October 2017

Annual Homeless Assessment Report (AHAR)

Frequently Asked Questions

TABLE OF CONTENTS

AHAR DATA COLLECTION: FREQUENTLY ASKED QUESTIONS

This document provides answers to many commonly asked questions about the Annual Homeless Assessment Report (AHAR) to Congress. If you have a question that is not addressed in the Frequently Asked Questions (FAQ), please contact your AHAR data Liaison or submit a question through HUD's [Ask A Question](#) function on the HUD Exchange.

A. OVERVIEW OF THE ANNUAL HOMELESS ASSESSMENT REPORT

1.   What is the goal of the Annual Homeless Assessment Report (AHAR) to Congress Part 2?

The AHAR uses aggregate Homeless Management Information System (HMIS) data from communities across the country, as well as information from Continuum of Care (CoC) program applications, to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:

- Develop an estimate of the number of people experiencing homelessness nationwide;
- Estimate the number of people receiving assistance in permanent supportive housing (PSH);
- Create a descriptive profile of people experiencing homelessness and people residing in PSH;
- Produce a greater understanding of service use patterns; and,
- Estimate the nation's capacity to house people experiencing homelessness.

The AHAR is based on an unduplicated count of people within each community, and focuses on people who use emergency shelters, transitional housing and/or permanent supportive housing. The HMIS data portion of the AHAR does not account for: (a) people experiencing homelessness who only use a supportive service program; (b) people in shelters that target victims of domestic violence, or; (3) people who are service resistant and do not access any type of homeless residential program during the study period.

2.   What data are reported to the AHAR to Congress?

The AHAR contains data from two sources. The first source is HMIS data. The AHAR is based largely on the universal data elements in HUD's HMIS Data Standards. All HMIS data are reported in the aggregate to the research team. At present, the data represent any person who enters an emergency shelter, transitional housing, and/or permanent supportive housing during a 12-month reporting period, from October 1 to September 30 of the following year. Since 2010, the AHAR has included people served in permanent supportive housing projects. Data are reported separately for individuals and persons in families in these project types.

The AHAR also includes Point-in-Time (PIT) count data, which gives a "snapshot" of people experiencing sheltered and unsheltered homelessness on a single night in January. The annual PIT count data also provide information on the number of homeless people within particular population groups, such as people experiencing chronic homelessness, severe mental illness, substance abuse, veterans, unaccompanied youth, or those living with HIV/AIDS. Lastly, the AHAR to Congress includes bed inventory information from the Housing Inventory Charts (HIC) and tabulated at the national level.

3.   What are the 4 point in time dates I should use for the 2017 AHAR in Question 2?

The PIT dates can be found in Question 2 of the AHAR in HDX, and are as follows for this reporting year:
- Wednesday, October 26, 2016
- Wednesday, January 25, 2017
- Wednesday, April 26, 2017
- Wednesday, July 26, 2017

These dates are always the last Wednesday of the month in October, January, April, and July during the reporting period.

4.   Where do I report my data to the AHAR?

All data submissions for the AHAR are completed through a web-based data collection tool designed for AHAR reporting—the HUD Homelessness Data Exchange (HDX). Please visit the HDX for training materials on how to use and navigate the HDX. The HDX can be accessed 24 hours a day, seven days a week, and is located at: http://www.hudhdx.info/.

This site also allows communities to generate local reports based on data for any community that participates in the AHAR.

5.   How do I get access to the Homelessness Data Exchange (HDX) to submit data to the AHAR

If you do not have access to the HDX, use the "Create an Account" link to set up a new user account.

The HDX allows communities to restrict access to their data by assigning read, write, and submit rights to staff selected by communities. Only the CoC Primary Contact can change a community's access rights. If the CoC Primary Contact for the CoC has changed, then the CoC should submit a question through Ask a Question. If a new person needs to obtain AHAR Submit rights in HDX, the CoC Primary Contact can make this change on the HDX Admin tab.

6.   What are the deadlines for submitting draft and final data to the AHAR?

The AHAR reports data on people served during a 12-month period, from October 1 through September 30 of the following year. Beginning on October 1st of each year, AHAR data Liaisons contact participating communities to collect their data. Thus, October 1 is an important date because it marks both the start of a new AHAR data cycle and the collection of data for the previous 12 months.

Note: CoCs should complete their All Persons data *before* completing their Veterans data submissions.

The schedule for submitting data to the AHAR is:

- *October 31, 2017*: draft data on both All Persons and Veterans
   - ✓ Submitting draft data by the deadline ensures that your data Liaison has sufficient time to thoroughly review the data in advance of the final deadline. In the past, data submissions that miss the draft deadline are less likely to be used in the AHAR due to data quality issues. For purposes of meeting the draft deadline, all of your AHAR reporting categories should be changed from "in progress" to "in review." Once the data are "in review," your AHAR data Liaison can review the submission and provide you with any necessary feedback prior to the AHAR final deadline.

- *December 1, 2017*: final data on both All Persons and Veterans.
   - ✓ After 11:59pm Pacific Time on December 1, communities will no longer be able to make changes to their data in the HDX. Data are considered final at this time. By December 2nd at 12:01AM, all data categories will be marked automatically as "Complete" where necessary, and the Confirm button will appear. The CoC Primary contact in the HDX is the only person with rights to click on the confirm button; it is visible but inactive for all other HDX contacts.

- *December 5, 2017*: confirmation of data for both All Persons and Veterans.
   - ✓ The community's CoC Primary should go into HDX and confirm their data submission by this date. If they do not, the data will be auto-confirmed at 12:01am Pacific Time on December 6, 2017. The AHAR data Liaison is not authorized to assess the usability status of your data unless the data are confirmed.

7. **What does it mean to confirm your data?**

   Confirming your data means that someone from the Continuum of Care (CoC) who has a broad perspective of your community's homeless population (e.g. CoC Primary) has reviewed and approved your community's AHAR submission. Clicking the confirmation button in HDX provides a final verification of each community's data submission. The selected reviewer, such as the CoC Primary, is not required to check each data point in the submission, but rather assess the overall picture of homelessness depicted in the data submission. If the selected reviewer would like to revisit the data submission, they must contact their data Liaison immediately.

8. **What is the process of confirming your data?**

   Data confirmation can take place at any time during the data collection phase, but only when all of the reporting categories within a section (i.e., All Persons or Veterans) have been marked as "Complete" by your data Liaison. In order to get to "Complete," the AHAR submitter must have submitted data into HDX and marked each category they are reporting to "In Review" from "In Progress." In cases where the category has zero providers or the community chooses not to report, the community must select the corresponding status and the Liaison must mark these as "complete."

