agencies who wish to have the ability to share records with one another will need to execute a DSA. Clients will also have the added ability to decide if they want their information shared with another Participating Agency.
7. SECURITY STANDARDS

Through a set of administrative, physical and technical safeguards, the security standards are to: (1) ensure the confidentiality, integrity, and availability of all HMIS information; (2) protect against any reasonable anticipated threats or hazards to security; and (3) ensure compliance by Participating Agency End Users.

7.1 Security Management

Policy:

The HMIS Lead Agency will update, and maintain the Security Plan as directed by HUD.

7.1.1 Security Plan

The Security Plan is attached to these guidelines as Appendix M.

7.2 Workstation Security Procedures

Most security breaches are due to human error rather than systematic issues. To keep the application and data secure, Participating Agency End Users must implement security measures.

Policy:

Participating Agency End User’s computer screens should be placed where it is difficult for others in the room to see the contents of the screen

Description:

The placement of the monitor can play a role in establishing security at the Participating Agency. Participating Agency End Users should consider placing the monitor in a way that it is difficult for others to see the screen.

Best Practice:

Participating Agencies must determine the best location for computer monitors to prohibit unauthorized viewing of the computer screen. Another option is to utilize a privacy filter for the monitor.

Policy:

Do not write down user names and/or passwords and store them in an unsecured manner.

Description:

Do not post HMIS user name or password information under keyboards, on monitors, or within public view. This type of behavior can lead to large security breaches. Passwords and user names that are written down must be secured in a locked drawer.
Policy:

Do not ever share login information with anybody (including Participating Agency Administrators or HMIS System Administrator).

Description:

If someone is having trouble accessing HMIS, direct them to contact the Participating Agency Administrator or call or send an e-mail to the HMIS System Administrator. Sharing user names and passwords, or logging on for someone else is a serious security violation of the HMIS End User Agreement (Appendix I). Participating Agency End Users are responsible for all actions taken in the system utilizing their logons. With the auditing and logging mechanisms within HMIS, any changes made or actions taken will be tracked back to that login.

Policy:

When the Participating Agency End User is away from their computer, the Participating Agency End User must log out of HMIS or lockdown the workstation.

Description:

Stepping away from the computer while logged into HMIS can lead to a serious security breach. Although there are timeouts in place to catch inactivity built into the software, it does not take effect immediately. Therefore, anytime the Participating Agency End User leaves their computer one of two actions must be completed. The Participating Agency End User can lock down the workstation. Most Windows-based operating systems allow users to lock their workstation by pressing CTRL-ALT-DELETE keys and choosing “Lock Computer”. This will require users to enter in their Windows password when returning. If this is not an option, the Participating Agency End User should log out of HMIS.

7.3 HMIS Software Application – Level Security

Within the HMIS software itself, there are additional layers of security. This makes the system harder to access without appropriate permissions. These security features include:

- There is a 128-bit encryption of the connection between a Participating Agency End User’s computer and the HMIS application.
- Participating Agency End Users are organized into security groups. The groups are given specific permissions on what they can access.
- A Participating Agency End User’s connection to the HMIS application will automatically close down after a period of inactivity.
- There are logging and auditing systems in the background recording each Participating Agency End User’s activities in adding, viewing, and editing information.

7.4 Security Review

Policy:

The HMIS Lead Agency must complete an annual security review to ensure the implementation of the security requirements by Participating Agencies and the HMIS Lead Agency, itself. This security review will include the completion of a security
checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan

Description:

Each Participating Agency is given, at time of training, suggestions for providing a secure environment for their clients and Participating Agency End Users who utilize HMIS. Once a year, the HMIS System Administrator will conduct a security review at each Participating Agency's location. The following areas of security will be examined and documented:

- Physical and Environmental Security
- PC location out of public area
- Printer location
- PC access
- Personnel Security
- Passwords
- Signed Agreements
- Number of authorized users

Procedures:

- The HMIS System Administrator will notify the Participating Agency's Executive Director and/or Participating Agency Administrator of an upcoming review.
- The HMIS System Administrator will perform the review and create a results report. This report will be submitted to the Participating Agency's Executive Director and the HMIS Committee. A copy will be filed at the HMIS Lead Agency's office.
- Any deficiencies in practices or security must be resolved immediately. A follow-up review will be conducted to ensure that the changes have taken affect.

Policy:

| Participating Agencies are required to immediately resolve any issues discovered during a security review. |

Description:

Within 30 days of the Participating Agency security review report, the Participating Agency must provide a written response. The response will be reviewed by the HMIS Committee for clearance.
8. IMPLEMENTING HMIS

8.1 HMIS Software Solution
The RSHCOC has selected “ServicePoint”, web-based HMIS software owned by Bowman Systems, LLC to be the HMIS software of record. It empowers human service providers, agencies, coalitions, and communities to manage real-time client and services data. Shasta County Department of Housing and Community Action Programs will contract directly with Bowman Systems, LLC for this software and supports end-users with a help desk, ongoing training, and project customization including development of project-specific assessments and settings.

8.2 Technology Requirements

Policy:
All computers authorized to access ServicePoint must meet the minimum requirements as established in this manual.

Procedures:
All computers that will access ServicePoint on behalf of the Participating Agency must meet these minimum requirements; this includes Participating Agency’s on-site desktops and laptops. Accessing ServicePoint from home is never allowed due to security breaches. It is difficult to ensure that a computer in the home meets the technical standards and that Participating Agency End Users are abiding by the same privacy, confidentiality, and security procedures as they would in the office. Unauthorized individuals (spouses, children, and relatives) could gain access to ServicePoint in a home environment more easily than in an office environment.

Participating Agencies must ensure that these computers meet the following standards:

<table>
<thead>
<tr>
<th>Supported Browser Brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Safari</td>
</tr>
<tr>
<td>Google Chrome</td>
</tr>
<tr>
<td>Microsoft Edge</td>
</tr>
<tr>
<td>Microsoft Internet Explorer 11</td>
</tr>
<tr>
<td>Mozilla Firefox</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Java</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
</tr>
<tr>
<td>Recommended</td>
</tr>
</tbody>
</table>

| Any version of Java       |
| Recent version of Java    |

<table>
<thead>
<tr>
<th>Mobile Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple iPad with latest version of iOS; version 10.3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>All operating systems used by Participating Agencies must receive support from Microsoft or Macintosh with regular updates to current operating system. For Microsoft life cycle policy, please find your operating system here: <a href="https://support.microsoft.com/en-us/lifecycle/selectindex">https://support.microsoft.com/en-us/lifecycle/selectindex</a>.</td>
</tr>
</tbody>
</table>
Best Practices:

Participating Agencies should consider these recommendations in preparation for fully utilizing all the capabilities within ServicePoint as well as incorporating standard industry practices:

- Operating system version: Each computer should be on a currently supported version of an operating system (e.g. Windows XP, Windows Vista, Windows 7, Windows 8, or Mac O/S 10.3 or higher).
- Operating system updates: Each computer accessing ServicePoint should be current in applying all of the available critical security patches. Patches should be installed within 24 hours of notification of availability.
- Anti-Spyware software: For a computer or network, anti-spyware software should be present, active, and with current definitions.
- High-speed connection: Ideally each computer should have access to at least a DSL/Broadband high-speed line instead of dial-up connection. This will result in a much improved experience over connecting with dial-up speeds.
- Standard office software: To use downloaded data from ServicePoint, software that can interpret comma-delimited files, such as spreadsheet, word processing, or database software (such as Microsoft’s Excel, Word and Access) should be present. There are a number of options. It is not a requirement that this software is installed since it is not required to enter HMIS data.

8.3 Inter-Agency Data Sharing Agreement (DSA)

Policy:

To systematically share data, the Participating Agencies will jointly establish a data sharing network formalized by the execution of an HMIS Inter-Agency Data Sharing Agreement (Appendix F).

Description:

The DSA is a contract between the Participating Agencies who agree to share information in HMIS. The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper HMIS operation and compliance.

Procedures:

- An authorized representative of the Participating Agency will sign the DSA. Each will maintain a copy for their files.
- The original will be filed at Shasta County Department of Housing and Community Action Programs.

8.4 End User Agreements

Policy:

An End User Agreement (Appendix I) must be signed and kept for all Participating Agency’s personnel or volunteers that will collect or use data on behalf of the Participating Agency.
Description:

The HMIS End User Agreement is an agreement between a Participating Agency and its employees, contractors, or volunteers who are authorized to collect and/or enter data.

Procedures:

- Before a Participating Agency End User begins collecting data, the Participating Agency End User must sign an HMIS End User Agreement.
- The Participating Agency must retain the signed HMIS End User Agreement until seven years after user access is terminated.
- The Participating Agency must ensure that each Participating Agency End User has been trained by Lead Agency.

8.4.1 Removing Authorized Personnel

Policy:

| The HMIS System Administrator must be notified within one business day when an Participating Agency End User is no longer authorized to access HMIS. |

Procedures:

- Within one business day of revoking a Participating Agency End User's authorization, the Participating Agency will contact the System Administrator via email HMIS@co.shasta.ca.us.
- The Participating Agency will complete a User Account Request Form (Appendix B) and email it to the System Administrator at the above email address or fax it to 530-225-5178.
- Upon receipt of the User Account Request Form, the HMIS System Administrator will immediately deactivate and/or delete the Participating Agency End User's account.

8.5 HMIS Licensing

Policy:

| To participate in HMIS, the Participating Agency must obtain a user name for each Participating Agency End User. |

Description:

To participate in HMIS, each Participating Agency must have a minimum of one ServicePoint licenses allowing for one Participating Agency End User.

Procedures:

- Each Participating Agency will complete and sign the User Account Request Form (Appendix B) for each Participating Agency End User and submit the form to the Lead Agency.
- When new agencies are requesting participation, a site visit may be scheduled and all policy and security requirements will be evaluated by the HMIS Lead Agency.
8.6 Designate Participating Agency Administrator

**Policy:**

All Participating Agencies must designate a Participating Agency Administrator.

**Description:**

The Participating Agency must designate an individual to act as their Participating Agency Administrator.

The Participating Agency Administrator role possesses different responsibilities than a typical Participating Agency End User. The Participating Agency Administrator will:

- Act as the first tier of support for Participating Agency End Users.
- Act as the main point of contact for HMIS Lead Agency for HMIS related issues.
- Ensure compliance with these Policies and Procedures.
- Store a copy of and enforce HMIS End User Agreements.
- Post the Mandatory Collection Notice.
- Assist Participating Agency End Users with technical assistance and monitoring.
- Attend HMIS Committee meetings.
- Request Participating Agency End User additions and deletions as appropriate.
- Request training and/or technical assistance.
- Run the Data Quality Report for each of the Participating Agency's programs and respond to the HMIS Lead Agency's request for data clean-up.

**Procedures:**

The Participating Agency Administrator is designated as an oversight person and has the overall responsibility for meeting the requirements of these Policies and Procedures. Participating Agency End Users are authorized by their Participating Agency Administrator to access HMIS after signing the HMIS End User Agreement with their agency and completing the required training(s).

8.7 Participating Agency Profile in HMIS

**Policy:**

Participating Agencies are not able to enter Client data until their profile is set up in ServicePoint.

**Description:**

Within HMIS, each Participating Agency will have an organizational profile that contains the programs and services the Participating Agency offers. The System Administrator will work with each Participating Agency individually to design their profiles.

**Procedures:**

- The Participating Agency Administrator will work with the HMIS System Administrator to complete the agency profile set up.
• The HMIS System Administrator will work with the Participating Agency Administrator to ensure that the profiles are organized in a way that is useful for the Participating Agency, consistent with standard practices, and meets reporting needs.

8.8 Designating Participating Agency End Users

Policy:

Any individual working on behalf of the Participating Agency (ex: employee, contractor, and/or volunteer), who will collect information for HMIS purposes must be designated as an Participating Agency End User; and therefore is subject to these Policies and Procedures.

Description:

Anyone who collects HMIS data (electronic or paper) or creates reports from ServicePoint must be designated as a Participating Agency End User. Due to client privacy, confidentiality, and security procedures, all Participating Agency End Users must follow the standards and procedures set forth for security and confidentiality. Participating Agency End Users who have not had the proper training will not be equipped to respond to Clients' questions on consent, revocation, intake forms, and other aspects. An individual, who is designated as a Participating Agency End User, but that does not work within ServicePoint, is still required to take the Policies and Procedures training class. Individuals who do work within ServicePoint will take this class, as well as specific training on ServicePoint.

Procedures:

• After an individual is identified as a Participating Agency End User, the Participating Agency Administrator must complete the User Account Request Form for submission to the HMIS System Administrator.
• The individual is required to complete the appropriate user training.
9. **DATA COLLECTION & REPORTING**

9.1 On Whom to Collect Data

**Policy:**

Participating Agencies are required to attempt data collection on individuals who are homeless and/or who are receiving services.

