

# HMIS – Programming Specifications PATH Annual Report

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November 2017



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## Revision History

Date	Version	Description
April 2017	1	Initial release of programming specifications.
August 2017	2	Updated document to comply with 2017 HMIS Data Standards. Clarification in the <a href="#">Introduction</a> on the report date range requirements. Clarification in the <a href="#">Introduction</a> on <a href="#">[date]</a> table for Determining Which Clients to Include. Revised programming <a href="#">instructions</a> for Q16. Clarified programming <a href="#">instructions</a> for Q18 to state that individuals who received a referral multiple times should only be counted one time for that type of referral. Updated Data Standard Fields and Responses for <a href="#">Q26 and Q27</a> . Updated <a href="#">instructions</a> for Q22.
September 2017	2.1	Changed language in <a href="#">Q11</a> from “total enrollments” to “total new clients contacted”
November 2017	2.2	Changed instructions for <a href="#">Q16</a>

## Introduction

This *Programming Specification* document updates the April, 2017 HMIS Programming Specifications - *PATH Annual Report*, to comply with the 2017 HMIS Data Standards as published in the Data Dictionary v 1.2, June, 2017.

The specifications for each question are broken up into the following components:

1. **Report Table** – the full table from the Report Document template.
2. Data Standards and Field Reference Table
  - a. **Project Types** – project types (as listed in the HMIS Data Dictionary) required to complete each question. This is, in essence, a ‘translation’ of the Program Applicability from the terms used in the Report to the program types that the HMIS Data Standards require HMIS systems to store. Questions can be left blank or omitted entirely if they are not applicable to a particular project.
  - b. [HMIS Standard Reporting Terminology Glossary](#) - When appropriate global definitions will be referenced to assist in programming using the document dated June 2017, version 1.
3. **Programming Instructions** - these are the steps to be taken to generate accurate report counts. They include the variables used, logic to select applicable client records, and the detail for how to populate each count within the question.

## Selecting Relevant Client Project Stay Records for the Report Operating Year

- Date Range – a period to be identified by the end user and differing among each state and territory. Each state or territory’s State PATH Contact (SPC) sets the date range for the reporting period. Users must be able to enter the dates according to their individual state requirements. At minimum, the user will generate a report for a yearlong period. (Some states or territories also require quarterly submissions of the Annual Report, known as Progress Reports. Progress Reports can be submitted as either ‘Cumulative Progress Reports’ which include all data for a reporting period, or they can be ‘Discrete Progress Report’, which contains data for discrete periods that do not overlap. Grantees cannot use the ‘Discrete Progress Reports’ to populate the Annual Report.)
- When a Continuum of Care serves clients across multiple states, the geocode for the client (Data Standard 3.16 [\[Client Location\]](#)) can be used to filter clients based on the state in which the client resides.

## Program and Project Type Applicability

The [\[federal partner funding source\]](#) equals response number 21 HHS: PATH-Street Outreach & Supportive Services only.

Each question on the Report has been identified as being applicable to particular project types. Questions which do not apply to a particular project type may not be visible to users in a reporting portal; the HMIS-generated Report may omit or leave blank questions that do not apply.

- A PATH-funded organization may have one or more projects in the HMIS, which are reported on one PATH annual report. If the organization uses both project types 4 and 6, the PATH Annual Report should be programmed to run across both project types on one report to de-duplicate individuals served by both project types. Project Type 4 – Street Outreach: PATH-Funded street outreach projects focus on people who reside in a place not meant for human habitation (e.g. streets, abandoned buildings, etc.).
- Project Type 6 – Services Only: PATH-Funded services only projects focus on people who reside in a place meant for human habitation, or who are at risk of homelessness (emergency shelters, Safe Havens, etc.).

All questions in the report apply to both project types except Q9 and Q10. Q9 reports only on project type 4 (street outreach). Q10 reports only on project 6 (services only).

Questions about PATH budgets (Q1 – Q7) are not extracted from an HMIS, so no programming instructions are being provided.

## Determining Which Clients to Include

Unless otherwise specified, “all person counts” are the unduplicated count of clients within each row of a particular question. This report utilizes the HMIS Standard Reporting Terminology Glossary along with PATH-specific logic to define the universe of clients to be included in each report question. There are three universes used in the report: Active, New/Active and Active/Enrolled. Each universe is defined here; each question refers to one of the three universes.

Unless otherwise specified, use data from each client’s latest project stay (the stay with the latest [\[project start date\]](#)) during the reporting date range. Apply the logic below to this project stay to further determine the relevant clients.