   The confirmation button will only appear to users once all categories within a section are marked as "complete" and will only be active on the CoC Primary's account in HDX. If your community has not reached the "complete" stage before the December 1st deadline, the HDX will automatically mark these categories as complete and the confirmation button will appear. The community has through the end of December 5th to actively confirm their data. Data submissions that are not confirmed by the end of December 5th will be confirmed automatically in the HDX and reviewed for usability.

   Although the confirmation button will only appear later in the data collection process, we encourage communities to have someone from the CoC with a broad perspective on the local homeless population review the data more than once during the data submission process. This will ensure that the person assigned as the AHAR data submitter is on the right track with their submission.

9. **Are there AHAR trainings available on-line?**

   Yes. Two web-based AHAR trainings are available on the [HUD Exchange](#). The first introduces the AHAR process to communities that are new to the AHAR. This training provides an overview of the AHAR process, reviews the data reporting requirements, and introduces communities to the HDX. For more experienced communities, a second training is available to improve the quality of AHAR data and to increase the capacity of communities to participate fully.

10. **Should the All Persons data submission be completed before the Veterans data submission?**

    Yes. Please complete the All Persons submission before your Veterans submission. Veterans are reported in the All Persons data, but are then reported separately in the Veterans data in order to get a full set of information about this population. Because veterans are among all people in the All Persons submission, we recommend you complete that first and then report on the subset of veterans separately. If changes are made to the All Persons submission after the Veterans data submission, please ensure any necessary corresponding changes are updated within that submission.

11. **How do CoCs use their AHAR data post-submission?**

    Finalized useable AHAR data can be used locally to help improve the CoC's understanding of their homeless services systems, their strategies, service gaps, lengths of stay, and demographic profile. HUD encourages CoCs to broadly share their AHAR data with local CoC stakeholders. These reports can be useful in crafting and refining coordinated assessment systems, as well as in driving system performance improvements. Additionally, many CoCs have found it useful to compare their AHAR results with the national AHAR reports.

B. IDENTIFYING PROJECTS TO INCLUDE IN YOUR AHAR DATA

12. **What types of projects should be included in my AHAR data?**

Data from all emergency shelters, transitional housing, and permanent supportive housing projects that participate in your community's HMIS should be included in your AHAR data, regardless of funding source. At the moment, the HMIS portion of the AHAR *does not* account for people served in Safe Havens, street outreach projects, rapid re-housing projects, homelessness prevention projects, SSVF, supportive service only projects, or any others listed on the HIC as "other permanent housing."

13. **How do I determine if a project should be counted as an emergency shelter, a transitional housing project, or a permanent supportive housing project?**

Information about the types of providers in each community can be found on a community's Housing Inventory Count (HIC), which is submitted to HUD as part of the CoC Exhibit 1 application. Each community's housing inventory is entered into the HDX as part of the CoC application process, and each project is designated as an emergency shelter, a transitional housing project, or a permanent supportive housing project. (The HIC also has separate reporting categories for Safe Havens and Rapid Re-Housing Projects). Providers that are listed as emergency shelters in the housing inventory should be counted as an emergency shelter in your AHAR data. The same approach should be used for transitional housing and permanent supportive housing projects.

14. **Should a Safe Haven be counted as part of my community's housing inventory and reflected in my AHAR data?**

Safe Havens are a form of supportive housing that serves hard-to-reach homeless people with severe mental illness. Prior to 2008, Safe Havens were classified as either transitional housing Safe Havens (or TH-SH) or permanent housing Safe Havens (or PH-SH). Beginning in 2008, HUD required Safe Havens to classify themselves as transitional housing, permanent supportive housing, or safe havens. Any Safe Haven that has reclassified itself as a transitional housing or permanent supportive housing project should be included in the AHAR. The remaining Safe Havens are excluded from the AHAR.

15. **With the implementation of new HMIS data standards, should Runaway and Homeless Youth (RHY), PATH, Supportive Services Only (SSO), Supportive Services for Veteran Families (SSVF), Street Outreach, Rapid Re-Housing (RRH), and RRH-Demonstration beds be included in the AHAR?**

The 2017 AHAR is based on HMIS data on emergency shelter (ES), transitional housing (TH), and permanent supportive housing (PSH) projects from October 1, 2016 through September 30, 2017. The criteria for which projects to include or exclude are the same this year as they were last year. Specifically, RRH DEM, PATH, SSO, SSVF, and Street Outreach projects are not included in the AHAR. RRH projects are considered Permanent Housing and not Permanent Supportive Housing, and are therefore not included in the AHAR. RHY funded programs that provide TH and ES beds should be included in the AHAR.

In short, you should only include ES, TH, and PSH projects in the AHAR. Permanent Housing beds labeled anything besides PSH, such as RRH and OPH (other permanent housing) should not be included.

16. **Should shelters for homeless youth be included in the AHAR?**

Yes, both the beds and the youth in these shelters should be included in the AHAR.

17. **How do I determine which residential service providers to include in the AHAR data?**

All emergency shelters, transitional housing, and permanent supportive housing projects that are physically located in the AHAR jurisdiction during the October 1 to September 30 time period should be included in your AHAR data submission. The location of a project is determined by the physical location of its beds, rather than the project's administrative office or headquarters. Accordingly, when considering a scattered-site project, the project should be included in your AHAR data if a plurality of the beds associated with that project is physically located within the AHAR jurisdiction.

In some situations, a CoC may have a scattered-site project that has beds located in multiple AHAR jurisdictions, rather than in a single facility—and thus the location of the project is unclear. For scattered-site projects, if the plurality of beds are located within the AHAR jurisdiction, then include the project as part of the AHAR. All the beds and people served in those beds should be reported in the community's AHAR data.

18. **What is the difference between an AHAR "sample site" and a "contributing community"?**

There are two types of communities that submit data to the AHAR: sample sites and contributing communities.

Sample sites were selected as part of the AHAR's nationally representative sample of communities, and there are 102 sample sites in the AHAR. All sample sites are Community Development Block Grant (CDBG) jurisdictions, which constitute the basic building blocks of CoCs. In some cases, the CDBG jurisdiction and the CoC represent the same geographic area (e.g., principal cities are often a single CoC), but, in other situations, the CDBG jurisdiction is a geographic subunit of the CoC (e.g., a small city with 50,000 or more people may be a subunit of a countywide CoC). Sample sites submit AHAR data for those residential service providers located within the CDBG jurisdiction, even if the jurisdiction is a sub-geography of the larger CoC.

Contributing communities are typically CoCs, and the data from contributing communities should account for all residential service providers in the CoC. There are a few exceptions—i.e., when one or more sample sites are located within a CoC and the balance of the CoC submits data to the AHAR as a contributing community—but these situations are uncommon. See questions later in this section (Section B) for more information about how CoCs with sample sites can submit data that cover the sample site and the balance of the CoC.

