# Technical Requirements Form

*Attach one or more form as needed to the Request for HMIS Data Standards Technical Services.*

*Use a separate form for each request. Complete as much of the form as you are able. The Data Standards Mini Team can assist you with full technical specifications once your request is prioritized. Feel free to attach any existing or draft documentation that may be relevant in assisting the team in understanding your request.*

| Requestor | Click or tap here to enter text. |
| --- | --- |

## Request for Modified HMIS Report:

| Report Title | Click or tap here to enter text. |
| --- | --- |
| Detailed description of change  *If the report will require new data to be collected via a new or modified data element, also complete the appropriate section on page 2* | Click or tap here to enter text. |

## 

## Request for New HMIS Report:

| Report title | Click or tap here to enter text. |
| --- | --- |
| Report purpose | Click or tap here to enter text. |
| Is the report a project-level (grantee) report or a system-wide report? | grantee-level  system-wide |
| Is the report restricted to a specific federal partner and program? | Choose a federal partner |
| Export format | How will the report be submitted to the funder, if applicable? What is the default format (Excel, Word, CSV, PDF) necessary to accommodate submission? |
| For what report period? | point in time  user-selected report period  set/annual report period |
| How are clients chosen for inclusion in the report? | If you have considered it, describe how clients are to be selected for inclusion in the report (active, clients who entered, clients who exited, other characteristics) |
| Are results grouped in any way? | If you have considered it, describe how results might need to be broken out to accommodate review: by household types (Adult/Child, Child Only, Adult Only), by characteristics, by project types the clients used, by system paths the clients used, etc. |
| What information do you want to understand about clients? | If you have considered it, describe the data you would like to understand about the clients included in the report. If possible, indicate each of the relevant data elements you wish to include on the last page of this form. Indicate if there are any data points you wish to include that are not already collected in HMIS. |

## Request for Modified Data Element:

| Element Name | Click or tap here to enter text. |
| --- | --- |
| Detailed description of what you are trying to accomplish with the change | Click or tap here to enter text. |
| How will this new data be reported to you?  *If you require a new or revised report to collect the data, please also complete the appropriate section on page 1 of this form.* | Click or tap here to enter text. |

## Request for New Data Element:

| Field # & Response(s)  (add additional rows as needed) | Field and responses (if known) |
| --- | --- |
| Dependent to Field #  (add additional rows as needed) | Dependent field response (if known) |
| Element Type | Choose an element type (if known) |
| Which Funder: Program – Components are requiring the data to be collected? | Select a funder/program  Select a funder/program  Select a funder/program  Select a funder/program |
| Which Project Types are required to collect this data? | Project Type Applicability  Project Type Applicability  Project Type Applicability  Project Type Applicability  Project Type Applicability  Project Type Applicability  Project Type Applicability |
| Data Collected About | Identify clients about whom this data should be collected |
| Collection Point(s) | When should the data be collected? |
| Are there any additional instructions or information grantees need to know in order to collect the data element from clients? | Click or tap here to enter text. |

| **Data Element Number** | **Data Element - Field** | **Funders requiring collection** |  |  | **Data Element Number** | **Data Element - Field** | **Funders requiring collection** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W1 | Services Provided - HOPWA | HOPWA |  |  | V6 | VAMC Station Number | SSVF, VASH |  |
| W2 | Financial Assistance - HOPWA | HOPWA |  |  | V7 | SSVF HP Targeting Criteria | SSVF |  |
| W3 | Medical Assistance | HOPWA |  |  | V8 | HUD-VASH Voucher Tracking | SSVF, VASH |  |
| W4 | T-Cell (CD4) and Viral Load | HOPWA |  |  | V9 | HUD-VASH Exit Information | SSVF, VASH |  |
| W5 | Housing Assessment at Exit | HOPWA, CoC, ESG |  |  |  |  |  |  |
| 3.1 | Name | All |  |  | P1 | Services Provided - PATH Funded | PATH |  |
| 3.10 | Project Start Date | All |  |  | R5 | School status | RHY |  |
| 3.11 | Project Exit Date | All |  |  | R6 | Employment Status | RHY, VASH |  |
| 3.12 | Destination | All |  |  | R7 | General Health Status | RHY, VASH |  |
| 3.15 | Relationship to Head of Household | All |  |  | R8 | Dental Health Status | RHY |  |
| 3.16 | Client Location CoC Code | All |  |  | R9 | Mental Health Status | RHY |  |
| 3.2 | Social Security Number | All |  |  | P2 | Referrals Provided - PATH | PATH |  |
| 3.20 | Housing Move-in Date | All |  |  | R10 | Pregnancy Status | RHY |  |
| 3.3 | Date of Birth | All |  |  | P3 | PATH Status | PATH |  |
| 3.4 | Race | All |  |  | P4 | Connection with SOAR | PATH, SSVF |  |
| 3.5 | Ethnicity | All |  |  | R1 | Referral Source | RHY |  |
| 3.6 | Gender | All |  |  | R2 | RHY: BCP Status | RHY |  |
| 3.7 | Veteran Status | All |  |  | R3 | Sexual Orientation | RHY |  |
| 3.8 | Disabling Condition | All |  |  | R4 | Last grade completed | RHY, SSVF, VASH |  |
| 3.917 | Living Situation - Type of Residence | All |  |  | R11 | Formerly a Ward of Child Welfare / Foster Care Agency | RHY |  |
| 3.917 | Living Situation - Length of Stay in the Living Situation fields | All |  |  | R12 | Formerly a Ward of Juvenile Justice System | RHY |  |
| 4.10 | Substance Abuse | Most |  |  | U1 | Worst Housing Situation - Worst Housing Situation |  |  |
| 4.11 | Domestic Violence | Most |  |  | V1 | Veteran's Information - Year Entered Military Service | VA |  |
| 4.12 | Contact Date | Most |  |  | V2 | Services Provided - SSVF | SSVF |  |
| 4.13 | Date of Engagement | Most |  |  | V3 | Financial Assistance - SSVF | SSVF |  |
| 4.14 | Services Provided | Most |  |  | V4 | Percent of AMI (SSVF Eligibility) | SSVF |  |
| 4.18 | Housing Assessment Disposition | Most |  |  | V5 | Last Permanent Address | SSVF, VASH |  |
| 4.2 | Income and Sources | Most |  |  | R13 | Young Person's Critical Issues | RHY |  |
| 4.3 | Non-Cash Benefits | Most |  |  | R14 | Services Provided - RHY | RHY |  |
| 4.4 | Health Insurance | Most |  |  | R15 | Commercial Sexual Exploitation/Sex Trafficking | RHY |  |
| 4.5 | Physical Disability | Most |  |  | R16 | Labor Exploitation/Trafficking | RHY |  |
| 4.6 | Developmental Disability | Most |  |  | R17 | Project Completion Status | RHY |  |
| 4.7 | Chronic Health Condition | Most |  |  | R18 | Counseling | RHY |  |
| 4.8 | HIV/AIDS | Most |  |  | R19 | Safe and Appropriate Exit | RHY |  |
| 4.9 | Mental Health Problem | Most |  |  | R20 | Aftercare Plans | RHY |  |