1. Active: This Report uses Active Client - Method 2 (Active Clients by Date of Service) from the HMIS Reporting Glossary to determine which clients to include in the reporting universe. These criteria apply to all of the dates for the purposes of determining an active client. The table below lists the date fields to use.

[date] >= [report start date]  
 And [date] <= [report end date]  
 And [date] >= [project start date]  
 And ([date] <=[project exit date] or [project exit date] is null )

Where [date] is any of the following:

Field	Data Standards	Additional qualifications
[contact]	4.12	Requires that [contact] is identifying contacts with the client, not a case worker or housing specialist. If an HMIS is designed to capture other types of contacts, only count contacts with the client.
[date of engagement]	4.13	Where there is not a contact on the [date of engagement] count the date of engagement as a contact.
[PATH status - date of status determination]	P3	Use this date if there is not already a [contact] on the date and [client became enrolled in PATH] = 1 (“yes”).
[services provided – PATH funded]	P1	Use this date if there is not already a [contact] on the date.

2. New/Active: New/Active clients are those identified in the Active universe but only those with [project start date] (3.10) during the reporting period should be included. Clients should be counted regardless of PATH enrollment.

(“Active” as defined in #1)  
 And [project start date] >= [report start date]  
 And [project start date] <= [report end date]

3. Active/Enrolled: Active/Enrolled clients are those identified in the Active universe but only those with a [PATH status] (P3) of “enrolled” (1) prior to or on the end of the reporting period.

(“Active” as defined in #1)  
 And [PATH status - client became enrolled in PATH] = 1  
 And [PATH status - date of status determination] <= [report end date]  
 And [PATH status - date of status determination] >= [project start date]  
 And ([PATH status - date of status determination] <= [project exit date] or [project exit date] is null)

## Determining Age Related Variables

Per the HMIS Reporting Glossary, Age is a global variable determined from a client's [\[date of birth\]](#). These reporting specifications comply with the recommended methods of determining age per the Glossary.

## Relevant HMIS Data Standard Fields

The HMIS Data Standards that are used in the calculation of the report are listed here along with the applicable questions.

Number	Name	Relevant Data	Question
3.3	Date of Birth	mm/dd/yyyy	28b
	DOB Date Quality	8, 9, 99	28b
3.4	Race	1, 2, 3, 4, 5, 8, 9, 99	28c
3.5	Ethnicity	0, 1, 8, 9, 99	28d
3.6	Gender	0, 1, 2, 3, 4, 8, 9, 99	28a
3.7	Veteran Status	0, 1, 8, 9, 99	28e
3.8	Disabling Condition	1	28i
3.917	Living Situation	1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 99	28h
	Approximate date homelessness started	mm/dd/yyyy	28i
	Number of times the client has been on the streets, in ES, or SH in the past three years including today	1, 2, 3, 4, 8, 9, 99	28i
	Total number of months homeless on the street, in ES, or SH in the past three years	101, 102-112, 113, 8, 9, 99	28i
3.10	Project Start Date (formerly called -project entry date)	mm/dd/yyyy	All
3.11	Project Exit Date	mm/dd/yyyy	All
4.2	Income and Sources – Information Date	mm/dd/yyyy	19
	Income and Sources – Income from any source	0, 1, 8, 9, 99	19
	Income and Sources – SSI	0, 1	20
	Income and Sources – SSDI	0, 1	20
4.3	Non-cash Benefits – Information Date	mm/dd/yyyy	21
	Non-cash benefits from any source	0, 1, 8, 9, 99	21
4.4	Health Insurance – Information Date	mm/dd/yyyy	23
	Covered by health insurance	0, 1, 8, 9, 99	23
	Medicaid	0, 1	24
	Medicare	0, 1	24