Questions regarding sample sites and contributing communities should be directed to your AHAR liaison or you can submit a question through the Ask a Question function on the HUD Exchange.

19. **How do I determine which residential service providers are located in the AHAR sample site?**

The Housing Inventory Count that is submitted as part of the CoC funding application provides a full listing of emergency shelter, transitional housing, and permanent supportive housing providers located in the CoC. In the inventory, each provider should be associated with a geocode that designates the Community Development Block Grant (CDBG) jurisdiction where the provider is located. Every emergency shelter, transitional housing, or permanent supportive housing provider with the geocode that corresponds to the AHAR jurisdiction should be reported in the AHAR. See the FAQs later in this section (Section B), which provides more information on how to properly identify the geocode associated with a sample site.

In some situations, an AHAR sample site may contain one or more scattered-site projects—that is, the project's beds are located in multiple CDBG jurisdictions, rather than in a single facility—and thus the location of the project is unclear. For scattered-site projects, if the plurality of beds are located within the AHAR sample site, then include the project as part of the AHAR. All the beds and people served in those beds should be reported in the community's AHAR data.

20. **How do I report data for both a sample site located within a CoC and the rest of the CoC?**

Communities that wish to provide data for both the sample site and the balance of their CoC should complete two separate AHAR submissions. One submission provides the data for the sample site only, and the second submission provides data for the balance of the CoC only (i.e., providers located outside of the sample site but within the CoC). The two submissions should be mutually exclusive to ensure that homeless people and beds are not double counted in the two submissions.

21. **How are data from sample sites valid if it doesn't reflect the entire CoC?**

Sample sites were selected randomly to generate a nationally representative sample of communities, and data from these communities are adjusted statistically to represent similar communities across the United States. Thus, data from sample sites are not intended to represent an entire CoC, but rather are intended to represent similar types of communities nationally.

22. **Where do I find the geocode for an AHAR sample site?**

As part of the annual CoC Homeless Assistance Programs competition, HUD provides a list of geocodes by state and also identifies the name of the jurisdiction associated with each geocode. Communities should refer to this list to identify the geocode that corresponds to the AHAR sample site. The most recent list can be found here:

https://www.hudexchange.info/resource/4980/fy-2016-geo-codes-and-preliminary-pro-rata-need-amounts/

23. **Which reporting categories should I submit for the Veterans AHAR?**

Communities can submit data for the Veterans AHAR for any reporting category where they have also submitted All Persons data. Note: CoCs should complete their All Persons data *before* completing their Veterans data submissions.

If no Veterans utilized a reporting category during the year, communities can still report zero usage as part of the Veterans AHAR. See the FAQ on "No Veterans Served" for detailed instructions on reporting that no veterans were served in a given reporting category.

24. **Are vouchers factored in when calculating PSH HMIS bed coverage?**

All tenant-based, sponsor-based, or project-based vouchers for permanent supportive housing for people who are formerly homeless (such as those funded through Shelter+Care, SHP, HOPWA, etc.) should be included in the AHAR. Those participating in HMIS and those that are not should be counted in the relevant PSH reporting category (IND or FAM) for Q1b and Q1c. The exception is for VASH beds. Please refer to the next question for more details.

Some voucher projects can either serve more people (and therefore beds) or less than the original granted number of vouchers due to different costs of units than originally projected in the grant. This is expected, and for the purpose of AHAR, the community should allow this number to change accordingly. This number reported for AHAR will have no effect on a community's current or future grant and it will make the data in Q1 and Q2 cleaner and improve our national estimates.

Please refer to Section D question 40 for more details on how to calculate this adjustments for voucher beds.

25. **Are HUD-Veterans Affairs Supportive Housing (VASH) projects included in HMIS bed coverage calculation?**

VASH beds should only be reported in the AHAR if they are participating in HMIS. That is, some communities have been able to input data on VASH vouchers into their HMIS. If this is the case, then VASH vouchers <u>are</u> counted the same as other PSH programs. On the other hand, if your community

has not reported VASH data into the HMIS, then please <u>do not</u> include them in the non-HMIS bed count. We do not factor non-HMIS VASH beds into the bed coverage rate. However, your Liaison will ask you to update your non-HMIS participating VASH bed counts in order to properly extrapolate for your community. If you have more questions about this during the AHAR data collection period, please be sure to ask your AHAR data Liaison.

C. COUNTING PEOPLE AND HOUSEHOLDS IN THE AHAR

26. **In what AHAR reporting category should I count a pregnant woman with no children—as an individual or as a person in a family (i.e. IND or FAM)?**

    For the purposes of the AHAR, a family is defined as a household composed of at least two people, one of whom is an adult (age 18 or older) and one is a child (under age 18). Until the child is born, a pregnant woman with no children should be counted as an individual (IND). When the child is born, then the household would be considered a family (FAM) as long as the parent is an adult (age 18 or older). Parents under the age of 18 and their children are counted as individuals for the purposes of reporting to the AHAR.

27. **In what AHAR reporting category should I count teenage (or juvenile) parents and their children?**

    Parents under age 18 and their children are counted as individuals (IND) in the AHAR reporting categories. Those households are reported in the reporting categories for individuals. Although the HMIS Data Standards were updated to include information about the relationship between members of a household or identify a head of household, the AHAR has not altered its reporting with this. In what AHAR reporting category should I count a married or cohabiting age 18 or older couple without children?

    A married or cohabiting couple should be reported in the individual (IND) AHAR reporting categories. Only families with at least one adult and one child are reported in the family reporting categories. The reporting categories are separated this way so that the experiences and characteristics of families with children can be analyzed separately from other households and individuals who are homeless.

28. **In what AHAR reporting category should a household go whose child or children become 18 years old during the AHAR reporting period?**

    The appropriate AHAR reporting category is based on the household's first program entry during the reporting year. For example, assume that a household composed of one adult and a 17-year-old enters an emergency shelter, and during their stay the child turns 18. In this scenario, the household should be reported in the emergency shelter (ES) for families (FAM) AHAR reporting category because the composition of the household upon entry during the reporting year was a family. If this household exits this ES and enters another ES for the first time now as two adults, the 18-year old and the older adult would be recorded as individuals (ES-IND) in a 2-person household. In the Summary category in AHAR, you would indicate that these two people were in both ES-FAM and ES-IND during the reporting period.

29. **How are households with persons whose ages are unknown counted in the AHAR? That is, some people in households with more than one person are not identified as adults or children because the date of birth is missing.**

    All people served in emergency shelters, transitional housing projects, and permanent supportive housing projects should be included in a community's AHAR data submission. It is critical that each person be categorized and reported in the appropriate household type—either as individuals or as people in families, depending on the household composition at program entry.

