An Introductory Guide to The Annual Homeless Assessment Report
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1. INTRODUCTION

This guidebook provides background information and guidance on the Annual Homeless Assessment Report (AHAR). The guide describes the AHAR data reporting requirements and reviews the data submission process via the HUD Homelessness Data Exchange (HDX), a web-based data collection tool. This guide is designed primarily for people and communities interested in participating in the AHAR for the first time. It can also be used as a reference guide for communities that participated in previous AHARs. AHAR participants should also note that there is an AHAR FAQ document available on the HDX homepage.

This chapter provides a general overview of the AHAR, briefly discussing the origins of the project, the types of communities that participate in the AHAR, and the uses of AHAR data. The remainder of the guide proceeds as follows:

- Chapter 2 details the AHAR data collection schedule and reporting requirements.
- Chapter 3 focuses on the data submission process via the HDX.
- Chapter 4 presents a list of AHAR resources including a Tips sheet that outlines the data quality checks run by your AHAR Liaison on your submitted data.

What is the AHAR?

The AHAR is a report to the U.S. Congress on homelessness in America. It has become the central resource for national data on homelessness, used by federal, state, and local policymakers to understand trends in homelessness and inform their policies.

The U.S. Department of Housing and Urban Development (HUD) selected a research team from Abt Associates and the University of Pennsylvania to complete the AHAR. The AHAR research team collects, reviews, and analyzes aggregate HMIS data for the AHAR. The team also compiles the Point-in-Time (PIT) counts and housing inventories that CoCs report to HUD via the HDX. To collect the HMIS data, Liaisons from the research team work one-on-one with community representatives to compile the data, review the quality of the data, facilitate the reporting process, and help resolve any data quality issues. The research team analyzes the data and prepares the annual reports, which are published each summer/fall and provide an overview of homelessness during the previous year.
What data are reported to the AHAR?

The AHAR is based on three types of data: Point-in-Time counts of sheltered and unsheltered people experiencing homelessness on a single night in January; housing inventories of emergency shelter, transitional housing, permanent supportive housing, and Safe Haven programs; and 12-month counts of people using emergency shelter, transitional housing, and permanent supportive housing based on HMIS data.

This guide focuses on the submission of your HMIS data. The HMIS data used in the AHAR are based largely on the universal data elements in HUD’s HMIS March 2010 Data Standards.\(^1\) Although 2014 HMIS data standards are in place in local systems, the 2017 AHAR is still based on the 2010 standards. A mapping guide to put 2014 standards into 2010 categories is available on the HDX at: http://www.hudhdx.info/VendorResources.aspx.

All HMIS data are reported in the aggregate for each community to the research team. Individual client records, or anything else containing personally identifiable information, should never be shared with your AHAR Liaison. The data account for any person who spends at least one night in an emergency shelter, transitional housing program, or permanent supportive housing program during a 12-month reporting period, from October 1, 2016 to September 30, 2017.

Data are reported separately for individuals and people in families in the following reporting categories:

1. Emergency Shelter for Families (ES-FAM);
2. Emergency Shelter for Individuals (ES-IND);
3. Transitional Housing for Families (TH-FAM);
4. Transitional Housing for Individuals (TH-IND);
5. Permanent Supportive Housing for Families (PSH-FAM); and
6. Permanent Supportive Housing for Individuals (PSH-IND).

These reporting categories are submitted separately for all people in these programs (or the “All Persons”) and for veterans only (or the “Veterans”). The data reported in the All Persons reporting category and the Veterans reporting category are the same, except data for the Veterans section should contain data only on veterans in these programs. The data collection

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process for both sets of reporting categories occurs simultaneously. Thus, in total, there are 12 separate reporting categories for which communities can submit data to the AHAR.

There is also a Summary reporting category that captures information on people who used multiple programs during the reporting year to derive an unduplicated count of all people using homeless assistance programs.

HMIS data are submitted to the AHAR research team via the Homelessness Data Exchange (HDX), a dynamic web-based tool designed to collect and manage AHAR data, as well as Housing Inventory Count (HIC) data and Point-in-Time (PIT) Count data. Submitting AHAR data via the HDX is discussed in more detail in Chapter 3.

