

Universal Data Elements

3.1 Name	Response Categories	Examples
<b>Name</b>		John David Doe, Jr.

3.2 Social Security Number	Response Categories	Examples
<b>Social Security Number</b>	____ - ____ - ____	(123-45-6789)
<b>Social Security Number Type</b>	1 = Full SSN Reported	123-45-6789
	2 = Partial SSN Reported	123-4_-____
	8 = Don't Know or Don't have SSN	
	9 = Refused	

3.3 Date of Birth	Response Categories	Examples
<b>Date of Birth</b>	__/__/____	(08/31/1965)
	(Month) (Day) (Year)	
<b>Date of Birth Type</b>	1 = Full DOB Reported	
	2 = Approximate or Partial DOB Reported	
	8 = Don't Know	
	9 = Refused	

3.4 Race	Response Categories
<b>Race</b>	1 = American Indian or Alaska Native
	2 = Asian
	3 = Black or African American
	4 = Native Hawaiian or Other Pacific Islander
	5 = White
	8 = Don't Know
	9 = Refused

3.5 Ethnicity	Response Categories
<b>Ethnicity</b>	0 = Non-Hispanic/Non-Latino
	1 = Hispanic/Latino
	8 = Don't Know
	9 = Refused

3.6 Gender	Response Categories
<b>Gender</b>	0 = Female
	1 = Male
	2 = Transgendered Male to Female
	3 = Transgendered Female to Male
	4 = Other
	8 = Don't Know
	9 = Refused

3.7 Veteran Status	Response Categories
<b>Veteran Status</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

Universal Data Elements

3.8 Disabling Condition	Response Categories
Disabling Condition	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

3.9 Residence Prior to Program Entry	Response Categories
Type of Residence	1 = Emergency shelter, including hotel or motel paid for with emergency shelter voucher
	2 = Transitional housing for homeless persons (including homeless youth)
	3 = Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
	4 = Psychiatric hospital or other psychiatric facility *
	5 = Substance abuse treatment facility or detox center *
	6 = Hospital (non-psychiatric) *
	7 = Jail, prison or juvenile detention facility *
	12 = Staying or living in a family member's room, apartment or house
	13 = Staying or living in a friend's room, apartment or house
	14 = Hotel or motel paid for without emergency shelter voucher
	15 = Foster care home or foster care group home
	16 = Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"
	17 = Other
	18 = Safe Haven
	19 = Rental by client, with VASH housing subsidy
	20 = Rental by client, with other (non-VASH) ongoing housing subsidy
	21 = Owned by client, with ongoing housing subsidy:
	22 = Rental by client, no ongoing housing subsidy
	23 = Owned by client, no ongoing housing subsidy
	8 = Don't Know
	9 = Refused

\*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Length of Stay in Previous Place	Response Categories
	1 = One week or less
	2 = More than one week, but less than one month
	3 = One to three months
	4 = More than three months, but less than one year
	5 = One year or longer
	8 = Don't Know
	9 = Refused

Universal Data Elements

3.10 Zip Code of Last Permanent Address	Response Category	Examples
Zip Code	___ ___ - ___ ___	12345
Zip Code Type	1 = Full or Partial Zip Code Reported	12345
	8 = Don't Know	
	9 = Refused	

3.11 Housing Status	Response Categories
	1 = Literally homeless
	2 = Imminently losing their housing
	3 = Unstably housed and at-risk of losing their housing
	4 = Stably housed
	8 = Don't Know
	9 = Refused

3.12 Program Entry Date	Response Categories	Examples
Program entry date	___ ___ / ___ ___ / ___ ___ - ___	(08/01/2007)
	(Month) (Day) (Year)	

3.14 Personal Identification Number	Response Categories

3.15 Household Identification Number	Response Categories

Program-Specific Data Elements

4.1 Income and Source	Response Categories		
<b>Financial Resources</b>	Income received from any source in past 30 days?		
	0 = No		
	1 = Yes		
	8 = Don't Know		
	9 = Refused		
<b>If the answer above is NOT 1 = Yes, skip the rest of 4.1 below</b>			
Source and Amount of Income	Source of Income	Receiving income source?	Amount from Source
	1 = Earned Income (i.e., employment income)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	2 = Unemployment Insurance	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	3 = Supplemental Security Income (SSI)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	4 = Social Security Disability Income (SSDI)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	5 = Veteran's disability payment	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	6 = Private disability insurance	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	7 = Worker's compensation	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	10 = Temporary Assistance for Needy	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	11 = General Assistance (GA)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	12 = Retirement income from Social Security	0 = No	\$ _ _ _ _ .00
		1 = Yes	
13 = Veteran's pension	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
14 = Pension from a former job	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
15 = Child support	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
16 = Alimony or other spousal support	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
17 = Other source	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
<b>Total Monthly Income</b>	Monthly income from all sources		\$ _ _ _ _ .00