Number	Name	Relevant Data	Question
	State Children's Health Insurance Program	0, 1	25
	Veteran's Administration (VA) Medical Services	0, 1	25
	Employer – Provided Health Insurance	0, 1	25
	Health insurance obtained through COBRA	0, 1	25
	Private Pay Health Insurance	0, 1	25
	State Health Insurance for Adults	0, 1	25
	Indian Health Services Program	0, 1	25
	Other	0, 1	25
4.5	Physical Disability	1	28i
	Physical Disability – Indefinite duration	1	28i
4.6	Developmental Disability	1	28i
	Developmental Disability – Indefinite duration	1	28i
4.7	Chronic health condition	1	28i
	Chronic health condition – indefinite duration	1	28i
4.8	HIV/AIDS	1	28i
	HIV/AIDS – Expected to substantially impair ability to live independently	1	28i
4.9	Mental health problem	1	16, 26, 28f, 28i
	Mental health problem – indefinite duration	1	28i
4.10	Substance Abuse	1, 2, 3	27, 28f, 28i
	Substance Abuse – indefinite duration	1	28i
4.12	Date of Contact	mm/dd/yyyy	8, 12 - 16
P1	Services Provided – PATH Funded – Date of Service	mm/dd/yyyy	15 - 17
	Services Provided – PATH Funded – Type of Service	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14	17, 26, 27
4.13	Date of Engagement	mm/dd/yyyy	8, 12
P2	Referrals Provided – PATH – Date of referral	mm/dd/yyyy	18
	Referrals Provided – PATH – Type of Referral	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	18
	Referrals Provided – PATH – Outcome	1	18
P3	PATH Status - Date of Status Determination	mm/dd/yyyy	12 – 28
	PATH Status - Client Became Enrolled in PATH	0, 1	12 – 28
	PATH Status – Reason not enrolled	1, 2	13
P4	Connection with SOAR	0, 1, 8, 9, 99	28g

## Report Details Q8 – Q16

### Q8 – Q16: Report Table

	A	B	C	D
1	Persons served during this reporting period:	Count	Universe	Project Type
2	8. Number of persons contacted by PATH-funded staff this reporting period		Active	4, 6
3	9. Number of new persons contacted this reporting period in a PATH Street Outreach project		New/Active	4
4	10. Number of new persons contacted this reporting period in a PATH Services Only project		New/Active	6
5	11. Total number of new persons contacted this reporting period (#9 + #10 = total new clients contacted)		New/Active	4, 6
6	12. Instances of contact, from first contact until the date of enrollment, for all active clients who became enrolled this reporting period		Active/Enrolled	4, 6
7	13. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH		New/Active	4, 6
8	14. Number of new persons contacted this reporting period who became enrolled in PATH		New/Active	4, 6
9	15. Number with active, enrolled PATH status at any point during the date range		Active/Enrolled	4, 6
10	16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period		Active/Enrolled	4, 6

#### **Introduction**

Count people according to the universe and project type as shown in the report table.

#### **Instructions**

1. Do not output columns C and D.
2. Column B Rows 2, 3, 4, 5 and 9: Count people according to the universe and project type as shown in the report table.
3. Column B Row 6: Of the total new persons contacted (Column B, Row 5), count the number of contacts between first [\[contact\]](#) and the [\[date of enrollment\]](#).
  - a. Start with the universe of active clients.
  - b. Of those project stays, further restrict the universe to only stays that have a [\[PATH status – date of status determination\]](#) dated during the reporting period where [\[client became enrolled in PATH\]](#) equals 1. Note that this may result in more than one project stay for some clients who were present at a project more than once in the report date range.
  - c. Using data from all of those project stays, count the total number of contacts that occurred  $\geq$  [\[project start date\]](#) and  $\leq$  [\[date of enrollment\]](#).



- d. A person may have more than one contact on a given date and each contact should be included in the count.
  - e. Use any of the records in Determining Which Clients to include – 1. Active as a “contact” with the client. This includes a normal [contact] (4.12) record as well as other date fields described in that section.
4. Column B Row 7: Of the total new persons contacted (Column B Row 5) count the clients that have a [PATH status – date of status determination] dated during the reporting period where [client became enrolled in PATH] equals 0 and [reason not enrolled] equals 1.
  5. Column B Row 8: Of the total new persons contacted (Column B Row 5) count the clients that have a [PATH status – date of status determination] dated during the reporting period where [client became enrolled in PATH] equals 1.
  6. Column B Row 10: Of the active/enrolled clients (Column B Row 9), count those where A or B (or both) are true:
    - a. Have [services provided-PATH funded] = 4 (community mental health) with [date of service] <= [report end date]
    - b. OR ( [referrals provided - PATH] equals 1 (community mental health) AND [referral made/outcome] equals 1 (attained) AND [date of referral] <= [report end date] )