**Procedures:**

- For HMIS purposes, HUD’s minimum standards require that individuals who are homeless and receive services from a Participating Agency must be approached for data collection. Therefore, during the intake process it is important to identify these persons.
- Once these persons are identified, they must go through the Informed Consent Process, which is an oral explanation of HMIS and its’ benefits, as well as the Client’s rights in regards to HMIS.
- Information must be collected separately for each family member, rather than collecting data for the family as a whole.

**Best Practices:**

- Participating Agencies should also collect HMIS data for individuals or families not yet homeless but who are receiving services from the Participating Agency. One of the greatest benefits of HMIS to a Participating Agency is the ability to create reports describing its client’s characteristics, outcomes of the services they receive, and general agency operating information. Entering HMIS data only for homeless persons will give the Participating Agency a partial picture. By including homeless and non-homeless persons, Participating Agencies will be able to generate reports that wholly describe their operations.
- Participating Agencies should collect data on individuals or families that make contact with the Participating Agency, but are not able to receive services. HMIS possesses the ability to count the persons that attempt to enroll in programs/services, even though they may not actually end up receiving those services. The Participating Agency will be able to create reports about the characteristics of these individuals and use this information for a number of reasons. The Participating Agency could use this data to determine if they are being improperly referred or to quantify the additional need for funding.

9.2 Using Paper-based Data Collection Forms

**Policy:**

Participating Agencies may choose to collect client data on paper for later data entry or for assistance in data entry. Participating Agencies must use the HMIS Intake Form (Appendix J) provided by the Lead Agency.

**Description:**

Each Participating Agency will incorporate HMIS into its own operating processes. Some Participating Agencies will prefer to interview clients and simultaneously enter
their information directly into the computer. Other Participating Agencies will find it easier to collect information on paper first, and then have someone enter the data later or turn the information into the HMIS Lead Agency for data entry. HMIS paper-based forms that enable collection of the Universal, and Program Specific Data Standards are available. Participating Agencies should use:

- Head of Household Intake form (Appendix J)
- Other Household Member Intake form (Appendix K)
- Exit Form (Appendix L)

During the HMIS Policies and Procedures training, Participating Agency End Users will learn how to use these forms to fulfill their data collection obligations.

**Procedures:**

- Participating Agencies may utilize paper-based forms for initial data collection.
- Participating Agency End Users will have five calendar days from the point of the event (intake/enrollment, service delivery, or exit) to enter the data.
- Standard forms provided by the HMIS Lead Agency to capture Universal and Program Specific data shall be used by Participating Agencies using paper-based forms for data collection.
- Participating Agencies, who encounter Clients that refuse to sign the HMIS Client Consent form, will capture data on a paper intake form, but do not enter data.
- For HMIS Lead Agency assistance in data entry, forms must be turned into HMIS Lead Agency within 48 hours of obtaining information.

### 9.3 Client Intake: Completing Required Fields in HMIS

**Policy:**

| During client intake, Participating Agency End Users must complete the Universal and Program Specific fields as required for all clients. |

**Description:**

All Participating Agencies are required to complete the Universal fields regardless of funding sources. Participating Agencies that receive homeless assistance grant funds from HUD are required to complete the Program Specific fields.

**Procedures:**

- To complete the Universal fields for intake, Participating Agency End Users will follow the workflow that is set up for their program.
- To complete the Program Specific required fields, Participating Agency End Users will follow the workflow that is set up for their program.

**Best Practice:**

Participating Agency End Users should be aware of their Participating Agency’s data requirements and internal standards. Participating Agencies may decide to collect additional pieces of information beyond the Universal and Program Specific fields. Such additional data needed for the Participating Agency’s own operations and/or funding sources can be entered into HMIS.
9.5 Client Discharge: Exiting Clients from Programs

Policy:

| During discharge or program exit, Participating Agency End Users must complete the Universal and Program Specific required fields for all clients within five calendar days. |

Description:

During client discharge from a program, there are additional data collection requirements.

Procedures:

- Participating Agency End Users must complete the Universal and Program Specific required fields for discharge.
- To complete the Program Specific required fields, End Users must go to the Client Program Close, Program Exit, Special Needs at Exit, Income at Exit, Income at Exit Summary and Outcomes screens and respond to the fields marked required.
- If Participating Agency collects data on paper-based data forms, the Exit form (Appendix L) shall be used.
10. TRAINING & TECHNICAL ASSISTANCE

10.1 End User Training

Policy:

| Participating Agency End Users are required to complete new user training before access to HMIS is given. |

Description:

The following training, at a minimum, will be provided:

<table>
<thead>
<tr>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Description</td>
</tr>
<tr>
<td>HMIS Basic User</td>
</tr>
<tr>
<td>HMIS Refresher</td>
</tr>
<tr>
<td>Ethics and Confidentiality</td>
</tr>
<tr>
<td>Privacy and Security</td>
</tr>
<tr>
<td>Participating Agency Administrator</td>
</tr>
<tr>
<td>Reports</td>
</tr>
</tbody>
</table>

Procedures:

There are several prerequisites for attending the Participating Agency End User training:

- The Participating Agency must have signed and returned the Personal Services Agreement between the County of Shasta and the Participating Agency.
- All Participating Agency End Users to be trained must have a User Access Request Form (Appendix B) completed prior to training. The user request forms are to be mailed, emailed, or faxed to the HMIS System Administrator prior to training attendance.
- Email to: HMIS@co.shasta.ca.us
- Participating Agency Administrator shall contact the HMIS System Administrator to see when the next training is being offered. Training spots are allocated on a first-come first-serve basis.
- Upon completion of training, Participating Agency End Users will be given a login and password to provide access to ServicePoint. At this point, the End User will be able to utilize ServicePoint.
10.2 Training Refresher

Policy:

All Participating Agencies may request a training refresher as needed.

Description:

HMIS will evolve over time to include new HUD requirements as well as functions that Participating Agencies and the community request.

Procedures:

The Participating Agency Administrator shall contact the HMIS System Administrator to request any additional training necessary to maintain compliance with these Policies and Procedures.

10.3 Contacting the System Administrator

Policy:

All requests for technical assistance and training shall be requested by the Participating Agency Administrator.

Procedures:

HMIS System Administrator will be the best resource for finding out specific information regarding CSN functionality, technical issues and reporting. Contact the HMIS System Administrator by email at HMIS@co.shasta.ca.us or by phone at 530-245-6431.
Appendix A: HMIS Client Consent Form
Homeless Management Information System (HMIS)
Client Informed Consent & Release of Information Authorization

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

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:
The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an Intra-Agency HMIS Data Sharing Agreement and shall be used to:
   a. Produce a client profile at intake that will be shared by collaborating agencies
   b. Produce anonymous, aggregate-level reports regarding use of services
   c. Track individual program-level outcomes
   d. Identify unfilled service needs and plan for the provision of new services
   e. Allocate resources among agencies engaged in the provision of new services

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

The information may consist of the following Protected Identifying Information (PPI):
- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity & Race
- Program entry date
- Program exit date
- Income and Non-Cash benefits information
- Housing information
- Residence prior to project entry
- Homeless history
- Zip Codes of last permanent address
- Family composition
- Employment status
- Veteran Status
- HIV/AIDS
- Domestic Violence
- Mental Health
- Disabling condition
- Alcohol & drug
- Legal history
- Photo (if applicable)

I UNDERSTAND THAT:
• Use of my likeness in a photograph will be viewable by other participating agencies and may be cropped or edited, as needed. I waive the right to approve or inspect the finished photograph.
• Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
• The participating agencies have signed agreements to maintain confidentiality regarding my information.
• The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
• If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the participating agencies.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development may see my information.
- People using HMIS information to write reports may see your information. Researchers must sign an agreement to protect my privacy before seeing HMIS data. My private information will never appear in research reports.
- This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a “Revocation of Consent to Release Information form”, but that cancellation will not be retroactive.
- Additionally, I understand that participation in data collection is optional, and I may choose not to participate.
- This release is valid for three (3) years from the date of my signature below.
- I also understand that I may withdraw my consent at any time.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.

**Participating agencies:** A list of the participating agencies within the Redding Shasta County Homeless Continuum of Care Homeless Management Information System may be viewed prior to signing this form.

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

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
<td>8.</td>
</tr>
</tbody>
</table>

Please initial one of the following levels of consent:

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

**OR**

_____ I give authorization for mine and my dependents listed above, protected personal and relevant information **to be entered into HMIS, but NOT shared between participating agencies.**

**OR**

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

______________________________  ___________________________
Consumer’s Signature     Date
Appendix B: User Account Request Form
Shasta County Homeless Management Information System
User Account Request Form

Today’s Date ___/___/___

☐ New User  ☐ Delete User  ☐ Change User Information  ☐ Other ___________

HMIS User Information

User First & Last Name (print or type) ____________________________________________

Job Title ___________________________ User Office Phone (_____)____________ Ext _______

User E-Mail Address __________________________________________________________

Organization & Program Information

Organization Name ____________________________________________________________

Organization Main Office Address:

___________________________ _____________________ ________
(Street)                                     (City)                        (Zip Code)

Location ________________________________ _________________  _______________
(where user uses HMIS)     (Street)                                     (City)                         (Zip Code)

Program Type:

☐ Emergency Shelter  ☐ Homeless Outreach
☐ Transitional Housing  ☐ Homelessness Prevention and Rapid Re-Housing
☐ Permanent Supportive Housing  ☐ Services Only Program
☐ Other, if so explain _____________ _____________________________ ________________

Authorization & Confidentiality Statement

I agree to maintain strict confidentiality of information obtained through the Homeless Management Information System (HMIS) Network. This information will be used only for the legitimate client services and administration of the above name organization. Any breach of confidentiality will result in the immediate termination of participation in HMIS.

_______________________________________________   __________________
HMIS User Signature                                                                                    Date

_______________________________________________   __________________
Agency Administrator’s Signature/Authorization                                          Date

Note: This form must be completed and filed with Shasta County Department of Housing and Community Action Programs for new users and users needing to be deleted.
USER’S RESPONSIBILITY STATEMENT

Your username and password give you access to the HMIS Network. Initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS.

Initial Only

_____ I understand that my username and password are for my use only.

_____ I understand that I must take all reasonable means to keep my password physically secure.

_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of HMIS, whatever their work role or position.

_____ I understand that hard copies of HMIS information must be kept in a secure file.

_____ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

_____ I understand that if I notice or suspect a security breach, I must immediately notify HMIS Lead Agency at 530-245-6431.

I understand and agree to the above statements.

___________________________________   ____________________
HMIS User Signature       Date

Note: This form must be completed and filed with Shasta County Department of Housing and Community Action Programs for new users and users needing to be deleted.
Appendix C: Privacy Policy
Redding/Shasta County Continuum of Care
Homeless Management Information System (HMIS)
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
If you have any questions about this Notice, you may contact either your service provider, or:
Shasta County Department of Housing and Community Action Programs
1450 Court Street, Suite 108, Redding, CA 96001
(530)225-5160

Your information is personal, and the Redding/Shasta County Continuum of Care (RSHCOC) is committed to protecting it. Your information is also very important to our ability to provide you with quality services, and to comply with certain laws. This notice describes the privacy practices our employees and other personnel are required to follow in handling your information.

We are legally required to: Keep your information confidential, give you this notice of our legal duties and privacy practices with respect to your information, and comply with this notice.

CHANGES TO THIS NOTICE
We reserve the right to revise or change the terms of this Notice, and to apply those changes to our policies and procedures regarding your information. To obtain a copy of this notice, you can either ask your treatment provider or any staff person, or go to the RSHCOC’s website at http://www.rshcoc.org.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION
For Housing: We create a record of your information, including housing services you receive at our partner agencies. We need this record to provide you with quality services and to comply with certain legal requirements.

Your service team may use or disclose your information to other personnel who are involved in providing services for you. For example, a housing navigator may need to know disability information to provide appropriate housing resources. Your service team may share your information in order to coordinate the different things you need, such as referrals and services.

We also may use and disclose your information to people outside this agency who may be involved in your service coordination when you access services from our partner agencies.

We also may use and disclose your information to contact you with a reminder that you have an appointment and you have the right to tell us how you want to receive appointment reminders. At your request, a form will be provided to you for that purpose.

We also may use and disclose your information to recommend service options or alternatives that may be of interest to you. Additionally, we may use and disclose your information to tell you about health-related benefits or services that may be of interest to you for example, Medi-Cal eligibility or Social Security benefits. You have the right to refuse this information.

For Service Corroboration: We also may use and disclose your information about you so that you do not have provide information more than once. This sharing, only when you access one of the participating agencies, can help avoid duplication of services and referrals that you are already receiving.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION
Research: Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing your service level and of all clients who received similar services. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with clients’ need for privacy of their information. Before we use or disclose information for research, the project will have been approved through a research approval process, but we may, however, disclose information about you to people...
preparing to conduct a research project, for example, to help them look for clients with specific needs, so long as the information they review does not leave our agency.