When age information is missing communities may need to infer the person's age to classify people into the appropriate household type. To infer a person's age, communities should:

- Use all available information to fill the gaps in their HMIS data—e.g., historical HMIS records for the same person or case manager files. For example, if the person with missing age information was served previously, communities should review these prior records and retrieve the missing information, if available.

- If the missing age data cannot be recovered, communities should use their best judgment to classify people into the appropriate household types based on local knowledge. To inform this decision, communities can review their HMIS data to understand the typical household compositions of people served by their programs, make a determination regarding the household type of the person, and indicate that their age is missing.

30. How do I count households in the AHAR? For example, how many households do I count for a mom and two children that use an emergency shelter for one week, but later the mom comes back with only one of her children?

In this scenario, one household is counted in the ES-FAM reporting category. For counting households in the family reporting categories, a person is counted as part of the <u>first</u> household that they are served in during the AHAR reporting period. In this example, any subsequent household that the mother or two children is served in by an ES-FAM provider should not get counted as an additional household, unless there are new members of that household that were not served previously by an ES-FAM provider. Thus, if the mother and one child had made the first emergency shelter visit together then came back to the shelter later with the second child who had not been part of any other household (i.e., the second child has not been previously served by an ES-FAM provider), two households should be counted. This is because the second ES-FAM visit is the first household for the second child. In other words, the initial household of mom and child would be counted as a household, and the second household of mom and two children would be counted as a household because it is the first household for the second child.

First Service Encounter	Second Service Encounter	Third Service Encounter	Number of Households: Explanation *
Eliza, Henry	Eliza, Henry	--	**1 household:** One household is counted based on the first service encounter because this was the first household for Eliza and Henry.
Eleanor, Joe	Eleanor, Joe, and Sue	--	**2 households:** Two households are counted because the first service encounter was Eleanor and Joe's first household and the second service encounter was Sue's first household.
Eleanor, Joe, and Sue	Eleanor, Joe	--	**1 household:** One household is counted based on the first service encounter, because no new people were part of the household in the second service encounter.
Janice, Larry	Janice, Larry, Devon	Larry, Devon	**2 households:** Two households are counted because the first service encounter was Janice and Larry's first household, and the second service encounter was Devon's first household. The third service encounter is not a new household because both Larry and Devon were previously counted as part of a household.

* For the AHAR, a family is defined as a household composed of at least one adult (age 18 or older) and one child (age 17 or younger).

Rule of thumb: Exits from a household never result in a new household; entries into an existing household may result in a new household if the person who entered the household has not been served previously as a member of a household in the reporting category. The table above provides a few examples.

31. How should a person's household size be recorded if the household composition changes during the year?

A person's household size is based on the size of the household on the <u>first day</u> they were served within that reporting period for each reporting category. A household size should be recorded for each new household. For example, an adult and two children enter a transitional housing project and, at some point, one of the children leaves the household, leaving the remaining household members. In this scenario, you would count 1 household with a household size equal to 3 because there were 3 people in the household on the first day this household was served in the project for this category.

Counting household sizes can be challenging if a new household is counted due to changes in the composition of an existing household. For example, an adult and two children use transitional housing in October, and the same adult returns with the same two children plus one more child in February. The new child has not been served before in the TH-FAM reporting category. In this scenario, the community should count 2 households; the first household has a size of 3 people and the second household has the size of 4 people. [A variation to this example: if the child who was added to the household in February had used transitional housing for families prior to joining the household, then only one household should be counted in the AHAR and the household has a size of 3 people. The household size is based on the first day this household was served—in October.] If, for example, a married couple without children splits up and re-enters a shelter, there would be 3 households recorded in ES-IND, 1 for the original couple and 2 for the new households for each member of the old household over the course of the year.

32. For the Veterans AHAR, how do I indicate that no veterans were served in a given reporting category?

Each reporting category on the Veterans My Data page will have a button that says "No Veterans Served." Click that button if no veterans were served in that reporting category during the reporting year. It will generate 0's throughout the Veterans report for that category, and you will be done with the category.

D. COUNTING BEDS IN YOUR AHAR SUBMISSION

33. What should I do if the pre-populated bed counts for my AHAR are not correct?

The HDX automatically pre-populates the number of HMIS and non-HMIS beds from your most recent Housing Inventory Count (HIC) submission. In the past, the pre-populated counts were only based on year-round beds. In 2017, the pre-populated counts also account for year-round equivalent seasonal beds. However, this count does not account for beds that cannot be distinguished by their HMIS participation status or their household type status. If your housing inventory has changed since the submission of your HIC, you should manually adjust the pre-populated AHAR bed counts to reflect your total year round equivalent housing inventory. For example, if a project added or removed beds at some point during the AHAR reporting period, the bed counts reported in questions 1b and 1c should be prorated to derive a year-round-equivalent bed count. When making manual changes, please leave a note in the HDX to explain the changes, which eases the review process for you and your data Liaison.

Please refer to Section D question 42 for more details on how to prorate beds that were not available for the full AHAR reporting period.

34. **I have made changes to my CoC's Housing Inventory Count since submitting it to the HDX. Do I need to submit a new Housing Inventory Count (HIC)?**

No. If your housing inventory has changed since the submission of your HIC, you cannot submit a new HIC for the current year. However, you should manually adjust the pre-populated bed numbers accordingly in AHAR to reflect your current year-round equivalent bed counts. Please add a detailed note to AHAR questions 1 and 2 to explain the difference between the HIC and the numbers reported to AHAR.

35. **I have beds and/or shelters in my CoC designated for victims of domestic violence. Should these beds be included in the AHAR?**

Beds located in domestic violence shelters or that are designated for victims of domestic violence should not be included in your AHAR data submission.

36. **Which HMIS beds should be included on the quarterly sheltered point-in-time counts (Question 2 in the AHAR)?**

The number of HMIS beds on the quarterly sheltered point-in-time count should include the following:

1. Year Round Beds in HMIS that were available for use on the PIT date,
2. Seasonal Beds in HMIS that were available for use on the PIT date,
3. Overflow Beds in use on the PIT date, and
4. Voucher Beds in use on the PIT date.

37. **How do I count the beds associated with a scattered-site provider that has beds inside and outside the AHAR jurisdiction?**

If a provider has beds in more than one jurisdiction, you should first determine which geocode contains the plurality of the beds. For example, if a project has 40 percent of their beds in the AHAR jurisdiction; 35 percent in an adjacent jurisdiction; and 25 percent in a third jurisdiction, then the project would be included in the AHAR. All beds (and homeless people) associated with the project should be counted in the AHAR if the plurality of the beds are located in the AHAR jurisdiction. If the plurality of the beds is located outside of the AHAR jurisdiction, then no beds from that provider should be counted in the AHAR.