**Report Details Q17: Services Provided**

**Q17: Report Table**

Blank	A	B	C	D
1	Type of Service	Number of people receiving service	Universe	Project Type
2	17a. Reengagement		Active/Enrolled	4, 6
3	17b. Screening		Active/Enrolled	4, 6
4	17c. Clinical Assessment		Active/Enrolled	4, 6
5	17d. Habilitation/rehabilitation		Active/Enrolled	4, 6
6	17e. Community mental health		Active/Enrolled	4, 6
7	17f. Substance use treatment		Active/Enrolled	4, 6
8	17g. Case management		Active/Enrolled	4, 6
9	17h. Residential supportive services		Active/Enrolled	4, 6
10	17i. Housing minor renovation		Active/Enrolled	4, 6
11	17j. Housing moving assistance		Active/Enrolled	4, 6
12	17k. Housing eligibility determination		Active/Enrolled	4, 6
13	17l. Security deposits		Active/Enrolled	4, 6
14	17m. One-time rent for eviction prevention		Active/Enrolled	4, 6

**Introduction**

Report the number of active/enrolled clients (Q15) that received each service during the reporting period.

## **Instructions**

1. Do not output columns C and D.
2. Individuals who received more than one type of service (e.g. screening and case management) should be reported once in all service categories that apply.
3. Individuals who received one service multiple times should only be counted one time for that type of service.
4. Column A Rows 2 – 14: Each row represents a different [services provided – PATH funded] (P1) – Type of Service as follows:
  - a. *Reengagement* = where type of service equals 1
  - b. *Screening* = where type of service equals 2
  - c. *Clinical assessment* = where type of service equals 14
  - d. *Habilitation/rehabilitation* = where type of service equals 3
  - e. *Community mental health* = where type of service equals 4
  - f. *Substance use treatment* = where type of service equals 5
  - g. *Case management* = where type of service equals 6
  - h. *Residential supportive services* = where type of service equals 7
  - i. *Housing minor renovation* = where type of service equals 8
  - j. *Housing moving assistance* = where type of service equals 9
  - k. *Housing eligibility determination* = where type of service equals 10
  - l. *Security deposits* = where type of service equals 11
  - m. *One-time rent for eviction prevention* = where type of service equals 12

## Report Details Q18: Referrals Provided

### Q18: Report Table

Blank	A	B	C	D	E
1	Type of Referral	Number receiving each referral	Number who attained the service from the referral	Universe	Project Type
2	Community mental health			Active/Enrolled	4, 6
3	Substance use treatment			Active/Enrolled	4, 6
4	Primary health/dental care			Active/Enrolled	4, 6
5	Temporary housing			Active/Enrolled	4, 6
6	Permanent housing			Active/Enrolled	4, 6
7	Income assistance			Active/Enrolled	4, 6
8	Employment assistance			Active/Enrolled	4, 6
9	Medical Insurance			Active/Enrolled	4, 6

### Introduction

Report the number of active/enrolled (Q15) clients provided with referrals by referral type during the reporting period. Report the number of active/enrolled clients that attained services from referrals during the reporting period.

### Instructions

1. Do not output columns D and E.
2. Individuals who received more than one type of referral (e.g. employment assistance and community mental health) should be reported once in all categories that apply.
3. Individuals who received a referral multiple times should only be counted one time for that type of referral.
4. Column A Rows 2 – 9: each row represents a different [referrals provided – PATH] (P2) Type of Referral as follows:
  - a. *Community mental health* = where type of referral equals 1.
  - b. *Substance use treatment* = where type of referral equals 2.
  - c. *Primary health/dental care* = where type of referral equals 3.
  - d. *Temporary housing* = where type of referral equals 11.
  - e. *Permanent housing* = where type of referral equals 7.
  - f. *Income assistance* = where type of referral equals 8.
  - g. *Employment assistance* = where type of referral equals 9.
  - h. *Medical insurance* = where type of referral equals 10.
5. Column B Rows 2 – 9: Each row is an unduplicated count of people who received each referral.
6. Column C Rows 2 – 9: Each row is an unduplicated count of people who attained each referral. Column C should be less than or equal to the count in column B.

