How Well Do You Know the New Data Standards?

1. Do the new standards apply to these clients?

YES NO

[ ]  [ ]  Caroline entered a housing program on 1/16/14 and she has not exited yet

[ ]  [ ]  Kathy entered a housing program on 4/30/14 and her Exit Date is 9/30/14

[ ]  [ ]  Jenna entered a housing program on 9/7/14 but exited on 10/3/14 because a slot in B2H opened up

1. Client Location (which one would you select for your clients?):

[ ]  ID-501 Idaho

[ ]  OR-500 Eugene/Springfield/Lane County CoC

[ ]  OR-501 Portland/Gresham/Multnomah County

[ ]  OR-502 Medford/Ashland/Jackson County CoC

[ ]  OR-503 Central Oregon CoC

[ ]  OR-505 Oregon Balance of State CoC (ROCC)

[ ]  OR-506 Hillsboro/Beaverton/Washington County CoC

[ ]  OR-507 Clackamas County CoC

[ ]  WA-508 Vancouver/Clark County CoC

[ ]  WA-Other

1. Emily is receiving $326 a week in unemployment on her intake date. She has said that her unemployment benefits will run out in two weeks and she is not able to get an extension. She shows printout stating that she only has $203 left as her unemployment benefit. She does not have any other income and signs a Declaration of Personal Income to that effect. What is Emily’s income?

Source of Income:

Monthly Amount: $

1. Katie normally works 24 hours a week at $11/hour as a cashier. Last month a new store was opening and they were short staffed with the opening and Katie ended up working full-time. She provides you a letter from her employer stating that she is a part-time employee and works 24 hours a week. What is Katie’s income?

Source of Income:

Monthly Amount: $

1. Patty is a single mother with 2 children. One of the children, Nancy, is disabled and receives $712 a month in SSDI. Patty does not work to care for the child. Her other child, Bob, sometimes works on the weekends at a grocery store so that he can afford to play football after school. How would you enter Patty, Nancy, and Bob’s income into ServicePoint?

Patty’s Source of Income:       Patty’s Amount: $

Nancy’s Source of Income:       Nancy’s Amount: $

Bob’s Source of Income:       Bob’s Amount: $

1. Name two new data elements/questions that EVERY client must have entered as part of the new standard (check out our New HUD Data Standards handout for a list of elements):

1. Sherry lost her housing three weeks ago and has been staying at the emergency shelter for the past week (1 week). She was staying in her car for two weeks before she arrived at the shelter. She lost her housing once before 2 years ago for just two weeks and was able to stay with a friend.

Complete the form for Sherry:

**Residence Prior to Project Entry:**

[ ]  Emergency shelter, including hotel /motel paid w/ ES voucher

[ ]  Foster care home or foster care group home

[ ]  Hospital or other residential non-psychiatric medical facility

[ ]  Hotel or motel paid for without emergency shelter voucher

[ ]  Jail, prison or juvenile detention facility

[ ]  Long-term care facility or nursing home

[ ]  Owned by client, no ongoing housing subsidy

[ ]  Owned by client, w/ ongoing housing subsidy

[ ]  Permanent housing for formerly homeless

[ ]  Place not meant for habitation

[ ]  Psychiatric hospital or other psychiatric facility

[ ]  Rental by client, no ongoing housing subsidy

[ ]  Rental by client, with VASH subsidy

[ ]  Rental by client, with GPD TIP subsidy

[ ]  Rental by client, with other ongoing housing subsidy

[ ]  Residential project or halfway house with no homeless criteria

[ ]  Safe Haven

[ ]  Staying or living in a family member's room, apartment or house

[ ]  Staying or living in a friend's room, apartment or house

[ ]  Substance abuse treatment facility or detox center

[ ]  Transitional housing for homeless persons

[ ]  Other

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

**Length of Stay:**

[ ]  One day or less

[ ]  Two days to one week

[ ]  More than one week, but less than one month

[ ]  One to three months

[ ]  More than three months, but less than one year

[ ]  One year or longer

[ ]  Client doesn’t know

[ ]  Client refused

[ ]  Data not collected

**Housing Status:**

[ ]  Category 1 - Homeless

[ ]  Category 2 -At imminent risk of losing housing

[ ]  Category 3 -Homeless only under other fed statutes

[ ]  Category 4 - Fleeing domestic violence

[ ]  At-risk of homelessness

[ ]  Stably Housed

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

**Continuously homeless for at least one year:** [ ]  Yes [ ]  No

**Number of times client has been Homeless in the Past 3 Years:**

[ ]  0

[ ]  1

[ ]  2

[ ]  3

[ ]  4 or more

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

**If 4 or more, Total number of Months Homeless in the Past Three Years:**

**Total number of months continuously homeless immediately prior to project entry:**

1. Dorothy has been renting her own apartment for the past year and a half. She just received a 72 hour eviction notice and does have any other place or anyone to stay with if she is evicted. She has never been homeless.

Complete the form for Dorothy:

**Residence Prior to Project Entry:**

[ ]  Emergency shelter, including hotel /motel paid w/ ES voucher

[ ]  Foster care home or foster care group home

[ ]  Hospital or other residential non-psychiatric medical facility

[ ]  Hotel or motel paid for without emergency shelter voucher

[ ]  Jail, prison or juvenile detention facility

[ ]  Long-term care facility or nursing home

[ ]  Owned by client, no ongoing housing subsidy

[ ]  Owned by client, w/ ongoing housing subsidy

[ ]  Permanent housing for formerly homeless

[ ]  Place not meant for habitation

[ ]  Psychiatric hospital or other psychiatric facility

[ ]  Rental by client, no ongoing housing subsidy

[ ]  Rental by client, with VASH subsidy

[ ]  Rental by client, with GPD TIP subsidy

[ ]  Rental by client, with other ongoing housing subsidy

[ ]  Residential project or halfway house with no homeless criteria

[ ]  Safe Haven

[ ]  Staying or living in a family member's room, apartment or house

[ ]  Staying or living in a friend's room, apartment or house

[ ]  Substance abuse treatment facility or detox center

[ ]  Transitional housing for homeless persons

[ ]  Other

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

**Length of Stay:**

[ ]  One day or less

[ ]  Two days to one week

[ ]  More than one week, but less than one month

[ ]  One to three months

[ ]  More than three months, but less than one year

[ ]  One year or longer

[ ]  Client doesn’t know

[ ]  Client refused

[ ]  Data not collected

**Housing Status:**

[ ]  Category 1 - Homeless

[ ]  Category 2 -At imminent risk of losing housing

[ ]  Category 3 -Homeless only under other fed statutes

[ ]  Category 4 - Fleeing domestic violence

[ ]  At-risk of homelessness

[ ]  Stably Housed

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

**Continuously homeless for at least one year:** [ ]  Yes [ ]  No

**Number of times client has been Homeless in the Past 3 Years:**

[ ]  0

[ ]  1

[ ]  2

[ ]  3

[ ]  4 or more

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

**If 4 or more, Total number of Months Homeless in the Past Three Years:**

**Total number of months continuously homeless immediately prior to project entry:**