As Required By Law: We will use and disclose information when required by federal or state law or regulation.

To Avert a Serious Threat to Health or Safety: We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Public Health Activities: We may disclose your information for public health activities such as to report the abuse or neglect of children, elders, and dependent adults;

Abuse, Neglect, or Domestic Violence: We may disclose your information when notifying the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Oversight Activities: We may disclose your information to a federal oversight agency, such as the Department of Housing and Urban Development, for activities authorized by law. These oversight activities are necessary for the government to monitor government service programs, and compliance with civil rights laws.

OTHER USES OF YOUR INFORMATION

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made with the authorization was in effect, and we are required to retain our records of the services that we provided to you.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

Right to Inspect and Obtain Copies: With certain exceptions, you have the right to inspect and obtain copies of your information from our records. To inspect and obtain copies of your information, you must submit a request in writing to your service provider where you received services. The request will be reviewed and responded to within three (3) business days. We reserve the right to deny your right to inspect and obtain copies of your information. If your request is denied, you may appeal this decision and request that another services professional by the Shasta County Department of Housing and Community Action Programs, who was not involved in your treatment, review the denial.

Right to Request an Amendment: If you feel that your information in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to your service provider. Your request will become part of your record.

Right to Request Restrictions: You have the right to request that we follow additional, special restrictions when disclosing your information. We are not required to agree with your request. To request restrictions, you must make your request in writing to your service provider. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about appointments or other matters related to your service in a specific way or at a specific location. For example, you can you can ask that we only contact you at work, or by mail at a post office box. To request confidential communications, you must make your request in writing to your Agency case manager or the person in charge of your services. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice:
You may ask us for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice, ask any staff person. You may also obtain a copy of this Notice at our website http://www.rshcoc.org.

You have the right to file a complaint if you believe that RTFH staff has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with the RSHCCOC System Administrator.

To file a complaint with the Lead Agency, contact:
Shasta County Department of Housing and Community Action Programs
1450 Court Street, Suite 108 Redding, CA 960001
530-245-6431

To file a complaint with the State of California, contact:
www.privacy.ca.gov
866-785-9663
800-952-5210

SIGNATURE PAGE TO FOLLOW
ACKNOWLEDGEMENT OF RECEIPT
By signing this form, you acknowledge receipt of the HMIS Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site, http://www.rshcoc.org/ or by contacting any staff person involved in your services.

If you have any questions about our Notice of Privacy Practices, please contact:
Shasta County Department of Housing and Community Action Programs
1450 Court Street, Suite 108 Redding, CA 960001
530-245-6431

I acknowledge receipt of the HMIS Notice of Privacy Practices.

______________________________ ______________________________ _________________
Client Signature     Client Name       Printed Date

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the client’s acknowledgement, describe the good faith efforts made to obtain the client’s acknowledgement, and the reasons why the acknowledgement was not obtained:

______________________________ ______________________________  _________________
Staff Member’s            Signature Staff Name and Title Printed   Date
Appendix D: Mandatory Collection Notice
HOMELESS MANAGEMENT INFORMATION SYSTEM
MANDATORY COLLECTION NOTICE

We collect personal information directly from you for reasons that are discussed in our privacy policy. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services and better understand the needs of homelessness. We collect appropriate information only. A Privacy Policy is available upon request.
Appendix E: HMIS Request for Policy Addition, Deletion, or Change
Shasta County
HMIS Request for Policy Addition, Deletion, Change

Organization: _______________________________________________
Name: ____________________________________________________
Date: ___________________________

I request that the following change(s) be made to the HMIS Policies & Procedures Manual:

Change the following existing policy:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Delete the following existing policy:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Add the following:
Provide in clear and concise language the policy to be considered by the HMIS Committee to be
inserted / deleted in or from the current Policies and Procedures manual. Please be clear and
specific.

Policy:
____________________________________________________________________________
____________________________________________________________________________

Provide a brief description of the policy or process. Please be clear and specific.

Description:
____________________________________________________________________________
____________________________________________________________________________

Provide in detail the procedure for the policy identified above. Please be clear and specific.

Procedures:
____________________________________________________________________________
____________________________________________________________________________
Appendix F: Inter-Agency Data Sharing Agreement
By signing this Inter-Agency Data Sharing Agreement, ___________________ shall be designated a “Participating Agency” in the Redding/Shasta County Homeless Continuum of Care (RSHCOC) Coordinated Entry Collaborative. This agency agrees to share the demographic and programmatic data (when authorized to do so by the client) using the RSHCOC Homeless Management Information System (HMIS). This agency’s client data shall be shared with all participating agencies that also have a signed Inter-Agency Data Sharing Agreement, on file with the HMIS Lead Agency (Shasta County). Each Participating Agency must also complete and comply with the HMIS Partner Agency Agreement. Each individual HMIS user must complete and comply with the HMIS User Agreement. This agency has signed and shall comply with the RSHCOC HMIS Policies and Procedures.

Uses of HMIS Data:
• Coordinate housing services for families and individuals experiencing homelessness or facing a housing crisis across the RSHCOC service area which includes the counties of Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra, and Siskiyou.
• Understand the extent and nature of homelessness.
• Evaluate performance and progress toward RSHCOC benchmarks.
• Improve the programs and services available to residents in the RSHCOC service area experiencing homelessness or facing a housing crisis.
• Improve access to services for RSHCOC homeless persons and at-risk populations.
• Reduce inefficiencies and duplication of services within our community.
• Ensure that services are targeted to those most in need, including “hard to serve” populations.
• Ensure that clients receive the amount and type of services that “best fits” their needs and preferences.
• Pursue additional resources for ending homelessness
• Advocate for policies and legislation that will support efforts to end homelessness in RSHCOC service area.
• Coordinate the data required to complete the HUD required Point in Time (PIT) Count and Housing Inventory Count (HIC).

Participating Agency Requirements:
Each Participating Agency, agrees that such agency:
• Will not access identifying information for any individual who is not a client of the agency. The agency may access its clients’ identifying information and request in writing access to statistical, non-identifying information on clients served by other Participating Agencies.
• Will not report on a client’s whereabouts to outside entities that are not a part of this signed Inter-Agency Data Sharing Agreement (e.g., law enforcement, missing person inquiries, and governmental agencies).
• Will report only non-identifying information from HMIS in response to requests unless otherwise required by law.

Client Protection:
• Basic client profile data, which includes client demographic (name, birth date, social security number, gender, ethnicity, veteran status, language, photo, etc.) will be shared with the RSHCOC Participating Agencies participating in HMIS and partnering in the RSHCOC Coordinated Entry Collaborative in an effort to reduce the event of duplicative client intakes.
• The applicable Client Authorization form must be signed by the client in order for the Protected Identifying Information (PII) to be entered into HMIS. Non-identifying client information may be entered in the system for all clients regardless of whether they give their informed consent.
In the event a client doesn’t want to share their information with other agencies, it’s the responsibility of the Participating Agency end-user to make client’s program enrollment, services, file, etc., private in HMIS.

Client’s project level information (services, VI-SPDAT assessments, project placement history, forms, documents, and contact information) will only be shared among the agencies that have signed this agreement. At the time of informed consent, and at any point after, the client has the right to see a current list of HMIS Participating Agencies and also has the right to revoke consent.

Client/Project Case Notes will not be shared under this Inter-Agency Data Sharing Agreement. Agencies may enter into separate Memorandum of Understanding to share case notes.

Additional agencies may join HMIS and partner in the RSHCOC Coordinated Entry Collaborative and will be added to the list of HMIS Participating Agencies. As part of the informed consent process, clients must be informed that additional agencies may join the collaborative at any time and will have access to their information.

HMIS Participating Agency end-users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities (see the Client Informed Consent & Release of Information Authorization and the Notice of Privacy Practices in HMIS Policies and Procedures, also available on the website at http://www.rshcoc.org.)

Clients may NOT be denied services based on their choice to withhold their consent to share their information.

No party to this agreement shall assume any additional liability of any kind due to its execution of this agreement. It is the intent of the parties that each shall remain liable, to the extent provided by law, regarding its own acts and omissions, but that no party shall assume additional liability on its own behalf or liability for the acts of any other individual or entity except for the acts and omissions of its own employees, volunteers, agents, or contractors through participation in the RSHCOC Coordinated Entry Collaborative. The parties intend that this agreement is for their benefit only and that this agreement creates no rights for any third party.

Agreed to and signed by the following agency representative:

Printed Name

Agency Name

Signature

Date
Appendix G: Revocation Form
Redding/Shasta County
Homeless Management Information System (HMIS)

Client Revocation Form

Agency Information (“This agency”)________________________________

Name:____________________
Address:__________________________________________________________
City, State, Zip: _____________________________________________________

I hereby revoke permission for this agency to share my demographic, household and service
information with other agencies that use Redding/Shasta County Homeless Management
Information System (HMIS).

I understand that the information will remain in HMIS, and will no longer be available to other
partner agencies; however, information previously shared or disclosed by this agency as a
result of my prior consent cannot be retracted, nor may this agency without information required
to be shared or disclosed by law.

__________________________ ____________________ ______
Name of Client   Signature of Client  Date

__________________________ __________________________
Name of Agency Representative Signature of Agency Representative

______________
Date
Appendix H: Client HMIS Grievance Form
REDDING/SHASTA COUNTY HMIS

If you think your privacy rights for the information entered into HMIS have been violated, use this form to report the problem.

It is against the law for any agency to retaliate against you or deny services if you file this grievance.

<table>
<thead>
<tr>
<th>Name of Individual Filing the Grievance: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance Information</td>
</tr>
<tr>
<td>Date of Occurrence: ____________________</td>
</tr>
<tr>
<td>Have you discussed this issue with the HMIS Agency? Yes No</td>
</tr>
<tr>
<td>Agency Name:</td>
</tr>
<tr>
<td>Issue of Grievance:</td>
</tr>
<tr>
<td>List specific problem(s)/issue(s).</td>
</tr>
<tr>
<td>For clarification of the issues of your grievance, please provide statements regarding the condition which is the subject of this grievance. (Describe what happened, when, and where. Attach any supporting documentation.)</td>
</tr>
<tr>
<td>Relief Request: Indicate the action(s) that would resolve your grievance.</td>
</tr>
<tr>
<td>My signature indicates that the information contained on this form and attachments (if any) to this form is true and factual to the best of my knowledge.</td>
</tr>
<tr>
<td>Signature          Date</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
</tr>
</tbody>
</table>
Appendix I: HMIS End User Agreement
HMIS END USER AGREEMENT

Agency Name: ________________________ User Name: __________________
HMIS User Name: _____________________ Email: _______________________

The CoC recognizes the importance of client needs in the design and management of HMIS. These needs include both the need to continually improve and maintain the quality of homeless and housing services with the goal of eliminating homelessness in Redding/Shasta County Homeless Continuum of Care Region, as well as the need to maintain client confidentiality and treat the personal data of clients with respect and care.

As the guardians entrusted with this personal data, Participating Agency End Users have a moral and a legal obligation to ensure that the data they enter into ServicePoint is being collected, accessed and used appropriately. Proper user training; adherence to the Redding/Shasta County Homeless Continuum of Care HMIS Policies and Procedures Manual; and, a clear understanding of the privacy, security, and confidentiality policies are vital to achieving these goals.

Your User ID and password give you access to ServicePoint. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password and your intention to comply with all elements of the Homeless Management Information System Data and Technical Standards Notice published by the U.S. Department of Housing and Urban Development. Unauthorized use or disclosure of HMIS information is a serious matter and any End User found to be in breach of this agreement will be subject to the following penalties or sanctions including: the loss or limitation of use of ServicePoint; adverse employment actions including dismissal; and civil and/or criminal prosecution.

Please initial that you understand and agree to comply with all the statements listed below.

My ServicePoint User ID and password are for my use only and must not be shared with anyone.

I will take all reasonable means to keep my User ID and password physically secure.

If I am logged into ServicePoint and must leave the work area where the computer is located, I must log-off of ServicePoint before leaving.

Any computer that has ServicePoint “open and running” shall never be left unattended. Any computer that is used to access ServicePoint must be equipped with locking (password protected) screen savers.

Failure to log off ServicePoint appropriately may result in a breach in client confidentiality and system security.

If I notice or suspect a security breach, I must notify the HMIS System Administrator – Shasta County Department of Housing and Community Action Programs – within 30 days.
I affirm the following:

1. I have received the following HMIS trainings:
   a) ServicePoint use
   b) Privacy
   c) Data collection
   d) Security policy

2. I have read and will abide by all policies and procedures in the HMIS Policies and Procedures Manual and have adequate training and knowledge to enter data and/or run reports in ServicePoint.

3. I will maintain the confidentiality of client data in ServicePoint as outlined above and in the HMIS Policies and Procedures Manual.