Communities may or may not know where the plurality of beds associated with a scattered-site project is located. In these situations, you will need to review the community's Housing Inventory Count, which is located in the HDX and is submitted as part of a CoC funding application. Using the geocodes assigned to each provider, calculate the total number of beds available within the various jurisdictions. If the project operates beds that cross Continuum of Care boundaries—and thus the total bed inventory does not appear on a single housing inventory—discuss this with your AHAR data Liaison.

38. **Will beds classified as Other PH in the HIC affect the AHAR?**

No, projects categorized as Other Permanent Housing on the HIC are not included in the AHAR.

39. **How do I count the beds associated with a rotating shelter—e.g., beds rotate among local religious institutions—but the number of beds may fluctuate depending on the capacity of each institution?**

When counting rotating shelter projects (often religious institutions), the goal is to calculate how many *year-round equivalent beds* are associated with the rotating project. To begin this calculation, determine how many beds are used within each institution and the total number of nights per year when the beds are available. Next, prorate the bed inventory in each institution by multiplying each institution's inventory by the number of year-round bed nights in that institution. The number of year-round bed nights is equal to the total number of nights per year when the beds are available divided by 365.

Finally, sum the product of each multiplication (i.e., each institution's year-round equivalent beds) across all the institutions to derive your total bed count.

For example, assume that a community has four institutions with rotating beds:

- Institution A has 10 beds;
- Institution B has 8 beds;
- Institution C has 15 beds; and
- Institution D has 18 beds.

Each institution is open for 7 nights per month, or about 84 nights per year (7 x 12 = 84). The number of year-round bed nights per institution is .23 (or 84 / 365 = .23). To prorate the beds per institution, you multiple each institution's bed inventory by .23 and then sum the resulting prorated inventory across all the institutions to produce the final bed count. In our example, the prorated bed count is:

(a) 10 x .23 = 2.3
(b) 8 x .23 = 1.84
(c) 15 x .23 = 3.45
(d) 18 x .23 = 4.14

The total number of year-round equivalent beds is equal to 2.3 + 1.84 + 3.45 + 4.14 = 11.73 beds (or rounded to 12 beds).

All clients who use these beds should be counted in the AHAR.

40.   Are voucher beds included in the AHAR, and if so, how do I count voucher beds for the AHAR?

Yes, all voucher beds (and people served in these beds) should be included in your AHAR data submission.

Counting voucher beds in the AHAR can be challenging because the number of beds associated with voucher projects is not fixed throughout the year. Accordingly, voucher beds in the AHAR should be prorated to produce *year-round equivalent beds* using the following formula:

$$\text{For the IND reporting categories} \quad \frac{\text{Total number of household voucher nights provided during the AHAR reporting year}}{365} = \text{Year-Round Equivalent Voucher Beds}$$

$$\text{For the FAM reporting categories} \quad \left(\frac{\text{Total number of household voucher nights provided during the AHAR reporting year}}{365} \right) \times \text{Average family size} = \text{Year-Round Equivalent Voucher Beds}$$

To calculate the number of voucher beds, determine the total number of *voucher nights* provided during the AHAR reporting period and divide by 365. The total number of voucher nights provided during the year is equal to the sum of household nights used during the year. For example, if a voucher project issues:

- A voucher to one household for one day, the total number of voucher nights is equal to one.
- A voucher to one household for 7 nights, the total number of voucher nights is equal to 7.

- Two vouchers on the same day to two separate households and each voucher is used for one night, the total number of voucher nights is equal to two.
- Two vouchers to two separate households, and one voucher is used for 7 nights and the other voucher is used for 30 nights. The total number of voucher nights is 37 even if the households used the vouchers during some of the same nights.

If you are calculating voucher beds for an IND reporting category in the AHAR (i.e., ES-IND, TH-IND, or PSH-IND), then this fraction is your final, year-round equivalent voucher bed count for individuals. If you are calculating voucher beds for a FAM reporting category in the AHAR (ES-FAM, TH-FAM, or PSH-FAM), then multiply this fraction by the average family size to calculate your final, year-round equivalent voucher bed count for families.

Example for Counting Voucher Beds Used by Homeless Individuals: During the AHAR reporting period, a community's voucher project was used by 75 households and each household consumed 2 nights of shelter. Thus, the voucher project supported 150 voucher nights during the year. To calculate the number of year-round equivalent voucher beds, divide the number of vouchers nights per year (150) by total number of nights in the year (365), or 0.4. This number is the number of year-round equivalent voucher beds for individuals that should be added to the bed count in your response to questions 1 and 2.

75 households x 2 nights= 150 voucher nights
150/ 365= .04 year round equivalent voucher beds

Example for Counting Voucher Beds Used by Homeless Persons in Families: During the AHAR reporting period, a community's voucher project for families was used by 4 households:

1. The Smith household has 3 family members and the household used 230 nights of shelter;
2. The Roberts household has 2 family members and it consumed 365 nights;
3. The Bedford household has 4 family members and it used 110 nights;
4. And the Reed family has 3 members and it consumed 195 nights.

Accordingly, the voucher project supported 900 voucher nights during a year (or 230 + 365 + 110 + 195 = 900).

The average family size is equal to 3 [or (3 + 2 + 4 + 3)/4 = 3].

To calculate the number of year-round equivalent voucher beds, divide the total number of voucher nights per year (900) by the total number of nights in the year (365), or 2.5.

Then, take this number (2.5) and multiply it by the average family size (3 people). This number (2.5 x 3 = 7.5) is the total number of year-round equivalent beds for families. Add 7.5 to the bed count in question 1 and 2 (if applicable).

41. Some providers serve both homeless individuals and persons in families, but the beds are fluid and can be used by either household type throughout the year. How do I count the beds for this type of project?

The bed count for each household type should be calculated in proportion to the share of individuals and persons in families served during the AHAR reporting period.

For example, a project has 20 beds total and the beds float among individuals and persons in families depending on need. If during the AHAR reporting period, a project served 50 people total; 60 percent were individuals and 40 percent were people in families. The bed inventory that should be reported to the AHAR is equal to 12 beds for individuals (or 20 x .6 = 12) and 8 beds for people in families (or 20 x .4 = 8).

42. **How do I include seasonal beds or beds that are only open part of the year (part-year beds)?**

Any type of bed that is not available year-round—such as seasonal beds—should be converted into a year-round equivalent (YRE) bed by prorating the bed in proportion to the amount of time, per year, that they are available. For example, assume that a project has 50 seasonal beds that are open from October through April (or 7 months). In effect, each seasonal bed counts as 0.583 year-round equivalent beds (or 7 / 12 = 0.583) because the bed is available for only seven months in the year. The project's total prorated (or year-round equivalent) bed count is equal to 29 (or 50 x 0.583 = 29.2).