## Report Details Q19 – Q27: Outcomes

### Q19 – Q27: Report Table

Blank	A	B	C	D	E
1	Outcomes	At PATH project entry	AT PATH project exit (for clients who were exited from PATH this year – leavers)	At report end date (for clients who were still active in PATH as of report end date – stayers)	Data Standard Fields and Responses
2	19. Income from any source				4.2 Income and Sources Field 2
3	Yes				1
4	No				0
5	Client doesn't know				8
6	Client refused				9
7	Data not collected				99
8	Total	=sum(b3:b7)	=sum(c3:d7)		
9	20. SSI/SSDI				4.2 Income and Sources Fields 5 and 6
10	Yes				1
11	No				0
12	21. Non-cash benefits from any source				4.3 Non-Cash Benefits Field 2
13	Yes				1
14	No				0
15	Client doesn't know				8
16	Client refused				9
17	Data not collected				99
18	Total	=sum(b13:b17)	=sum(c13:d17)		
19	22. Section 8, public housing, or other ongoing rental assistance				n/a Field removed in 2017 Data Standards
20	Yes				Null
21	No				Null
22	23. Covered by health insurance				4.4 Health Insurance Field 2

Blank	A	B	C	D	E
1	Outcomes	At PATH project entry	AT PATH project exit (for clients who were exited from PATH this year – leavers)	At report end date (for clients who were still active in PATH as of report end date – stayers)	Data Standard Fields and Responses
23	Yes				1
24	No				0
25	Client doesn't know				8
26	Client refused				9
27	Data not collected				99
28	Total	=sum(b23:b27)	=sum(c23:d27)		
29	24. Medicaid/Medicare				4.4 Health Insurance Fields 3 and 4
30	Yes				1
31	No				0
33	25. All other health insurance				4.4 Health Insurance Fields 5, 6, 7, 8, 9, 10, 11, 12
34	Yes				1
35	No				0
36	26. Mental health services				P1 Services Provided – PATH Funded Field 2
37	Yes				4
38	No				
39	Client doesn't know				
40	Client refused				
41	Data not collected				
42	Total	=b37	=c37+d37		
43	27. Substance use services				P1 Service Provided – PATH Funded Field 2
44	Yes				5
45	No				
46	Client doesn't know				
47	Client refused				
48	Data not collected				
49	Total	=b44	=c44+d44		

## **Introduction**

An unduplicated count of active/enrolled clients at project start and at exit (leavers) or at report end (stayers).

## **Universe**

At project start (column B) – active/enrolled. At project exit (column C) – leavers/enrolled. At report end (column D) – stayers/enrolled.

## **Instructions**

1. Do not output column E.
2. Column B is an unduplicated count of **active/enrolled** clients at data collection stage 1.
3. Column C is an unduplicated count of **leavers/enrolled** clients at data collection stage 3.
4. Column D is an unduplicated count of **stayers/enrolled** clients at data collection 1 OR 2, whichever is later.
5. Column B, rows 8, 18, 28, 42 and 49 are totals and each should equal Q15.
  - a. Columns C and D, rows 8, 18, 28, 42 and 49 are totals and should equal Q15 when column C and D are summed.
6. Rows 2, 9, 12, 19, 22, 29, 33, 36, and 43 are header rows. There are no calculations in these rows but should appear in the output.
7. Rows 10 and 11: SSI/SSDI
  - a. If [SSI] equals 1 AND/OR [SSDI] equals 1, count the client once as yes.
  - b. Count of clients as NO where [SSI] <> 1 AND [SSDI] <> 1.
8. Rows 20 and 21 should remain in the table and will still appear in the report collection system, but should not contain data since the Data Standards retired this field.
9. Rows 30 and 31: Medicaid/Medicare:
  - a. If [Medicaid] equals 1 AND/OR [Medicare] equals 1, count the client once as yes.
  - b. Count of clients as NO where [Medicaid] <> 1 AND [Medicare] <> 1.
10. Rows 34 and 35: Other Health Insurance (*Exclude [Medicaid] and [Medicare] from this calculation*):
  - a. If any one form of health insurance equals 1 AND/OR another form of health insurance equals 1, count the client once as yes.
  - b. Count of clients as NO where all other forms of health insurance <> 1.
11. Rows 37-41: Mental Health Services
  - a. If [Type of Path Funded Service Provided] = 4 (community mental health), count the client once as yes on row 37.
  - b. Rows 38-41 will still appear in the report collection system, but should not contain data since the Data Standards no longer support this level of detail.
12. Rows 44-48: Substance Use Services
  - a. If [Type of Path Funded Service Provided] = 5 (substance use treatment), count the client once as yes on row 44.
  - b. Rows 45-48 will still appear in the report collection system, but should not contain data since the Data Standards no longer support this level of detail.