4. I will only search, view, or enter data into ServicePoint when a Client Consent Form is on file.

_____________________________________________   ________________________
End User Signature                          Date

_____________________________________________
End User Printed Name

_____________________________________________   ________________________
Agency Executive Director/ Supervisor          Date
Appendix J: Adult Intake Form
HMIS Adult Intake Form – Housing Programs

*Project Enrollment Date: | Project Name:

*For ES/TH/PSH Projects this is the first date of occupancy in the project.
*For RRH & Non-Residential Projects, this is the date the client began receiving services

Head of Household: | Staff Completing Intake:

Client’s Phone #: | Client’s E-Mail Address:

Complete a separate form for each adult household member.
[All Clients = Adults & Children / HoH = Head of Household]
Please carefully READ the instructions before answering these questions.

CURRENT NAME [All Clients]

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
<th>Alias</th>
</tr>
</thead>
</table>

QUALITY OF CURRENT NAME [All Clients]

- [ ] Full name reported
- [ ] Partial, street name, or code name reported
- [ ] Client doesn’t know
- [ ] Client refused

SOCIAL SECURITY NUMBER [All Clients]

- - -

QUALITY OF SOCIAL SECURITY

- [ ] Full SSN reported
- [ ] Approximate or partial SSN reported
- [ ] Client doesn’t know
- [ ] Client refused

DATE OF BIRTH [All Clients]

| Month | Day | Year |

QUALITY OF DATE OF BIRTH

- [ ] Full DOB reported
- [ ] Approximate or partial DOB reported
- [ ] Client doesn’t know
- [ ] Client refused

GENDER [All Clients]

- [ ] Female
- [ ] Male
- [ ] Transgender female to male
- [ ] Transgender male to female
- [ ] Does’t Identify As Male, Female, Or Transgender
- [ ] Client doesn’t know
- [ ] Client refused
**RACE (select ALL that apply) [All Clients]**

<table>
<thead>
<tr>
<th>RACE</th>
<th>All Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>☐</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>☐</td>
</tr>
<tr>
<td>Black or African American</td>
<td>☐</td>
</tr>
<tr>
<td>Client doesn’t know</td>
<td>☐</td>
</tr>
<tr>
<td>Asian</td>
<td>☐</td>
</tr>
<tr>
<td>Client refused</td>
<td>☐</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>☐</td>
</tr>
</tbody>
</table>

**ETHNICITY [All Clients]**

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>All Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Non-Latino</td>
<td>☐</td>
</tr>
<tr>
<td>Client doesn’t know</td>
<td>☐</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>☐</td>
</tr>
<tr>
<td>Client refused</td>
<td>☐</td>
</tr>
</tbody>
</table>

**ZIP CODE OF LAST PERMANENT ADDRESS [All Clients]**

<table>
<thead>
<tr>
<th>ZIP CODE OF LAST PERMANENT ADDRESS</th>
<th>All Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full ZIP reported</td>
<td>☐</td>
</tr>
<tr>
<td>Client doesn’t know</td>
<td>☐</td>
</tr>
<tr>
<td>Approximate or partial ZIP reported</td>
<td>☐</td>
</tr>
<tr>
<td>Client refused</td>
<td>☐</td>
</tr>
</tbody>
</table>

**LANGUAGE (Primary Language Spoken)**

**ARE YOU A U.S. CITIZEN [Head of Households and Adults]**

<table>
<thead>
<tr>
<th>ARE YOU A U.S. CITIZEN</th>
<th>Head of Households and Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>☐</td>
</tr>
<tr>
<td>Client doesn’t know</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Client refused</td>
<td>☐</td>
</tr>
</tbody>
</table>

**RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]**

<table>
<thead>
<tr>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>All Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self (Head of the Household)</td>
<td>☐</td>
</tr>
<tr>
<td>Head of Household’s Child</td>
<td>☐</td>
</tr>
<tr>
<td>Head of Household’s Spouse or Partner</td>
<td>☐</td>
</tr>
<tr>
<td>Head of Household’s Other Relation Member</td>
<td>☐</td>
</tr>
<tr>
<td>Other: Non-Relation Member</td>
<td>☐</td>
</tr>
</tbody>
</table>

**VETERAN STATUS [All Adults]** Data collection Instructions: 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 United States military?” This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

**VETERAN STATUS [All Adults]**

<table>
<thead>
<tr>
<th>VETERAN STATUS</th>
<th>All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>☐</td>
</tr>
<tr>
<td>Client doesn’t know</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Client refused</td>
<td>☐</td>
</tr>
</tbody>
</table>

**IF YES TO VETERAN STATUS (Please complete all Veteran related questions listed below)**

<table>
<thead>
<tr>
<th>IF YES TO VETERAN STATUS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year entered military service (year)</td>
<td></td>
</tr>
<tr>
<td>Year separated from military service (year)</td>
<td></td>
</tr>
<tr>
<td>Theater of Operations</td>
<td>No</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----</td>
</tr>
<tr>
<td>World War II (1939 – 1945)</td>
<td></td>
</tr>
<tr>
<td>Korean War (1950 – 1953)</td>
<td></td>
</tr>
<tr>
<td>Persian Gulf War (Desert Storm) (1990 – 1991)</td>
<td></td>
</tr>
<tr>
<td>Afghanistan (Operation Enduring Freedom) (2001 – Present)</td>
<td></td>
</tr>
<tr>
<td>Iraq (Operation Iraqi Freedom) (2003 - 2010)</td>
<td></td>
</tr>
<tr>
<td>Iraq (Operation New Dawn) (2010 - 2011)</td>
<td></td>
</tr>
<tr>
<td>Other peace-keeping operations or military interventions (i.e. Lebanon (82-85), Panama (89-90), Somalia (92-94), Bosnia (92-96), Kosovo (‘99))</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch of the Military</th>
<th>Army</th>
<th>Coast Guard</th>
<th>Air Force</th>
<th>Client doesn’t know</th>
<th>Navy</th>
<th>Client refused</th>
<th>Marines</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Discharge Status</th>
<th>Honorable</th>
<th>Dishonorable</th>
<th>General under honorable conditions</th>
<th>Uncharacterized</th>
<th>Other than honorable conditions (OTH)</th>
<th>Client doesn’t know</th>
<th>Bad Conduct</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge Status Verified (Client Has DD-214?)</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>
HMIS Adult Intake Form – Housing Programs

ENROLLMENT

HOUSING STATUS AT ENTRY [ALL Clients]
Please review the description of all categories in HMIS Data Standards Manual before responding.

| Category 1 – Homeless (Client slept in an Emergency Shelter or Place Not Meant For Habitation) | □ | □ |
| Category 2 - At Imminent Risk of Losing Housing | □ | □ |
| Fleeting domestic violence | □ | □ |

Data Not Collected

REASON FOR HOMELESSNESS [Adults & HoH] Mark only one

| Not Homeless | Financial | Medical Problems, Non-Mental |
| Credit Problems | Fire/Condemnation | Mental Health Problems |
| Domestic Violence | Gambling | New to Area (No Deposit Money) |
| Drug or Alcohol Problems | Incarceration | New to Area (No Social Supports) |
| Eviction due to Foreclosure (Owner Occupied) | Kicked out by Family/Friends | Previous Evictions/Unpaid Utilities |
| Eviction due to Foreclosure (Rental) | Left State Foster Care | Unable to Find Work |
| Eviction for Non-Financial Reasons | Loss of Public Assistance/Aid | Other |
| Eviction for Non-Payment | Loss of Job | □ |

HAS THE CLIENT MOVED INTO PERMANENT HOUSING? □ No □ Yes

If “YES”, Date Of Residential Move-In: / /

PRIOR LIVING SITUATION

TYPE OF RESIDENCE (Where Did The Client Sleep Last Night?) [Adults & HoH]

| Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station, airport or anywhere outside) | Emergency shelter, including hotel or motel paid for with emergency shelter voucher |
| Foster care home or group home | Long-term care facility or nursing home |
| Hospital or other residential non-psychiatric medical facility | Psychiatric hospital or other psychiatric facility |
| Jail, prison or juvenile detention facility | Substance abuse treatment facility or detox center |

TRANITIONAL (TH) & PERMANENT HOUSING (PH) SITUATION

| Hotel or motel paid for without emergency shelter voucher | Rental by client, with other ongoing Housing subsidy |
| Owned by client, no ongoing housing subsidy | Residential project or halfway house with no homeless criteria |
| Owned by client, with ongoing housing subsidy | Staying or living in a family member’s Room, apartment or house |
| Permanent housing for formerly homeless persons (ex. CoC project, HOPWA PH) | Staying or living in a friend’s room, apartment or house |
| Rental by client, no ongoing housing | Transitional housing for homeless |
### HMIS Adult Intake Form – Housing Programs

<table>
<thead>
<tr>
<th>subsidy</th>
<th>persons (including homeless youth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rental by client, with VASH subsidy</td>
<td>☐ Client doesn’t know</td>
</tr>
<tr>
<td>☐ Rental by client, with GPD TIP subsidy</td>
<td>☐ Client refused</td>
</tr>
</tbody>
</table>

#### LENGTH OF STAY IN PRIOR LIVING SITUATION [Adults & HoH]

| □ One night or less | □ One month or more, but less than 90 days | □ Client doesn’t know |
| □ Two to six nights | □ 90 days or more, but less than one year | □ Client refused |
| □ One week or more, but less than one month | □ One year or longer | |

1) **IF CLIENT’S PRIOR LIVING SITUATION WAS TH OR PH, WAS THEIR LENGTH OF STAY LESS THAN 7 NIGHTS**

2) **IF CLIENT’S PRIOR LIVING SITUATION WAS INSTITUTION, WAS THEIR LENGTH OF STAY LESS THAN 90 DAYS**

3) **ON THE NIGHT BEFORE ENTERING THE TH/PH/INSTITUTION – DID THE CLIENT SLEEP ON STREETS OR IN AN EMERGENCY SHELTER [Adults & HoH]**

   - **ONLY ANSWER IF YOU SELECTED “YES” TO EITHER 1 OR 2 ABOVE**

#### APPROXIMATE DATE THIS EPISODE OF HOMELESSNESS STARTED [Adults & HoH]

- If “Yes” to Prior Living Situation of Literally Homeless OR Yes to “3” Above

<table>
<thead>
<tr>
<th>MONTH / DAY / YEAR</th>
</tr>
</thead>
</table>
| Collect the TOTAL time client has been Category 1 – Literally Homeless during this episode. Stays in institutions of less than 90 days do not constitute a break in homelessness, provided the client was homeless prior to entering the institution. Stays in a TH or PH situation as defined above of less than 7 nights do not constitute a break in homelessness, provided the client was homeless prior to entering. (See the example below. This Client enters your program on 12.01.15 & came directly from jail. In this example, the date you would enter for the start of this episode of homelessness would be 03.01.15)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>From When to When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where were you Last Night?</td>
<td>Jail</td>
<td>10.01.15 to 11.30.15</td>
</tr>
<tr>
<td>Where were you the night before you went to jail?</td>
<td>Streets</td>
<td>06.15.15 to 09.30.15</td>
</tr>
<tr>
<td>Where were you before you went out on the streets?</td>
<td>Shelter</td>
<td>06.01.15 to 06.14.15</td>
</tr>
<tr>
<td>Where were you before you went into the shelter?</td>
<td>Rental</td>
<td>Lost house on 02.28.15</td>
</tr>
</tbody>
</table>

#### TOTAL NUMBER OF TIMES HOMELESS ON THE STREETS OR IN AN EMERGENCY SHELTER IN THE PAST THREE YEARS (EPISODES) [Adults & HoH]

| 1 Time (This is the First Time) | 4 Or More Times |
| 2 Times | Client doesn’t know |
| 3 Times | Client refused |

#### TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS OR IN AN EMERGENCY SHELTER IN THE PAST THREE YEARS [Adults & HoH]

(Any single day or part of a month spent homeless should be counted as one month.)