For Question 2, seasonal beds should be added as whole beds to the dates that they were available for. In this example, 50 seasonal beds are open October through April, so 50 should be added to the bed count for the October, January, and April PIT dates. No beds would be added to the July PIT count.

43. **When prorating beds to produce year-round equivalent beds, should a community report fractions of beds in the bed counts?**

In certain circumstances there will be decimal points in your count of annual number of available beds. The AHAR requires that communities prorate beds that are not available year-round, such as seasonal beds, voucher beds, beds that float between individuals and families during the year), or beds that opened/closed during the reporting year. (Earlier AHAR FAQs in this section (Section D) provide specific examples. Prorating beds to produce "year-round equivalent beds" may result in a bed count that is not a whole number. In these instances, feel free to round the number to the nearest whole number or preserve the decimal. To round a value of 0.1 to 0.4, round downward; to round a value of 0.5 to 0.9, round upward.

Prorating beds in the AHAR applies only to annual bed counts. You may not report fractions of beds when reporting the number of beds available on a Point-in-Time date.

44. **Some Transitional Housing (TH) projects in my community lost funding or switched to become Rapid Rehousing (RRH). How do I account for this in the AHAR bed counts?**

If any TH projects were closed or reconfigured to RRH during the AHAR reporting year (Oct. 1 of prior year to Sept. 30 of the current year), you will need to account for this in your AHAR bed counts. Beds reported in AHAR should be prorated to generate a year-round equivalent (YRE) count of TH beds. Refer to earlier AHAR FAQs in this section (Section D) for instructions on how to properly prorate these beds.

Remember that RRH projects are not counted in AHAR. If a TH project was reconfigured to RRH during the reporting year, the beds and people occupying those beds should be included in AHAR only during the time the project was technically assigned as TH.

45. **VA Domiciliary (VADOM) beds were removed from the HIC and PIT counts. Should they also be removed from AHAR?**

Yes, VADOM projects are no longer part of the homelessness services system. They are not among the project types used in the AHAR. The beds and the clients who occupy those beds should not be included in your AHAR data submission.

46. **Are cribs counted as beds in the housing inventory and in the AHAR?**

Cribs are not counted as beds in the housing inventory or the AHAR. If you have high bed utilization rates in a reporting category in which cribs were used, please add a note to question 2 in the AHAR stating that cribs were used and how many (if possible).

E. UNDERSTANDING UTILIZATION RATES IN THE AHAR

47. **How do I calculate a bed utilization rate?**

In Question 2 of the AHAR, utilization rates—or bed occupancy rates—represent the percentage of beds or units that are occupied on a given night or on an average night over a period of time. To calculate the overall bed utilization rate for a community on a given night, take the number of people served on that night and divide it by the number of beds available on that night. The average daily utilization rate is calculated by taking the average number of people served over a given time period (e.g., the 12-month AHAR reporting period) divided by the total number of beds.

48. **How do I calculate a unit utilization rate?**

Unit utilization rates refer to the proportion of units that are occupied on any given day. Unit utilization rates are calculated by taking the number of households served on any given day and dividing by the number of units available. Like bed utilization rates, unit utilization rates can be calculated for a particular provider or aggregated to the project-level. However, unlike bed utilization rates, average daily unit utilization rates cannot be calculated because we do not have a good way to calculate the average number of households served during the AHAR reporting period. Thus, we have several point-in-time (or one day) unit utilization rates.

Unit utilization rates are particularly important for projects that serve persons in families. Because a unit can be occupied by one family only and the number of beds in the unit may exceed the size of the family, some family projects may have high unit utilization rates but low bed utilization rates. For example, a family of 2 may occupy a unit that has 4 beds, resulting in a unit utilization rate equal to 100 percent and a bed utilization rate equal to 50 percent. If you have low bed utilization in question 2, you may want to check the unit utilization to see if the unit utilization is higher. You may have smaller families using larger units, which is causing low bed utilization in question 2. You can report the unit utilization in a note to question 2 to clarify low/high bed utilization.

49. **Do bed utilization rates <u>below</u> 65 percent or <u>over</u> 105 percent always indicate poor data?**

No, there can be legitimate reasons why a bed utilization rate may be below 65 percent or above 105 percent. However, low/high rates should be investigated because they can point to data quality problems.

Bed utilization rates below 65 percent are usually attributed to two issues:

- The project did not enter all their clients into the HMIS and thus the project appears to be under-utilized, and should be fixed; or
- The project was genuinely under-utilized. Add a note to clarify any reasons why a project was under-utilized (weather, small families in large units, etc.)

Bed utilization rates above 105 are often explained by:

- The project did not capture exit dates for all their clients, and this should be fixed;
- The project offered overflow beds—e.g., cots or mattresses—sporadically throughout the year to accommodate high-demand nights, which results in a larger count of persons, but did not count those beds in Q2. While overflow beds are not included in the year-round equivalent bed counts in Q1, they are in Q2 in order to better understand the points in time and isolate if a real data quality issue might exist.
- The project served more people than the facility could accommodate, even with overflow beds, and had genuinely more people than beds available on the night in question. Add a note to clarify any reasons for high bed utilization rates.

- The project underestimated the number of beds that were available on a night and reported fewer beds than were available. The CoC should revise the bed count in the AHAR.

F. ACCOUNTING FOR IRREGULAR HMIS PARTICIPATION

50. How should I account for a provider that was open throughout the AHAR period but started participating in HMIS at some point during the reporting period?

Providers must be participating in HMIS on October 1 (the start of the AHAR reporting period) and entering data throughout the reporting period to be included in the community's data. (There are a few caveats that are discussed below.) Accordingly, providers that were open throughout the AHAR reporting period but started participating in HMIS at some point during the reporting period should not be counted as an HMIS-participating provider, and should not be counted towards the community's HMIS-bed coverage rate. However, these beds should be reported as part of the community's "non-HMIS participating" bed inventory. The provider would be eligible to participate in the next cycle of the AHAR, assuming they are still participating in HMIS.

51. How should I count a provider that did not exist at the start of the AHAR reporting period (October 1) but opened and started participating in HMIS at some point during the reporting period?

A new provider that opened and started participating in HMIS during the course of the AHAR reporting period can be included in the AHAR. Both the beds and the people served by the provider should be reported to the AHAR. The provider's beds should be prorated depending on how long they were open during the 12-month reporting period. To prorate the beds, take the total number of beds and multiply them by the proportion of the reporting period that they were open. For example, a shelter has 120 beds that opened at the beginning of April and immediately began participating in HMIS. These beds were available for 58 percent of the AHAR reporting period (or 7 / 12 = .58). The prorated bed count is therefore equal to 69.6 year-round equivalent beds (or 120 x .58 = 69.6).

52. Should I count a provider that stopped submitting data to HMIS at some point during the AHAR reporting period but returned to the HMIS at a later date?