## Report Details Q28: Demographics

### Q28: Report Table

Blank	A	B	C	D	E	
1			Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?	Data Standard Fields	Data Standards Responses	
2	28a. Gender	Female		3.6 Gender	0	
3		Male			1	
4		Trans Female (MTF)			2	
5		Trans Male (FTM)			3	
6		Gender Non-Conforming			4	
7		Client doesn't know			8	
8		Client refused			9	
9		Data not collected			99	
10		Total	=sum(c2:c9)			
11		28b. Age	17 and under			3.3 Date of Birth
12	18 – 23					
13	24 – 30					
14	31 – 40					
15	41 – 50					
16	51 – 61					
17	62 and over					
18	Client doesn't know					
19	Client refused					
20	Data not collected					
21	Total	=sum(c11:c20)				
22	28c. Race (Note: An individual who identifies as multiracial should be counted in all applicable categories. This	American Indian or Alaska Native		3.4 Race	1	

	demographic element will not sum to total persons enrolled)				
23		Asian			2
24		Black or African American			3
25		Native Hawaiian or Other Pacific Islander			4
26		White			5
27		Client doesn't know			8
28		Client refused			9
29		Data not collected			99
30		Total			
31	28d. Ethnicity	Non-Hispanic/Non-Latino		3.5 Ethnicity	0
32		Hispanic/Latino			1
33		Client doesn't know			8
34		Client refused			9
35		Data not collected			99
36		Total	=sum(c31:c35)		
37	28e. Veteran Status	Veteran		3.7 Veteran Status	1
38		Non-veteran			0
39		Client doesn't know			8
40		Client refused			9
41		Data not collected			99
42		Total	=sum(c37:c41)		
43	28f. Co-occurring disorder	Co-occurring substance use disorder		4.10 Substance Abuse	1, 2 or 3
44		No co-occurring substance use disorder			0
45		Unknown			8, 9 or 99
46		Total	=sum(c43:c45)		
47	28g. SOAR connection	Yes		4.21 Connection with SOAR	1
48		No			0
49		Client doesn't know			8
50		Client refused			9
51		Data not collected			99
52		Total	=sum(c47:c51)		



53	28h. Living Situation	Literally Homeless		3.917 Living Situation Field 1	Header	
54		Place not meant for habitation (e.g., a vehicle, an abandoned building, a bus/train/subway station, airport, or anywhere outside)			16	
55		Emergency shelter, including hotel or motel paid for with emergency shelter voucher			1	
56		Safe Haven			18	
57		Interim Housing			27	
58		Institutional Situation			Header	
59		Foster care home or foster care group home			15	
60		Hospital or other residential non-psychiatric medical facility			6	
61		Jail, prison, or juvenile detention facility			7	
62		Long-term care facility or nursing home			24	
63		Psychiatric hospital or other psychiatric facility			4	
64		Substance abuse treatment facility or detox center			5	
65		Transitional and Permanent Housing Situation			Header	
66			Hotel or motel paid for without emergency shelter voucher			14
67			Owned by client, no ongoing housing subsidy			23
68			Owned by client, with ongoing housing subsidy			21
69			Permanent housing for formerly homeless persons (such as CoC project, HUD legacy programs or HOPWA PH)			3
70		Rental by client, no ongoing housing subsidy		22		
71		Rental by client, with VASH subsidy		19		
72		Rental by client, with GPD TIP subsidy		25		
73		Rental by client, with other ongoing housing subsidy		20		

74		Residential project or halfway house with no homeless criteria			26	
75		Staying or living in a family member's room, apartment, or house			12	
76		Staying or living in a friend's room, apartment or house			13	
77		Transitional housing for homeless persons (including homeless youth)			2	
78		Client doesn't know			8	
79		Client refused			9	
80		Data not collected			99	
81		Total	=sum(c53:c80)			
82	28i. Chronically homeless (at project start)	Yes			See instructions.	See instructions.
83		No				
84		Total	=sum(c82:c83)			

**Introduction**

An unduplicated count of active/enrolled clients (Q15).

**Universe**

Active/Enrolled

**HMIS Reporting Glossary Reference**

Age

CH at project start

**Instructions**

1. Do not output columns D and E.
2. Column C rows 53, 58, and 65 are header rows. There are no calculations in these rows but should appear in the output.
3. Column C rows 11 – 21: Report the distinct counts of clients by age bracket.
4. Column C rows 22 – 30: An individual with multiple races identified should be counted in all applicable categories.
5. Column C rows 82 – 84:
  - a. Yes = count of clients where [\[chronically homeless at project start\]](#) is true.
  - b. No = count of clients where [\[chronically homeless at project start\]](#) is false (this includes clients with missing data required for the calculation).