<table>
<thead>
<tr>
<th>1 Time</th>
<th>5 Time</th>
<th>9 Time</th>
<th>More Than 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Time</td>
<td>6 Time</td>
<td>10 Time</td>
<td>Client Doesn’t Know</td>
</tr>
<tr>
<td>3 Time</td>
<td>7 Time</td>
<td>11 Time</td>
<td>Client Refused</td>
</tr>
<tr>
<td>HMIS Adult Intake Form – Housing Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Four ☐ Eight ☐ Twelve</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL HEALTH [All Adults]**
- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don’t Know ☐ Refused

**PREGNANT**
- ☐ Yes ☐ No ☐ Doesn’t Know ☐ Refused ☐ N/A 
  *If “YES” Expected Due Date:* __________

**DISABLING CONDITIONS AND BARRIERS**

**PHYSICAL DISABILITY [All Clients]**
- ☐ No ☐ Client doesn’t know
- ☐ Yes ☐ Client refused

**IF “YES” TO PHYSICAL DISABILITY – SPECIFY**
- Receiving services for physical disability
  - ☐ No ☐ Client doesn’t know
  - ☐ Yes ☐ Client refused
- Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
  - ☐ No ☐ Client doesn’t know
  - ☐ Yes ☐ Client refused

  **Documentation of the disability and severity on file**
  - ☐ No ☐ Yes

**DEVELOPMENTAL DISABILITY [All Clients]**
- ☐ No ☐ Client doesn’t know
- ☐ Yes ☐ Client refused

**IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY**
- Receiving services for developmental disability
  - ☐ No ☐ Client doesn’t know
  - ☐ Yes ☐ Client refused
- Is the developmental disability expected to substantially impair ability to live independently?
  - ☐ No ☐ Client doesn’t know
  - ☐ Yes ☐ Client refused

  **Documentation of the disability and severity on file**
  - ☐ No ☐ Yes

**CHRONIC HEALTH CONDITION [All Clients]**
- ☐ No ☐ Client doesn’t know
- ☐ Yes ☐ Client refused

**IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY**
- Currently receiving services/treatment for this condition
  - ☐ No ☐ Client doesn’t know
  - ☐ Yes ☐ Client refused
- Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
  - ☐ No ☐ Client doesn’t know
  - ☐ Yes ☐ Client refused

  **Documentation of the disability and severity on file**
  - ☐ No ☐ Yes

**HIV-AIDS [All Clients]**
- ☐ No ☐ Client doesn’t know
- ☐ Yes ☐ Client refused

**IF “YES” TO HIV-AIDS – SPECIFY**
**HMIS Adult Intake Form – Housing Programs**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current services/treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MENTAL HEALTH PROBLEMS [All Clients]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current services/treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SUBSTANCE ABUSE PROBLEMS [All Clients]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current services/treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DISABLING CONDITION [All Clients] (See Definition Below)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current services/treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DOMESTIC VIOLENCE [Adults & HoH]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current services/treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISABLING CONDITION [All Clients]** This data element is to be used with other information to identify whether a client meets the criteria for chronic homelessness. Record whether the client has a disabling condition based on one or more of the following:

- 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).
### HMIS Adult Intake Form – Housing Programs

| Three to six months ago (excluding six months exactly) | Client doesn’t know |
| Six months to one year ago (excluding one year exactly) | Client refused |

**IF “YES” TO DOMESTIC VIOLENCE – ARE YOU CURRENTLY FLEEING?**

- No
- Client doesn’t know
- Yes
- Client refused

### CASH INCOME FROM ANY SOURCE (Monthly) [Adults & HoH]

- No
- Client doesn’t know
- Yes
- Client refused

**IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Income</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>Worker’s compensation</td>
<td></td>
</tr>
<tr>
<td>Private disability insurance</td>
<td></td>
</tr>
<tr>
<td>VA service-connected disability compensation</td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>Social Security Retirement Income (SSA)</td>
<td></td>
</tr>
<tr>
<td>VA non-service connected Disability pension</td>
<td></td>
</tr>
<tr>
<td>Pension or retirement income from former job</td>
<td></td>
</tr>
<tr>
<td>TANF / CalWorks</td>
<td></td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td></td>
</tr>
<tr>
<td>Alimony and other spousal support</td>
<td></td>
</tr>
<tr>
<td>Child support</td>
<td></td>
</tr>
<tr>
<td>Other Cash Income (Including Children’s SSI / Employment)</td>
<td></td>
</tr>
</tbody>
</table>

Specify “Other”

### RECEIVING NON-CASH BENEFITS [Adults & HoH]

- No
- Client doesn’t know
- Yes
- Client refused

**IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

- SNAP / Food Stamps / CalFresh
- Other TANF Benefit
- WIC
- Section 8 / Housing Voucher
- TANF Childcare
- Other Source
- TANF Transportation
- Temporary Rental Assistance

Specify “Other”

### COVERED BY HEALTH INSURANCE [All Clients]

- No
- Client doesn’t know
- Yes
- Client refused

**IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**
**HMIS Adult Intake Form – Housing Programs**

<table>
<thead>
<tr>
<th>Health Insurance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAID (aka Medi-Cal)</td>
<td>☐</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>☐</td>
</tr>
<tr>
<td>VA Medical</td>
<td>☐</td>
</tr>
<tr>
<td>Employer Provided</td>
<td>☐</td>
</tr>
<tr>
<td>Obtained through COBRA</td>
<td>☐</td>
</tr>
<tr>
<td>Private Pay Health Insurance</td>
<td>☐</td>
</tr>
<tr>
<td>Indian Health Services Program</td>
<td>☐</td>
</tr>
<tr>
<td>Other: (Specify)</td>
<td>☐</td>
</tr>
</tbody>
</table>

**EMPLOYMENT**

*All Clients, For Age 16 & Over*

<table>
<thead>
<tr>
<th>Employment Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Client Doesn’t Know</td>
<td>☐</td>
</tr>
<tr>
<td>Client Refused</td>
<td>☐</td>
</tr>
</tbody>
</table>

**EDUCATION**

*All Clients, For Age 5 & over*

<table>
<thead>
<tr>
<th>Educational Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No School Completed</td>
<td>☐</td>
</tr>
<tr>
<td>Nursery School to 4th Grade</td>
<td>☐</td>
</tr>
<tr>
<td>5th or 6th Grade</td>
<td>☐</td>
</tr>
<tr>
<td>7th or 8th Grade</td>
<td>☐</td>
</tr>
<tr>
<td>9th Grade</td>
<td>☐</td>
</tr>
<tr>
<td>10th Grade</td>
<td>☐</td>
</tr>
<tr>
<td>11th Grade</td>
<td>☐</td>
</tr>
<tr>
<td>12th Grade, No Diploma</td>
<td>☐</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>☐</td>
</tr>
<tr>
<td>Postsecondary School</td>
<td>☐</td>
</tr>
<tr>
<td>GED</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Highest Degree Earned:**

<table>
<thead>
<tr>
<th>Degree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>☐</td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>☐</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>☐</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>☐</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>☐</td>
</tr>
<tr>
<td>Other Graduate/Professional Degree</td>
<td>☐</td>
</tr>
<tr>
<td>Certificate of advanced training or skilled artisan</td>
<td>☐</td>
</tr>
</tbody>
</table>

List all Family Members served in this Project: __________________________
Appendix K: Intake Form – Other Household Members
**HMIS Child Intake Form – Housing Programs**

*Project Enrollment Date:* | Project Name:  
---|---

*For ES/TH/PSH Projects* this is the first date of occupancy in the project.  
*For RRH & Non-Residential Projects*, this is the date the client began receiving services

Head of Household: | Staff Completing Intake:  
---|---

Complete a separate form for each Child. [All Clients = Adults & Children]  
Please carefully READ the instructions before answering these questions.

### CURRENT NAME [All Clients]

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
<th>Alias</th>
<th>N/A</th>
</tr>
</thead>
</table>

### QUALITY OF CURRENT NAME [All Clients]

- [ ] Full name reported  
- [ ] Partial, street name, or code name reported  
- [ ] Client doesn’t know  
- [ ] Client refused

### SOCIAL SECURITY NUMBER [All Clients]

| - | - | - |  

### QUALITY OF SOCIAL SECURITY

- [ ] Full SSN reported  
- [ ] Approximate or partial SSN reported  
- [ ] Client doesn’t know  
- [ ] Client refused

### DATE OF BIRTH [All Clients]

| - | - | - |  

### QUALITY OF DATE OF BIRTH

- [ ] Full DOB reported  
- [ ] Approximate or partial DOB reported  
- [ ] Client doesn’t know  
- [ ] Client refused

### GENDER [All Clients]

- [ ] Female  
- [ ] Male  
- [ ] Transgender female to male  
- [ ] Transgender male to female  
- [ ] Client doesn’t know  
- [ ] Client refused  
- [ ] Does’t Identify As Male, Female, Or Transgender

---

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HMIS Child Intake Form – Housing Programs

**RACE** (select ALL that apply) [All Clients]

- [ ] White
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Black or African American
- [ ] Client doesn’t know
- [ ] Asian
- [ ] Client refused
- [ ] American Indian or Alaskan Native

**ETHNICITY** [All Clients]

- [ ] Non-Hispanic Non-Latino
- [ ] Client doesn’t know
- [ ] Hispanic/Latino
- [ ] Client refused

**ZIP CODE OF LAST PERMANENT ADDRESS** [All Clients]

- [ ] Full ZIP reported
- [ ] Client doesn’t know
- [ ] Approximate or partial ZIP reported
- [ ] Client refused

**LANGUAGE** (Primary Language Spoken)

**RELATIONSHIP TO HEAD OF HOUSEHOLD** [All Clients]

- [ ] Self (Head of the Household)
- [ ] Head of Household’s Child
- [ ] Head of Household’s Spouse or Partner
- [ ] Head of Household’s Other Relation Member
- [ ] Other: Non-Relation Member

**ENROLLMENT**

**HOUSING STATUS AT ENTRY** [ALL Clients]

*Please review the description of all categories in HMIS Data Standards Manual before responding.*

| Category 1 – Homeless (Client slept in an Emergency Shelter or Place That Was Not Meant For Habitation) | Stably Housed |
| Category 2 - At Imminent Risk of Losing Housing (At-Risk of Homelessness) | Data Not Collected |
| Fleeing domestic violence | Client Doesn’t Know |
| Client Refused |

**RESIDENTIAL MOVE-IN DATE** *(ESG and RRH Programs ONLY)*

*HAS THE CLIENT MOVED INTO PERMANENT HOUSING?*

- [ ] No
- [ ] Yes

If “YES”, Date Of Residential Move-In:

| / |

**PREGNANT**

- [ ] Yes
- [ ] No
- [ ] Doesn’t Know
- [ ] Refused
- [ ] N/A

*If “YES” Expected Due Date:*
### DISABLING CONDITIONS AND BARRIERS

#### PHYSICAL DISABILITY [All Clients]

| ☐ No | ☐ Client doesn’t know |
| ☑ Yes | ☐ Client refused |

**IF “YES” TO PHYSICAL DISABILITY – SPECIFY**

| Receiving services for physical disability | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Documentation of the disability and severity on file | ☐ No | ☐ Yes |

#### DEVELOPMENTAL DISABILITY [All Clients]

| ☐ No | ☐ Client doesn’t know |
| ☑ Yes | ☐ Client refused |

**IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY**

| Receiving services for developmental disability | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Is the developmental disability expected to substantially impair ability to live independently? | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Documentation of the disability and severity on file | ☐ No | ☐ Yes |

#### CHRONIC HEALTH CONDITION [All Clients]

| ☐ No | ☐ Client doesn’t know |
| ☑ Yes | ☐ Client refused |

**IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY**

| Currently receiving services/treatment for this condition | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Documentation of the disability and severity on file | ☐ No | ☐ Yes |

#### HIV-AIDS [All Clients]

| ☐ No | ☐ Client doesn’t know |
| ☑ Yes | ☐ Client refused |

**IF “YES” TO HIV-AIDS – SPECIFY**

| Currently receiving services/treatment for this condition | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Is the condition expected to substantially impair ability to live independently? | ☐ No | ☐ Client doesn’t know |
| | ☑ Yes | ☐ Client refused |

| Documentation of the disability and severity on file | ☐ No | ☐ Yes |
**MENTAL HEALTH PROBLEMS [All Clients]**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

**IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY**

<table>
<thead>
<tr>
<th>Currently receiving services/treatment for this condition</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Documentation of the disability and severity on file</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

**SUBSTANCE ABUSE PROBLEMS [All Clients]**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Alcohol abuse</th>
<th>Drug abuse</th>
<th>Both alcohol and drug abuse</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

**IF “YES” TO ALCOHOL ABUSE, DRUG ABUSE OR BOTH – SPECIFY**

<table>
<thead>
<tr>
<th>Currently receiving services/treatment for this condition</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Documentation of the disability and severity on file</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

**DISABLING CONDITION [All Clients] (See Definition Below)**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

**DISABLING CONDITION [All Clients]** This data element is to be used with other information to identify whether a client meets the criteria for chronic homelessness. Record whether the client has a disabling condition based on one or more of the following:

- 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).