Program-Specific Data Elements

4.2 Non-Cash Benefits		Response Categories	
<b>Non-Cash Benefit</b>	Non-cash benefit received from any source in past 30 days?		
	0 = No		
	1 = Yes		
	8 = Don't Know		
	9 = Refused		
<b>If the answer above is NOT 1 = Yes, skip the rest of 4.2 below</b>			
	<b>Source of Non-cash Benefit</b>	<b>Receive Benefit</b>	
	1 = Supplemental Nutrition Assistance Program (SNAP) Previously known as Food Stamps)	0 = No	
		1 = Yes	
	2 = MEDICAID health insurance program	0 = No	
		1 = Yes	
	3 = MEDICARE health insurance program	0 = No	
		1 = Yes	
	4 = State Children's Health Insurance Program	0 = No	
		1 = Yes	
	5 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0 = No	
		1 = Yes	
	6 = Veteran's Administration (VA) Medical Services	0 = No	
		1 = Yes	
	7 = TANF Child Care services	0 = No	
		1 = Yes	
	10 = TANF transportation services	0 = No	
		1 = Yes	
	11 = Other TANF-funded services	0 = No	
		1 = Yes	
	12 = Section 8, public housing, or other ongoing rental assistance	0 = No	
		1 = Yes	
	13 = Other source	0 = No	
		1 = Yes	
	14 = Temporary rental assistance	0 = No	
		1 = Yes	

Program-Specific Data Elements

<b>4.3 Physical Disability</b>	<b>Response Categories</b>
<b>Physical disability</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If yes)</b>	
<b>[At entry] Currently receiving services or treatment for this condition? [At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

<b>4.4 Developmental Disability</b>	<b>Response Categories</b>
<b>Developmental disability</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If yes)</b>	
<b>[At entry] Currently receiving services or treatment for this condition? [At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

Program-Specific Data Elements

4.5 Chronic Health Condition	Response Categories
Chronic Health Condition	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
(If yes)	
[At entry] <b>Currently receiving services or treatment for this condition?</b> [At annual assessment and at exit]: <b>Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.6 HIV/AIDS	Response Categories
HIV / AIDS	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
(If yes)	
[At entry] <b>Currently receiving services or treatment for this condition?</b> [At annual assessment and at exit]: <b>Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

Program-Specific Data Elements

4.7 Mental Health	Response Categories
Mental health problem	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If client has a mental health problem)</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If client has a mental health problem)</b>	
<b>[At entry] Currently receiving services or treatment for this condition?</b> <b>[At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.8 Substance Abuse	Response Categories
Substance abuse problem	0 = No
	1 = Alcohol abuse
	2 = Drug abuse
	3 = Both alcohol and drug abuse
	8 = Don't Know
	9 = Refused
<b>(If client has a substance abuse problem)</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If client has a substance abuse problem)</b>	
<b>[At entry] Currently receiving services or treatment for this condition?</b> <b>[At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused



Program-Specific Data Elements

4.9 Domestic Violence	Response Categories
Domestic violence victim/survivor	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
(If yes)	
When experience occurred	1 = Within the past three months
	2 = Three to six months ago
	3 = From six to twelve months ago
	4 = More than a year ago
	8 = Don't Know
	9 = Refused

**OUTREACH PROGRAM ONLY**

4.11 Date of Contact	Response Categories
Date of contact	__ __/__ __/__ __ __ __ __ __ __ __ :__ __
	(Month) (Day) (Year) (Hour) (Minute) (Use 24-hour "military" time)
Location of Contact	1 = Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport or anywhere outside that is not a Homeless Connect- 2 = Service setting, non-residential (e.g. Homeless Connect-type event, drop in center, day services 3 = Service setting, residential (e.g. emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend's room, apartment, condo, or house; foster care or group home)