In general, a provider that stopped entering data into HMIS at some point during the AHAR reporting period should be dropped from (a) the numerator in the HMIS-bed coverage rate and (b) the data submitted to the HDX. Accordingly, these providers would be considered non-HMIS participating providers and communities should report their beds accordingly in the HDX.

53. How do I handle a facility that participated in HMIS, but closed permanently during the year?

If an HMIS-participating provider closed (permanently) at some point during the AHAR reporting period, the provider can be included in the AHAR. Both the beds and the people served by the provider should be reported to the AHAR. The provider's beds should be prorated depending on how long they were open during the 12-month reporting period. To prorate the beds, take the total number of beds and multiply them by the proportion of the reporting period that they were open. For example, a shelter had 100 beds and closed in April. These beds were available for 58 percent of the AHAR reporting period (or 7 / 12 = .58). The prorated bed count is therefore equal to 58 year-round equivalent beds (or 100 x .58 = 58).

54. Should I count a provider that—as a matter of practice—does not exit a client until he/she has been unseen for a defined period of time—e.g., 90 days?

In general, communities should attempt to obtain the most accurate information possible, and in some cases, communities can retroactively record an exit date as the last day that the client was seen (or received services). In other cases, communities can impute an exit date if the shelter operates like an over-night shelter—meaning that everyone must exit and then re-enter the facility on a daily basis, rather than reserve beds for an undefined period of time. If a community is unable to impute exit dates, discuss this situation with your AHAR data Liaison.

G. ZERO PROVIDER COMMUNITIES

55. What is a "zero provider" community or reporting category?

A zero provider community indicates that the community does not have any emergency shelters, transitional housing projects, or permanent supportive housing located within the community. Similarly, a zero provider reporting category suggests that the community does not have any providers in that reporting category.

56. How do I confirm if I'm a zero provider community?

In most cases, confirming the status of a zero provider community is relevant for communities that are sample sites (see FAQs in Section B). To confirm that you are a zero-provider community, identify the geocode that corresponds to your AHAR jurisdiction (see FAQs in Section B for information about identifying the correct geocode) and review your community's most recent housing inventory to ensure that no provider has this geocode associated with it. If your housing inventory suggests that a provider is located in the AHAR jurisdiction (via the geocode), then you are not a zero provider community.

57. Can a community be a zero provider for some AHAR reporting categories but not others?

Yes, a community can be a zero provider for one, two, three, four, five, or all six reporting categories. As long as there are no providers of that project type (i.e., emergency shelters for individuals, emergency shelters for persons in families, transitional housing for individuals, transitional housing for persons in families, permanent supportive housing for individuals, or permanent supportive housing for families), the community can be a zero provider for that reporting category.

58. How do I indicate that my community is a zero provider?

The steps for marking a community as a zero provider are basically the same whether or not a community is a zero provider in one or more reporting categories. Communities must be marked as a "Zero Provider" in the HDX. If a reporting category is a zero provider, mark its corresponding Reporting Status as "Zero Provider." Then, change the reporting category's Status to "In Review," and click the "Update Status" button for the category. This must be done for all six of the project reporting categories if the community is a Complete Zero Provider.

59. If I did not serve any veterans in a given category, should I mark that category as a Zero Provider in the Veterans data?

No, a given Veterans category should only be marked as a Zero Provider if the corresponding All Persons category is also marked as Zero Provider. If you did not serve any vets in a category, you should simply report all zeros, i.e. you have no people in the Veterans data for that category. To easily enter zeros in your category, select the "no veterans served" option in the HDX.

H. COMMON QUESTIONS ABOUT THE AHAR REPORTING REQUIREMENTS

60. My community has fully implemented the most recent HMIS data standards, but HUD guidance shows that the 2017 AHAR should use the 2010 data standards. What do we need to do to ensure we submit the AHAR data correctly?

The 2017 AHAR is based on the 2010 HMIS data standards. To help communities report their data accurately, the AHAR team developed a crosswalk that maps the reporting categories from the new data standards to the 2010 standards. The crosswalk is called the AHAR Data Mapping Instructions, which can be accessed at: https://www.hudexchange.info/resource/4830/ahar-data-mapping-instructions/

A few data elements in particular were modified when the data standards were updated, and the AHAR Data Mapping Instructions provides guidance about each:

- Age
- Gender
- Disability Status
- Living Arrangement the Night Before Program Entry
- Destination

Communities should request help from their HMIS vendors if they have further questions related to this issue. Members of the AHAR team can also assist.

61. **If a client enters a project multiple times throughout the reporting year, how should I calculate his length of stay for the AHAR?**

The AHAR collects length of stay information separately for each reporting category. Within each reporting category, the length of stay information should be cumulative to account for all stays. For example, if a client enters 4 emergency shelters for individuals during the AHAR reporting period and stays for 7, 10, 31, and 5 nights, the client's total length of stay should be reported as 53 (or 7 + 10 + 31 + 5 = 53) in the ES-IND reporting category.

However, the annual length of stay information reported in the AHAR is truncated to the 12-month AHAR reporting period, and thus the maximum number of nights is 365 nights (from October 1 through September 30 of the following year). For example, clients who entered a shelter prior to October 1 and remained in the shelter during the AHAR reporting period should have an AHAR start date equal to October 1. Similarly, clients who are still in the project at the end of the AHAR reporting period should have an AHAR end date of September 30.

62. **"Don't Know/Refused" is not included in the AHAR questions in the HDX. How should we account for these data?**

"Don't Know/Refused" should be counted in the "Missing" category in HDX when reporting for the AHAR. You may also wish to leave a note in the HDX for your data Liaison that explains how many in this category are due to a "Don't Know/Refused" status so that he or she can better understand your missing data rates. Refer to the first AHAR FAQ in this section (Section H) and the Data Mapping Instructions found at https://www.hudexchange.info/resource/4830/ahar-data-mapping-instructions/.

63. **If a client is missing information upon their initial entry into an ES, TH, or PSH project, but provides that information at a later intake assessment should the data reported in the AHAR reflect the information from the person's first entry or include the later information?**

In general, reports should use the information from the person's first entry within that reporting category for the AHAR reporting year. For example, if a person enters ES-IND four times, you should report their age, gender, ethnicity, Veteran status, etc. based on their characteristics at the first entry. ***However***, if information from the first entry is missing, communities can look at other records during the reporting period to identify the information.

64. **How do I report information about a client who had multiple service records during the reporting period and is reported as being disabled (or a veteran) in one service record but not the other?**

If a client has been served more than one time during the AHAR reporting period, then the community should review all the service records for each client within the AHAR reporting period. If any of those records indicate that the person is a veteran or disabled, then count them as a veteran or disabled in the AHAR.