**COVERED BY HEALTH INSURANCE [All Clients]**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
</table>

**IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

<table>
<thead>
<tr>
<th></th>
<th>MEDICAID (aka Medi-Cal)</th>
<th>Obtained through COBRA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MEDICARE</th>
<th>Private Pay Health Insurance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>VA Medical</th>
<th>Indian Health Services Program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Employer Provided</th>
<th>Other: (Specify)</th>
</tr>
</thead>
</table>
**HMIS Child Intake Form – Housing Programs**

**EMPLOYMENT**

[All Clients, For Age 16 & Over]

<table>
<thead>
<tr>
<th>IS CLIENT EMPLOYED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Client doesn’t know</td>
</tr>
<tr>
<td>Yes</td>
<td>Client refused</td>
</tr>
</tbody>
</table>

If “Yes” To Employed

<table>
<thead>
<tr>
<th>Hours Worked Last Week:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Temporary</td>
<td></td>
</tr>
<tr>
<td>Seasonal</td>
<td></td>
</tr>
</tbody>
</table>

If “No” To Employed – Are You Seeking Employment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Client Doesn’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Client Refused</td>
</tr>
</tbody>
</table>

**EDUCATION**

[All Clients, For Age 5 & over]

<table>
<thead>
<tr>
<th>IS CLIENT CURRENTLY ENROLLED IN SCHOOL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Client doesn’t know</td>
</tr>
<tr>
<td>No</td>
<td>Client refused</td>
</tr>
</tbody>
</table>

Highest Educational Level Completed:

- No School Completed
- Nursery School to 4th Grade
- 5th or 6th Grade
- 7th or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade, No Diploma
- GED
- Postsecondary School
- Client Doesn’t Know
- Client Refused

Name of School Enrolled:

<table>
<thead>
<tr>
<th>Type of School:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td></td>
</tr>
<tr>
<td>Parochial or Other Private School</td>
<td></td>
</tr>
</tbody>
</table>

Is Child Connected To The Homeless Liaison?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Client doesn’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Client refused</td>
</tr>
</tbody>
</table>

**IF NOT ENROLLED**

Date Of Their Last Enrollment:

Barrier To Enrolling Child In School:

- None
- Residency Requirements
- Availability Of School Records
- Birth Certificate
- Legal Guardianship Required
- Transportation
- Lack Of An Available Preschool Program
- Immunization Requirements
- Physical Examination Records
- Other
- Don’t Know
- Refused
Appendix L: Exit Form – all household members
Complete a separate form for each Adult. [All Clients = Adults & Children]
Please carefully READ the instructions before answering these questions.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Middle:</th>
<th>First:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security #:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Project Exit Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Case Manager:</th>
<th>Staff Completing Exit:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Client’s Phone #:</th>
<th>Client’s E-Mail Address:</th>
</tr>
</thead>
</table>

### HOUSING STATUS AT EXIT [ALL Clients]

- **Category 1 – Homeless** (Will sleep tonight in an Emergency Shelter or Place Not Meant For Habitation)
- **Stably Housed**
- **Category 2 - At Imminent Risk of Losing Housing**
- **At-risk of homelessness**
- **Data Not Collected**
- **Fleeing domestic violence**
- **Client Doesn’t Know**
- **Client Refused**

### DESTINATION [ALL Clients]

- **Deceased**
- **Rental by client, with VASH subsidy**
- **Emergency shelter, including hotel or motel paid for with emergency shelter voucher**
- **Rental by client, with GPD TIP subsidy**
- **Foster care home or group home**
- **Rental by client, with other ongoing Housing subsidy**
- **Hospital or other residential non-psychiatric medical facility**
- **Residential project or halfway house With no homeless criteria**
- **Hotel or motel paid for without emergency shelter voucher**
- **Staying or living with family, permanent tenure (e.g. room, apartment or house)**
- **Jail, prison or juvenile detention facility**
- **Staying or living with family, temporary tenure (e.g. room, apartment or house)**
- **Long-term care facility or nursing home**
- **Staying or living with friends, permanent tenure (e.g. room, apartment or house)**
- **Owned by client, NO ongoing housing subsidy**
- **Staying or living with friends, temporary tenure (e.g. room, apartment or house)**
- **Owned by client, WITH ongoing housing subsidy**
- **Substance abuse treatment facility or detox center**
- **Permanent housing for formerly homeless persons (such as: CoC project)**
- **Transitional housing for homeless persons (including homeless youth)**
- **Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station, airport or anywhere outside)**
- **Psychiatric hospital or other psychiatric facility**
- **Other (Specify “Other”)**
- **No exit interview completed**
- **Client doesn’t know**
- **Client refused**

**Destination Location / Address / Phone # [Adult] (Could be entered in Location Tab):**

**Name of Project Client Exited To:**
### REASON FOR LEAVING [ALL Clients]

<table>
<thead>
<tr>
<th>Reason</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left for a housing opportunity</td>
<td></td>
<td>before completing program</td>
</tr>
<tr>
<td>Completed Program</td>
<td></td>
<td>Reached maximum time allowed by program</td>
</tr>
<tr>
<td>Non-payment of rent / occupancy charge</td>
<td></td>
<td>Needs could not be met by program</td>
</tr>
<tr>
<td>Non-compliance with program</td>
<td></td>
<td>Disagreement with rules/person</td>
</tr>
<tr>
<td>Criminal activity/destruction of property</td>
<td></td>
<td>Violence</td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client doesn’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-payment of rent / occupancy charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs could not be met by program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagreement with rules/person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RESIDENTIAL MOVE-IN DATE (ESG and RRH Programs ONLY)

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAS THE CLIENT MOVED INTO PERMANENT HOUSING?</td>
<td></td>
<td>Yes, No</td>
</tr>
<tr>
<td>If “YES”, Date Of Residential Move-In:</td>
<td></td>
<td>/</td>
</tr>
</tbody>
</table>

### PHYSICAL DISABILITY [All Clients]

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
</tbody>
</table>

#### IF “YES” TO PHYSICAL DISABILITY – SPECIFY

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving services for physical disability</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
<tr>
<td>Is the physical disability expected to be of long-continued and</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
<tr>
<td>indefinite duration and substantially impairs ability to live</td>
<td></td>
<td></td>
</tr>
<tr>
<td>independently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td></td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

### DEVELOPMENTAL DISABILITY [All Clients]

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental disability</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
</tbody>
</table>

#### IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving services for developmental disability</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
<tr>
<td>Is the developmental disability expected to substantially impair</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
<tr>
<td>ability to live independently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td></td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

### CHRONIC HEALTH CONDITION [All Clients]

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic health condition</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
</tbody>
</table>

#### IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY

<table>
<thead>
<tr>
<th>Question</th>
<th>Checkbox</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently receiving services/treatment for this condition</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
<tr>
<td>Is the condition expected to be of long-continued and indefinite</td>
<td></td>
<td>Yes, No, Client doesn’t know, Client refused</td>
</tr>
<tr>
<td>duration and substantially impairs ability to live independently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of the disability and severity on file</td>
<td></td>
<td>Yes, No</td>
</tr>
</tbody>
</table>
HMIS Adult Exit Form – Housing Programs

### HIV-AIDS [All Clients]
- **No**
- **Yes**
- Client doesn't know
- Client refused

**IF “YES” TO HIV-AIDS – SPECIFY**
- Currently receiving services/treatment for this condition
- Is the condition expected to substantially impair ability to live independently?
- Documentation of the disability and severity on file

### MENTAL HEALTH PROBLEMS [All Clients]
- **No**
- **Yes**
- Client doesn't know
- Client refused

**IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY**
- Currently receiving services/treatment for this condition
- Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
- Documentation of the disability and severity on file

### SUBSTANCE ABUSE PROBLEMS [All Clients]
- **No**
- **Yes**
- Client doesn't know
- Client refused

**IF “YES” TO ALCOHOL ABUSE, DRUG ABUSE OR BOTH – SPECIFY**
- Currently receiving services/treatment for this condition
- Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
- Documentation of the disability and severity on file

### DISABLING CONDITION [All Clients]
- **No**
- **Yes**
- Client doesn't know
- Client refused

### DOMESTIC VIOLENCE [Adults & HoH]
- **No**
- **Yes**
- Client doesn't know
- Client refused

**IF “YES” TO DOMESTIC VIOLENCE – LAST OCCURANCE**
- Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year exactly)
- One year ago or more
- Client doesn't know
- Client refused
### CASH INCOME FROM ANY SOURCE (Monthly) [Adults & HoH]

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Income</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>Worker's compensation</td>
<td></td>
</tr>
<tr>
<td>Private disability insurance</td>
<td></td>
</tr>
<tr>
<td>VA service-connected disability compensation</td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>Social Security Retirement Income (SSA)</td>
<td>Specify “Other”</td>
</tr>
</tbody>
</table>

### IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA non-service connected Disability pension</td>
<td></td>
</tr>
<tr>
<td>Pension or retirement income from former job</td>
<td></td>
</tr>
<tr>
<td>TANF / CalWorks</td>
<td></td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td></td>
</tr>
<tr>
<td>Alimony and other spousal support</td>
<td></td>
</tr>
<tr>
<td>Child support</td>
<td></td>
</tr>
<tr>
<td>Other Cash Income (Including Children’s SSI / Employment)</td>
<td></td>
</tr>
</tbody>
</table>

### RECEIVING NON-CASH BENEFITS [Adults & HoH]

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP / Food Stamps / CalFresh</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td></td>
</tr>
<tr>
<td>TANF Childcare</td>
<td></td>
</tr>
<tr>
<td>TANF Transportation</td>
<td></td>
</tr>
<tr>
<td>Other TANF Benefit</td>
<td></td>
</tr>
<tr>
<td>Section 8 / Housing Voucher</td>
<td></td>
</tr>
<tr>
<td>Other Source</td>
<td></td>
</tr>
<tr>
<td>Temporary Rental Assistance</td>
<td></td>
</tr>
</tbody>
</table>

### COVERED BY HEALTH INSURANCE [All Clients]

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAID (aka Medi-Cal)</td>
<td></td>
</tr>
<tr>
<td>MEDICARE</td>
<td></td>
</tr>
<tr>
<td>VA Medical</td>
<td></td>
</tr>
<tr>
<td>Employer Provided</td>
<td></td>
</tr>
<tr>
<td>Other TANF Benefit</td>
<td></td>
</tr>
<tr>
<td>Private Pay Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Indian Health Services Program</td>
<td></td>
</tr>
<tr>
<td>Other: (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

### IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS
**EMPLOYMENT**

[All Clients, *For Age 16 & Over*]

<table>
<thead>
<tr>
<th>IS CLIENT EMPLOYED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ Client doesn't know</td>
</tr>
<tr>
<td>☑ Yes</td>
<td>☐ Client refused</td>
</tr>
</tbody>
</table>

If “Yes” To Employed

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Permanent</td>
<td>☐ Client Doesn't Know</td>
</tr>
<tr>
<td>☐ Temporary</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>☐ Seasonal</td>
<td></td>
</tr>
</tbody>
</table>

Hours Worked Last Week:

If “No” To Employed – Are You Seeking Employment?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Client Doesn't Know</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
</tbody>
</table>

**EDUCATION**

[All Clients, *For Age 5 & over*]

<table>
<thead>
<tr>
<th>IS CLIENT CURRENTLY ENROLLED IN SCHOOL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Client doesn't know</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ Client refused</td>
</tr>
</tbody>
</table>

If “Yes” To Enrolled – Enrolled In a Vocational or Apprenticeship Program?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Client Doesn't Know</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
</tbody>
</table>

Highest Educational Level Completed:

<table>
<thead>
<tr>
<th>No School Completed</th>
<th>10th Grade</th>
<th>Postsecondary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery School to 4th Grade</td>
<td>11th Grade</td>
<td>Client Doesn't Know</td>
</tr>
<tr>
<td>5th or 6th Grade</td>
<td>12th Grade, No Diploma</td>
<td>Client Refused</td>
</tr>
<tr>
<td>7th or 8th Grade</td>
<td>High School Diploma</td>
<td></td>
</tr>
<tr>
<td>9th Grade</td>
<td>GED</td>
<td></td>
</tr>
</tbody>
</table>

Highest Degree Earned:

<table>
<thead>
<tr>
<th>None</th>
<th>Doctorate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate’s Degree</td>
<td>Other Graduate/Professional Degree</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>Certificate of advanced training or skilled artisan</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td></td>
</tr>
</tbody>
</table>

List all Family Members served in this Project: ________________________________
PRIVACY & SECURITY

Privacy refers to the protection of the client's data stored in an HMIS from open view, sharing, or inappropriate use. Security refers to the protection of the client's data stored in the HMIS from unauthorized access, use, or modification.
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Introduction

The HMIS Lead Agency is responsible for overseeing HMIS privacy and security. The HMIS Lead Agency may delegate some specific duties related to maintaining HMIS privacy and security to an HMIS System Administrator. The HMIS System Administrator is responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the System Administrator’s control and for preventing inadvertent release of confidential client-specific information through physical, electronic or visual access to workstations or system servers. HMIS Participating Agencies are responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the agency’s control and for preventing inadvertent release of confidential client-specific information through physical, electronic or visual access to End User workstations. Each Participating Agency is responsible for ensuring it meets the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Participating Agencies will conduct a thorough review of internal policies and procedures regarding HMIS semiannually.