**OUTREACH PROGRAM ONLY**

4.12 Date of Engagement	Response Category
Date of engagement	__ __/__ __/__ __ __ __ __ __
	(Month) (Day) (Year)

Optional Data Elements

4.15A Employment	Response Categories
Employed	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
If currently working, number of hours worked in the past week	_____ hours
Employment tenure	1 = Permanent
	2 = Temporary
	3 = Seasonal
	8 = Don't Know
	9 = Refused
[If unemployed] Is the client looking for work? [If employed] Is the client looking for additional employment or increased hours at their current job?	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.15B Education	Response Categories
Currently in school or working on any degree or certificate	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
Received vocational training or apprenticeship certificates	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
Highest level of school completed	0 = No schooling completed
	1 = Nursery school to 4th grade
	2 = 5th grade or 6th grade
	3 = 7th grade or 8th grade
	4 = 9th grade
	5 = 10th grade
	6 = 11th grade
	7 = 12th grade, No diploma
	10 = High school diploma
	11 = GED
	12 = Post-secondary school
	8 = Don't Know
	9 = Refused
	0 = None

Optional Data Elements

4.15B Education	Response Categories
If client has received a high school diploma, GED or enrolled in post-secondary education, what degree(s) has the client earned	1 = Associates Degree
	2 = Bachelors Degree
	3 = Masters Degree
	4 = Doctorate Degree
	5 = Other graduate/professional degree
	6 = Certificate of advanced training or skilled artisan
	8 = Don't Know
	9 = Refused

4.15C General Health	Response Categories
	1 = Excellent
	2 = Very good
	3 = Good
	4 = Fair
	5 = Poor
	8 = Don't Know
	9 = Refused

4.15D Pregnancy Status	Response Categories
Pregnancy status	0 = No
	1 = Yes
	8 = Don't know
	9 = Refused
If yes, due date	___ ___/___ ___/___ ___ ___ ___ (Month) (Day) (Year)

4.15E Veteran's Information	Response Categories
Military service eras	1 = Persian Gulf Era (August 1991 - September 10, 2001)
	2 = Post Vietnam (May 1975 - July 1991)
	3 = Vietnam Era (August 1964 - April 1975)
	4 = Between Korean and Vietnam War (February 1955- July 1964)
	5 = Korean War (June 1950 - January 1955)
	6 = Between WWII and Korean War (August 1947 - May 1950)
	7 = World War II (September 1940 - July 1947)
	8 = Don't know
	9 = Refused
	10 = Post September 11, 2001 (September 11, 2001 -Present)
	Duration of active duty

Optional Data Elements

4.15E Veteran's Information	Response Categories
<b>Served in a war zone</b>	0 = No
	1 = Yes
	8 = Don't know
	9 = Refused
<b>If yes, name of war zone</b>	1 = Europe
	2 = North Africa
	3 = Vietnam
	4 = Laos and Cambodia
	5 = South China Sea
	6 = China, Burma, India
	7 = Korea
	8 = South Pacific
	9 = Persian Gulf
	10 = Other
	11 = Afghanistan
	12 = Don't know
	13 = Refused
<b>If yes, number of months in war zone</b>	_____ Months
<b>If yes, received hostile or friendly fire</b>	0 = No
	1 = Yes
	8 = Don't know
	9 = Refused
<b>Branch of the military</b>	1 = Army
	2 = Air Force
	3 = Navy
	4 = Marines
	5 = Other
	8 = Don't know
	9 = Refused
<b>Discharge status</b>	1 = Honorable
	2 = General
	3 = Medical
	4 = Bad conduct
	5 = Dishonorable
	6 = Other
	8 = Don't know
	9 = Refused

Optional Data Elements

4.15F Children's Education		Response Categories
Current enrollment status	0 = No	
	1 = Yes	
	8 = Don't know	
	9 = Refused	
If yes, name of child's school	_____	
	(Example: Lone Pine Elementary School)	
If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?	0 = No	
	1 = Yes	
	8 = Don't know	
	9 = Refused	
If yes, type of school	1 = Public school	
	2 = Parochial or other private school	
	8 = Don't know	
	9 = Refused	
If not enrolled, last date of enrollment	___ ___ / ___ ___ ___ ___	
	(Month) (Year)	
If not enrolled, identify problems in enrolling child	1 = None	
	2 = Residency requirements	
	3 = Availability of school records	
	4 = Birth certificates	
	5 = Legal guardianship requirements	
	6 = Transportation	
	7 = Lack of available preschool programs	
	10 = Immunization requirements	
	11 = Physical examination records	
	12 = Other	
	8 = Don't know	
	9 = Refused	