Review the AHAR Data Mapping Instructions for more guidance on identifying disability status (Yes/No) at: https://www.hudexchange.info/resource/4830/ahar-data-mapping-instructions/

65. Should communities de-duplicate across all service providers or within each reporting category?

De-duplication is very important in the AHAR because proper de-duplication ensures that a homeless person is counted once only in the national estimates. De-duplication should be done within each reporting category, rather than across all persons in a community. Put differently, a person can be reported in multiple reporting categories if that person was served accordingly—e.g., as an individual in an emergency shelter and as a person in a family in transitional housing. But the person should be counted once only within the reporting category. Thus, if a person enters and exits an emergency shelter (ES-IND) multiple times, this person should be counted once in the ES-IND reporting category.

The Summary reporting category asks communities to report the number of people who were served in multiple reporting categories. For example, the Summary tables ask communities to report the total number of people who used ES-IND and ES-FAM or ES-IND, ES-FAM, and TH-IND, etc. This information is used to produce a de-duplicated count of all persons served for the entire AHAR jurisdiction.

66. What questions in the Summary reporting category am I required to complete?

The number of questions included in the Summary reporting category has been reduced. CoCs now only need to complete Summary Question 1. Note that Q2b-g, Q3b-g, and Q4b-g were optional in the past, but are now removed.

67. How do I report a client's other demographic information by gender if they are classified as Transgender in Question 4 for ES and TH, Question 5 for PSH?

A person who identifies as Transgender male to female should be classified as female (conversely transgender female to male should be marked as male) in all other subsequent demographic questions that ask for a breakout by gender.

68. Where do transgender clients and clients who identify as "other" genders go in the length of stay questions?

In the length of stay questions for adults and children, there are columns requesting data separately by males, females, and people with missing gender. Transgender clients should be allocated into the column that aligns with the gender they identify with; transgender female to male goes in the male column, and transgender male to female goes in the female column. Clients identifying as "other" genders should be excluded from the question entirely.

69. Where do transgender clients and clients who identify as "other" genders go in the household type question?

In the household type question, the gender only matters if the client is an adult in a single-person household. If the client is a child or an adult in a multi-person household (regardless of whether that household includes only adults or adults and children), the client's gender has no bearing on where the client is reported. If, on the other hand, the client is an adult in a single-person household, the client must be categorized by gender as either an "Individual adult male" or an "Individual adult female." Transgender adults in single-person households should be classified based on the gender they identify (with transgender female to male corresponding to male and transgender male to female corresponding to female). And if there is an adult in a single-person household with a gender that is missing or "other," then the household type would also be missing because the person could not be classified as either male or female.

70.   **What changes have been made to the way age is being reported for the AHAR?**

Beginning with the 2015 AHAR, the demographic breakdown of Age, AHAR Question 3 in ES and TH and Question 4 in PSH, now tracks people ages 18-24 and 25-30 as distinct responses. All data reported previously within the old age category of 18-30 should be broken into one of these two new categories. HMIS vendors are aware of this change and guidance is available here: http://www.hudhdx.info/VendorResources.aspx

71.   **The 2017 AHAR is using the 2010 HMIS data standards, so why don't I see the question for zip code of last permanent residence?**

The question recording zip code of last permanent residence was no longer required to be reported in AHAR beginning with the 2015 AHAR. As of now, you should no longer be able to see that question. While that data element was a part of the 2010 HMIS data standards, and may still be included in an XML upload, data corresponding to that question will not show up on the HDX (the system will ignore the data) and it will not be a part of your AHAR data quality review.

72.   **How do I report on disability type in Question 12 of the PSH categories?**

Persons with multiple disabilities should be counted in all applicable categories. For example, a person with a developmental disability and HIV/AIDS should be counted in both response category "b" and response category "c." However, a person with both a mental health disability and a substance abuse disability should be counted in response category "f" (dual diagnosed) and NOT in response categories "d" and "e," because categories "f," "d," and "e" are mutually exclusive.

73.   **Can the AHAR still be submitted manually? If so, how?**

The AHAR can be submitted via the Homelessness Data Exchange (HDX). The HDX allows CoCs to either upload data via an XML file, or CoCs can manually enter the data. There is no prohibition against manually entering data in the HDX. Several resources regarding the AHAR and how to enter data can be found on the HUD Exchange.

74.   **What resources are available to help me report my AHAR data?**

Many resources are available to help you complete the AHAR:

- **Introductory Guide to the AHAR** provides background information and guidance on the 2017 AHAR's data reporting requirements, and reviews the data submission process via the HDX.

- **AHAR FAQ** (Frequently Asked Questions) provides answers to many commonly asked questions about the AHAR.

- **Webinar 1: Introduction to the AHAR Data Collection Process** walks through the basics of the AHAR data collection process and how to use the HDX.

- **Webinar 2: Steps to a Successful AHAR Data Submission** outlines the process of reviewing community data and addresses common data quality issues using examples.

- **AHAR Data Mapping Instructions** provides instructions for mapping updated data elements meeting current Homeless Management Information System (HMIS) data standards for the reporting categories in the 2017 AHAR.

- **Vendor Resources** links to the AHAR XML Schema that vendors use.

- **AHAR HDX Errors Guide** provides a list of errors embedded in the HDX system for the AHAR data collection.

Communities also have access to past year's data in the HDX. If you are submitting data for a community for the first time, it can help to look at the notes report and submissions from the prior year to understand issues faced in the last data submission.

Your Liaison has a tool called the ABIC (AHAR Bed Inventory Calculator), which is used by the AHAR team to estimate the preliminary bed counts in Q1 and Q2, using AHAR guidelines applied to the HIC data submission. The ABIC is generated for each AHAR site and a CoC's related ABICs is available upon request. Ask your Liaison directly.

Communities can also submit a question through the [Ask A Question (AAQ) portal](#) on the HUD Exchange website. Select "HDX: Homelessness Data Exchange" from the "My question is related to" dropdown list on Step 2 of the AAQ question submission process.

Lastly, communities are assigned an AHAR Liaison, who can also help answer questions and work through data quality issues.

The HDX Sandbox is also a resource for communities to test their data submissions in advance of the next reporting cycle. This tool is most useful outside of the AHAR data collection period. Users can test to see if any AHAR warnings or errors might be triggered in advance of their official AHAR submission, which takes place in the live HDX site. Information you put in the Sandbox cannot be transferred to the live HDX site for submission, but it is a "playground" for you to explore your data and get familiar with any possible issues that might arise, or to just look at your data from another perspective.

75. Many programs in my community have been transitioning to rapid re-housing models. Will there be some way of capturing the Rapid Re-housing program data for the next AHAR?

Currently, data from Rapid Re-Housing projects are not reported to the AHAR. However, HUD is exploring future opportunities to capture this information when the AHAR reporting requirements are redesigned for the 2018 data collection year.