Privacy

Privacy Plan Overview

On July 30, 2004, the US Department of Housing and Urban Development (HUD) released the standards for Homeless Management Information Systems (69 Federal Register 45888) and on December 9, 2011 HUD released HMIS Requirements Proposed Rule (Federal Register / Vol. 76, No. 237 / Friday, December 9, 2011 / Proposed Rules).

These standards outlined the responsibilities of the HMIS and for the agencies which participate in an HMIS. This section describes the Privacy Plan of the Redding/Shasta County Homeless Continuum of Care (RSHCOC) HMIS System. We intend our policy and plan to be consistent with the HUD standards. All users, agencies and system administrators must adhere to this Privacy Plan.

We intend our Privacy Plan to support our mission of providing an effective and usable case management tool. We recognize that clients served by individual agencies are not exclusively that “agency’s client” but instead are truly a client of the RSHCOC. Thus, we have adopted a Privacy Plan which supports an open system of client-level data sharing amongst agencies.

The core tenant of our Privacy Plan is the Baseline Privacy Statement. The Baseline Privacy Statement describes how client information may be used and disclosed and how clients can get access to their information. Each agency must either adopt the Baseline Privacy Statement or develop a Privacy Statement which meets and exceeds all minimum requirements set forth in the Baseline Privacy Statement (this is described in the Participating Agency Responsibilities section of this Privacy Plan). This ensures that all agencies who participate in the HMIS are governed by the same minimum standards of client privacy protection.

Baseline Privacy Statement: This is the main document of this Privacy Plan. This document outlines the minimum standard by which an agency collects, utilizes and discloses information.

*REQUIRED* Participating Agencies must adopt a privacy statement which meets all minimum standards. It is strongly recommended to post this Statement on your Agency’s local website (if available).

Consumer Notice Posting: This posting explains the reason for asking for personal information and notifies the client of the Privacy Notice.

*REQUIRED* Agencies must adopt and utilize a Consumer Notice Posting.
HMIS Client Consent Form: This form must be signed by all adult clients and unaccompanied youth. This gives the client the opportunity to refuse the sharing of their information to other agencies within the system. *REQUIRED* Client Signatures are required prior to inputting their information in HMIS.

HMIS User Responsibilities

A client’s privacy is upheld only to the extent that the users and direct service providers protect and maintain their privacy. The role and responsibilities of the user cannot be over-emphasized. A user is defined as a person that has direct interaction with a client or their data. (This could potentially be any person at the agency: staff member, volunteer, contractor, etc.)

Users have the responsibility to:

- Understand their agency’s Privacy Statement;
- Be able to explain their agency’s Privacy Statement to clients;
- Follow their agency’s Privacy Statement;
- Know where to refer the client if they cannot answer the client’s questions;
- Must complete HMIS Client Consent Form with client prior collecting HMIS data;
- Present their agency’s Privacy Statement client before collecting any information; and
- Uphold the client’s privacy in HMIS.

Agency Responsibilities

The 2004 HUD HMIS Standards emphasize that it is the Participating Agency’s responsibility for upholding client privacy. All agencies must take this task seriously and take time to understand the legal, ethical and regulatory responsibilities. This Privacy Plan and the Baseline Privacy Statement provide guidance on the minimum standards by which agencies must operate if they wish to participate in the HMIS.

Meeting the minimum standards in this Privacy Plan and the Baseline Privacy Statement are required for participation in HMIS. Any Participating Agency may exceed the minimum standards described and are encouraged to do so.

Participating Agencies have the responsibility to:

- Review their program requirements to determine what industry privacy standards must be met that exceed the minimum standards outlined in this Privacy Plan and Baseline Privacy Statement (examples: Substance Abuse Providers covered by 24 CFR Part 2, HIPPA Covered Agencies, Legal Service Providers);
- Review the 2004 HUD HMIS Privacy Standards (69 Federal Register 45888);
- Ensure that all clients are aware of the adopted Privacy Plan and have access to it. If the agency has a website, the agency must publish the Privacy Plan on their website;
- Make reasonable accommodations for persons with disabilities, language barriers or education barriers;
- Ensure that anyone working with clients covered by the Privacy Plan can meet the User Responsibilities; and
- Designate at least one Security Officer (May be the same as the Participating Agency Administrator) that has been trained to technologically uphold the agencies adopted Privacy Plan.

Each HMIS Participating Agency must use this Privacy Plan that describes how and when the Participating Agency may use and disclose clients’ Protected Identifying Information (PII). PII includes name, Social Security Number (SSN), date of birth, zip code, project entry and/or exit date, and unique personal identification number (HMIS Unique Identifier).

Participating Agencies may be required to collect some PII by law, or by organizations that give
the agency money to operate their projects. PII is also collected by Participating Agencies to monitor project operations, to better understand the needs of people experiencing homelessness, and to improve services for people experiencing homelessness. Participating Agencies are permitted to collect PII only with a client’s written consent.

Participating Agencies may use and disclose client PII to:

- Verify eligibility for services;
- Provide clients with and/or refer clients to services that meet their needs;
- Manage and evaluate the performance of programs;
- Report about program operations and outcomes to funders and/or apply for additional funding to support agency programs;
- Collaborate with other local agencies to improve service coordination, reduce gaps in services, and develop community-wide strategic plans to address basic human needs; and
- Participate in research projects to better understand the needs of people served.

Participating Agencies may also be required to disclose PII for the following reasons:

- When the law requires it;
- When necessary to prevent or respond to a serious and imminent threat to health or safety; and
- When a judge, law enforcement or administrative agency orders it.

Participating Agencies are obligated to limit disclosures of PII to the minimum necessary to accomplish the purpose of the disclosure. Uses and disclosures of PII not described above may only be made with a client’s written consent. Clients have the right to revoke consent at any time by submitting a request in writing.

Clients also have the right to request in writing:

- A copy of all PII collected;
- An amendment to any PII used to make decisions about your care and services (this request may be denied at the discretion of the agency, but the client’s request should be noted in the project records);
- An account of all disclosures of client PII; and
- Restrictions on the type of information disclosed to outside Participating Agencies.

Participating Agencies may reserve the right to refuse a client’s request for inspection or copying of PII in the following circumstances:

- Information compiled in reasonable anticipation of litigation or comparable proceedings;
- The record includes information about another individual (other than a health care or homeless provider);
- The information was obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) and a disclosure would reveal the source of the information; and
- The Participating Agency believes that disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

If a client’s request is denied, the client should receive a written explanation of the reason of the denial. The client has the right to appeal the denial by following the established Participating Agency grievance procedure. Regardless of the outcome of the appeal, the client shall have the right to add to his/her program records a concise statement of disagreement. The Participating Agency shall disclose the statement of disagreement whenever it discloses the disputed PII.

All individuals with access to PII are required to complete formal training in privacy requirements at least annually.

This document should, at a minimum, reflect the baseline requirements listed in the HMIS Data
and Technical Standards Final Notice, published by HUD in July 2004 and revised in March 2010. In any instance where this Privacy Statement is not consistent with the HUD Standards, the HUD Standards take precedence. Should any inconsistencies be identified, please immediately notify the RSHCOC HMIS Lead Agency, using the contact information below.

All questions and requests related to this Privacy Statement should be directed to: HMIS System Administrator: hmis@co.shasta.ca.us or 530-245-6431.

**HMIS Lead Agency: System Administration Responsibilities**

HMIS Lead Agency has the responsibility to:

- Adopt and uphold a Privacy Plan which meets or exceeds all minimum standards in the Baseline Privacy Statement;
- Train and monitor all users and Security Officer upholding system privacy;
- Monitor agencies to ensure adherence to the adopted Privacy Plan; and
- Provide training to agencies and users on this Privacy Plan.
System Security

Security Plan Overview

HMIS security standards are established to ensure the confidentiality, integrity and viability of all HMIS information. The security standards are designed to protect against any reasonably anticipated threats or hazards to security and must be enforced by system administrators, agency administrators as well as end users. This section is written to comply with section 4.3 of the 2004 Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (69 Federal Register 45888) as well as local legislation pertaining to maintaining an individual’s personal information. At this time, in December 2013, HUD has released proposed regulations pertaining to HMIS Security. These regulations are not yet in force and sufficient guidance has not been given to enact the policies. Meeting the minimum standards in this Security Plan is required for participation in HMIS. Any agency may exceed the minimum standards described in this plan and are encouraged to do so. All Agency Administrators are responsible for understanding this policy and effectively communicating the Security Plan to individuals responsible for security at their agency.

Security Plan Applicability

The HMIS System and all Participating Agencies must apply the security standards addressed in this Security Plan to all the systems where personal protected information is stored or accessed. Additionally, all security standards must be applied to all networked devices. This includes, but is not limited to, networks, desktops, laptops, mobile devices, mainframes and servers.

All agencies, including the HMIS Lead, will be monitored by the HMIS System Administrators annually to ensure compliance with the Security Plan. Participating Agencies that do not adhere to the security plan will be given a reasonable amount of time to address any concerns. Egregious violations of the security plan may result in immediate termination of an agency or user’s access to the HMIS as determined by the HMIS Lead.

Security Officers

The HMIS Lead Agency and all HMIS Participating Agencies must designate Security Officers to oversee HMIS privacy and security. This person will act as a single point-of-contact who is responsible for annually certifying that Participating Agencies adhere to the Security Plan; testing the CoC’s security practices for compliance.

Lead Security Officer

- May be an HMIS System Administrator or another employee, volunteer or contractor designated by the HMIS Lead Agency who has completed HMIS Privacy and Security training and is adequately skilled to assess HMIS security compliance;
- Assesses security measures in place prior to establishing access to HMIS for a new Agency;
- Reviews and maintains file of Participating Agency annual compliance certification checklists; and
- Conducts annual security audit of all Participating Agencies.

Participating Agency Security Officer

- May be the Participating Agency HMIS Agency Administrator or another Participating Agency employee, volunteer or contractor who has completed HMIS Privacy and Security training and is adequately skilled to assess HMIS security compliance;
- Conducts a security audit for any workstation that will be used for HMIS purposes; and
  - No less than semiannually for all agency HMIS workstations; AND
  - Prior to issuing a User ID to a new HMIS End User; AND
• Any time an existing user moves to a new workstation.
• Continually ensures each workstation within the Participating Agency used for HMIS data collection or entry is adequately protected by a firewall and antivirus software (per Technical Safeguards – Workstation Security).

Upon request, the HMIS Lead Agency may be available to provide Security support to Participating Agencies who do not have the staff capacity or resources to fulfill the duties assigned to the Participating Agency Security Officer.

Physical Safeguards

In order to protect client privacy it is important that the following physical safeguards be put in place. For the purpose of this section, authorized persons will be considered only those individuals who have completed Privacy and Security training within the past 12 months.

• Computer Location – A computer used as an HMIS workstation must be in a secure location where only authorized persons have access. The workstation must not be accessible to clients, the public or other unauthorized Participating Agency staff members or volunteers. A password protected automatic screen saver will be enabled on any computer used for HMIS data entry.
• Printer location – Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.
• PC Access (visual) — Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other unauthorized Participating Agency staff members or volunteers and utilize visibility filters to protect client privacy.
• Mobile Device – A mobile device used to access and enter information into the HMIS system must use a password or other user authentication on the lock screen to prevent an unauthorized user from accessing it and it should be set to automatically lock after a set period of device inactivity. A remote wipe and/or remote disable option should also be downloaded onto the device.

Technical Safeguards

Workstation Security

• To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available only through approved workstations.
• Participating Agency Security Officer will confirm that any workstation accessing HMIS shall have antivirus software with current virus definitions (updated at minimum every 24 hours) and frequent full system scans (at minimum weekly).
• Participating Agency Security Officer will confirm that any workstation accessing HMIS has and uses a hardware or software firewall; either on the workstation itself if it accesses the internet through a modem or on the central server if the workstation(s) accesses the internet through the server.

Establishing HMIS User IDs and Access Levels

• The HMIS System Administrator, in conjunction with the Participating Agency Administrator, will ensure that any prospective Participating Agency End User reads, understands and signs the HMIS End User Agreement annually. The HMIS System Administrator will maintain a file of all signed HMIS End User Agreements.
• The Participating Agency HMIS Security Officer is responsible for ensuring that all Participating Agency End Users have completed mandatory trainings, including HMIS Privacy, Security and Ethics training and Participating Agency End User Responsibilities and Workflow training, prior to being provided with a User ID to access HMIS. Participating Agency End-Users must review and sign an HMIS End User Agreement with the HMIS Administrator on an annual
• All Participating Agency End Users will be issued a unique User ID and password. Sharing of User IDs and passwords by or among more than one Participating Agency End User is expressly prohibited. Each Participating Agency End User must be specifically identified as the sole holder of a User ID and password. User IDs and passwords may not be transferred from one user to another.
• The HMIS System Administrator will always attempt to assign the most restrictive access that allows an Participating Agency End User to efficiently and effectively perform his/her duties.
• The HMIS System Administrator will create the new User ID and notify the User ID owner of the temporary password verbally in person.
• When the Participating Agency determines that it is necessary to change a user’s access level, the HMIS System Administrator will update the user’s access level as needed.

User Authentication

• User IDs are individual and passwords are confidential. No individual should ever use or allow use of a User ID that is not assigned to that individual, and user- specified passwords should never be shared or communicated in any format.
• Temporary passwords must be changed on first use. User-specified passwords must be a minimum of 8 characters long and must contain a combination of upper case and lower case letters, a number and a symbol.
• Participating Agency End users will be prompted by the software to change their password every 90 days.
• Participating Agency End Users must immediately notify the HMIS System Administrator if they have reason to believe that someone else has gained access to their password.
• Three consecutive unsuccessful attempts to login will disable the User ID until the password is reset. For Participating Agency End Users, passwords should be reset by the HMIS System Administrator.
• Users must log out from the HMIS application and either lock or log off their respective workstation if they leave. If the user logged into HMIS and the period of inactivity in HMIS exceeds 45 minutes, the user will be logged off the HMIS system automatically.

Rescinding User Access

• The Participating Agency will notify the HMIS System Administrator within 24-hours if a Participating Agency End User no longer requires access to perform his or her assigned duties due to a change of job duties or termination of employment.
• The HMIS System Administrator reserves the right to terminate Participating Agency End User licenses that are inactive for 60 days or more. The HMIS System Administrator will attempt to contact the Participating Agency for the Participating Agency End User in question prior to termination of the user’s license.
• In the event of suspected or demonstrated noncompliance by an Participating Agency End User with the HMIS Participating Agency End User Agreement or any other HMIS plans, forms, standards or governance documents, the Participating Agency Security Officer shall notify the HMIS System Administrator to deactivate the User ID for the Participating Agency End User in question until an internal agency investigation has been completed. The HMIS Lead Agency should be notified of any substantiated incidents that may have resulted in a breach of HMIS system security and/or client confidentiality, whether or not a breach is definitively known to have occurred.
• Any agency personnel who are found to have misappropriated client data (identity theft, releasing personal client data to any unauthorized party), shall have HMIS privileges revoked.
• The Continuum of Care is empowered to permanently revoke a Participating Agency’s access to HMIS for substantiated noncompliance with the provisions of these Security Standards, the RSHCOC HMIS Policies and Procedures, or the HMIS Privacy Statement that
resulted in a release of PII.

Disposing Electronic, Hardcopies, Etc.

- **Computer**: All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and which will no longer be used to access HMIS will have their hard drives reformatted multiple times. If the device is now non-functional, it must have the hard drive pulled, destroyed and disposed of in a secure fashion.
- **Hardcopies**: For paper records, shredding, burning, pulping, or pulverizing the records so that PII is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
- **Mobile Devices**: Use software tools that will thoroughly delete/wipe all information on the device and return it to the original factory state before discarding or reusing the device.

Other Technical Safeguards

- **The Lead Security Officer** shall develop and implement procedures for managing new, retired, and compromised HMIS account credentials.
- **The Participating Agency Security Officer** shall develop and implement procedures for managing new, retired, and compromised local system account credentials.
- **The Participating Agency Security Officer** shall develop and implement procedures that will prevent unauthorized users from connecting to private agency networks.
- Unencrypted PII may not be stored or transmitted in any fashion—including sending file attachments by email or downloading reports including PII to a flash drive, to the End User’s desktop or to an agency shared drive. All downloaded files containing PII must be deleted from the workstation temporary files and the “Recycling Bin” emptied before the End User leaves the workstation.

Disaster Recovery Plan

Disaster recovery for the RSHCOC HMIS will be conducted by the HMIS System Administrator with support from the HMIS software vendor as needed. The HMIS System Administrator must be familiar with the disaster recovery plan set in place by the HMIS software vendor.

- **The HMIS System Administrator** should maintain ready access to the following information:
  - Contact information – Phone number and email address of the software vendor contact person responsible for recovering the Continuum of Care’s data after a disaster.
  - HMIS System Administrator responsibilities – A thorough understanding of the HMIS System Administrator’s role in facilitating recovery from a disaster.
- **All HMIS Participating Agency Administrators** should be aware of and trained to complete any tasks or procedures for which they are responsible in the event of a disaster.
- **The HMIS System Administrator** must have a plan for restoring local computing capabilities and internet connectivity for the HMIS System Administrator’s facilities. This plan should include the following provisions:
  - Account information – Account numbers and contact information for internet service provider, support contracts, and equipment warranties.
  - Minimum equipment needs – A list of the computer and network equipment required to restore minimal access to the HMIS service, and to continue providing services to HMIS Participating Agencies.
  - Network and system configuration information – Documentation of the configuration settings required to restore local user accounts and internet access.
Workforce Security
Reporting Security Incidents

These Security Standards and the associated HMIS Policies and Procedures are intended to prevent, to the greatest degree possible, any security incidents. However, should a security incident occur, the following procedures should be followed in reporting:

- Any HMIS Participating Agency End User who becomes aware of or suspects that HMIS system security and/or client privacy has been compromised must immediately report the concern to their Participating Agency Security Officer.

- In the event of a suspected security or privacy concern the Participating Agency Security Officer should complete an internal investigation. If the suspected security or privacy concern resulted from a Participating Agency End User's suspected or demonstrated noncompliance with the HMIS End User Agreement, the Participating Agency Security Officer should have the HMIS System Administrator deactivate the Participating Agency End User's User ID until the internal investigation has been completed.

- Following the internal investigation, the Participating Agency Security Officer shall notify the Lead Security Officer of any substantiated incidents that may have compromised HMIS system security and/or client privacy whether or not a release of client PPI is definitively known to have occurred. If the security or privacy concern resulted from demonstrated noncompliance by an End User with the HMIS End User Agreement, the Lead Security Officer reserves the right to permanently deactivate the User ID for the End User in question.

- Within one business day after the Lead Security Officer receives notice of the security or privacy concern, the Lead Security Officer and Participating Agency Security Officer will jointly establish an action plan to analyze the source of the security or privacy concern and actively prevent such future concerns. The action plan shall be implemented as soon as possible, and the total term of the plan must not exceed thirty (30) days.

- If the Participating Agency is not able to meet the terms of the action plan within the time allotted, the HMIS System Administrator, in consultation with the Sacramento County Continuum of Care Advisory Board, may elect to terminate the Participating Agency's access to HMIS. The Participating Agency may appeal to the CoC Advisory Board for reinstatement to HMIS following completion of the requirements of the action plan.

- In the event of a substantiated release of PII in noncompliance with the provisions of these Security Standards, or the RSHCOC HMIS Policies and Procedures, the Participating Agency Security Officer will make a reasonable attempt to notify all impacted individual(s). The Lead Security Officer must approve of the method of notification and the Participating Agency Security Officer must provide the Lead Security Officer with evidence of the Participating Agency’s notification attempt(s). If the Lead Security Officer is not satisfied with the Participating Agency’s efforts to notify impacted individuals, the Lead Security Officer will attempt to notify impacted individuals at the Agency’s expense.

- The HMIS Lead Agency will notify the appropriate body of the Continuum of Care of any substantiated release of PII in noncompliance with the provisions of these Security Standards, the HMIS Policies and Procedures.

- The HMIS Lead Agency will maintain a record of all substantiated releases of PII in noncompliance with the provisions of these Security Standards, or the RSHCOC HMIS Policies and Procedures for 7 years.

- The Continuum of Care reserves the right to permanently revoke a Participating Agency’s access to HMIS for substantiated noncompliance with the provisions of these Security Standards, or the RSHCOC HMIS Policies and Procedures that resulted in a release of PPI.
Privacy and Security Monitoring

New HMIS Participating Agency Site Security Assessment

- Prior to establishing access to HMIS for a new Participating Agency, the Lead Security Officer will assess the security measures in place at the Participating Agency to protect client data (see Technical Safeguards – Workstation Security). The Lead Security Officer or other HMIS System Administrator will meet with the Participating Agency Executive Director (or executive-level designee) and Participating Agency Security Officer to review the Participating Agency’s information security protocols prior to countersigning the HMIS Memorandum of Understanding. This security review shall in no way reduce the Participating Agency’s responsibility for information security, which is the full and complete responsibility of the Participating Agency, its Executive Director, and its HMIS Agency Security Officer.

Semiannual Participating Agency Self-Audits

- The Participating Agency Security Officer will use the Compliance Certification Checklist (Attachment A) to conduct semiannually security audits of all Participating Agency HMIS End User workstations.
- The Participating Agency Security Officer will audit for inappropriate remote access by End-Users by associating User login date/times with employee time sheets. End Users must certify that they will not remotely access HMIS from a workstation (ie: personal computer) that is not subject to the Participating Agency Security Officer’s regular audits.
- If areas are identified that require action due to noncompliance with these standards or any element of the RSHCOC HMIS Policies and Procedures, the Participating Agency Security Officer will note these on the Checklist, and the Participating Agency Security Officer and/or HMIS Agency Administrator will work to resolve the action item(s) within 15 days.
- Any Checklist that includes 1 or more findings of noncompliance and/or action items will not be considered complete until all action items have been resolved. The findings, action items, and resolution summary must be reviewed and signed by the Participating Agency’s Executive Director or other empowered officer prior to being forwarded to the Lead Security Officer.
- The Participating Agency Security Officer must turn in a copy of the Checklist to the Lead Security Officer on a semiannual basis.

Annual Security Audits

- The Lead Security Officer will schedule the annual security audit in advance with the Participating Agency Security Officer.
- The Lead Security Officer will use the Compliance Certification Checklist to conduct security audits.
- The Lead Security Officer must randomly audit at least 10% of the workstations used for HMIS data entry for each HMIS Participating Agency. In the event that an agency has more than 1 project site, at least 1 workstation per project site must be audited.
- If areas are identified that require action due to noncompliance with these standards or any element of the RSHCOC HMIS Policies and Procedures, the Lead Security Officer will note these on the Checklist, and the Participating Agency Security Officer and/or HMIS Agency Administrator will work to resolve the action item(s) within 15 days.
- Any Checklist that includes 1 or more findings of noncompliance and/or action items will not be considered complete until all action items have been resolved and the findings, action items, and resolution summary has been reviewed and signed by the Participating Agency’s Executive Director or other empowered officer and forwarded to the HMIS Lead Security Officer.
Attachment A: Security Checklist
This Compliance Certification Checklist is to be completed semi-annually by the Participating Agency Security Officer for the HMIS Participating Agency named above. Every agency workstation used for HMIS data collection, data entry or reporting must be evaluated. Attach additional copies of any page of this checklist as needed. Any compliance issues identified must be resolved within 30-days. Upon completion, a copy of this checklist shall be forwarded to the HMIS Lead Agency. This original checklist should be readily available on file at the HMIS Participating Agency for 7 years.

For the purpose of this section, authorized persons will be considered only those individuals who have completed HMIS Privacy and Security training within the past 12 months.

1. A Privacy Notice is visibly posted at the HMIS workstation.
2. HMIS workstation computer is in a secure location where only authorized persons have access.
3. HMIS workstation computer is password protected and locked when not in use.
4. Documents printed from HMIS are sent to a print in secure location where only authorized persons have access.
5. Non-authorized persons are unable to see the HMIS workstation computer monitor.
6. HMIS workstation computer has antivirus software with current virus definitions (within the last 24 hours) a full system scan within the past week.
7. HMIS workstation has and uses a hardware or software firewall.
8. Unencrypted Protected Identifying Information (PII) has not been electronically stored or transmitted in any fashion (hard drive, flash drive, email, etc.)
9. Hard copies of PII (Client files, intake forms, printed reports, etc.) are stored in a secure location.
10. Password is kept physically secure.

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Data Quality Standards
1. For all data elements, less than 1% of data is null
2. For all data elements the rate of Don't Know/Reused is less than the established % of the RSHCOC HMIS Policies and Procedures acceptable data ranges on pages 13 and 14.
3. All Program Descriptor Data Elements are complete and accurately reflect program contracts and operations.

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<tr>
<th>#</th>
<th>Workstation Security Compliance Issues Identified</th>
<th>Steps taken to resolve workstation security compliance issue</th>
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Security Officer Certifications:
Please initial each line below next to each statement.

Initials I have verified that:
________ All Participating Agency End Users are using the most current version of the HMIS Client Consent Form
________ All Participating Agency End Users have signed the HMIS End User Agreement, and a copy of those signed agreements are on file at this agency
________ All Participating Agency End Users have completed Privacy and Security training within the past 12 months
________ All Participating Agency End Users require access to HMIS to complete their assigned duties

Certifications

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<tr>
<th>Participating Agency Security Officer Signature</th>
<th>Date</th>
<th>Executive Director (or his/her designee) Signature</th>
<th>Date</th>
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