**Who participates in the AHAR?**

All Continuums of Care (CoCs) are encouraged to participate in the AHAR and submit data for the entire continuum. In fact, the number of continuums participating in the AHAR has grown dramatically since HUD completed the first AHAR in February 2007. Participation in the AHAR is now a scoring factor in the application for funding that CoCs submit to HUD each year.

However, for the purposes of developing a nationally representative sample, HUD randomly selected 102 jurisdictions—or AHAR sample sites. Each sample site is a Community Development Block Grant (CDBG) jurisdiction, and there are four types of CDBG jurisdictions: large cities, medium-sized cities, urban counties, and non-entitlement (i.e., rural) areas. Sample sites may geographically encompass an entire CoC or may be a smaller geographic area within a CoC. CDBG jurisdictions correspond to the geocodes that CoCs use to complete the Housing Inventory Count, and thus can be identified using these codes.

Data submitted to the AHAR from a sample site should be limited to homeless service providers located within the CDBG jurisdiction, and in some cases, may only represent a portion of a CoC. In these infrequent cases, the CoC may choose to submit two sets of data representing the sample site and the balance of the CoC. CoCs that submit two sets of AHAR data (for the sample site and the balance of the CoC) must ensure that the data are mutually exclusive. Members of the AHAR research team can help communities with this issue.

**How is the AHAR used?**

The AHAR is the only source of data that is available annually on the extent and nature of homelessness nationwide. As such, the AHAR provides federal and local policymakers with a deeper understanding of who is homeless and how homelessness changes over time. This information can be used to inform the public and help policymakers craft appropriate intervention strategies to prevent and end homelessness in the United States. Indeed, AHAR data are being used to track progress against the federal strategic plan to prevent and end homelessness.

The AHAR is also used by local communities who want to better understand the number, characteristics, and service needs of people using homeless services. This provides a data-driven understanding of the community’s homeless population to inform local homeless assistance planning efforts. Communities can also use AHAR data for the CoC application,
community planning activities, coordinated assessment system planning, strategic plans to end homelessness, consolidated plans, and funding applications. For detailed descriptions of the reports available from HDX, see page 18 in Chapter 3 of this Guide.

All past AHAR reports to Congress can be found on the HUD Exchange.
2. OVERVIEW OF THE AHAR PROCESS

This chapter provides an overview of the AHAR process. The chapter describes the AHAR schedule, the AHAR reporting requirements, and the data submission process. It also discusses some of the most common data quality issues encountered by communities when submitting data to the AHAR.

AHAR Schedule

The 12-month estimates of sheltered homelessness reported in the AHAR are based on HMIS data on the use of homeless residential programs from October 1 through September 30 of the following year. Beginning on **October 1** of each year, AHAR Data Liaisons from Abt Associates and the University of Pennsylvania contact participating communities to collect their data. Thus, October 1 is an important date because it marks both the start of a new AHAR reporting cycle and the start of data collection from the previous 12-month reporting period.

The schedule for submitting data to the 2017 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.

**Tip**: For further information on what it means to submit final data and what it means to “confirm” your data, refer to Section A in the 2017 AHAR FAQ.
The AHAR data are compiled and analyzed by the research team between January and June 2018.

Trainings are posted by October 2017 to:

- introduce the AHAR process to communities that are new to the AHAR;
- provide an overview of the AHAR process;
- review the data reporting requirements;
- introduce communities to the HDX;
- demonstrate how to improve the quality of AHAR data; and
- increase the capacity of communities to participate fully.

From October to early December 2017 (the data submission period) communities should focus on compiling their data, running HMIS queries to generate the data required for reporting, reviewing their data quality, submitting the data via the HDX, resolving any data quality issues, and finalizing the data submission. From January to September 2018, communities should focus on expanding their HMIS implementation to increase provider coverage in their HMIS, conducting routine data quality checks, and participating in AHAR trainings, as needed.

**Tip:** Try to focus on categories that require the fewest additional beds to reach the minimum 50% bed coverage rate.

### Criteria for Participating in the AHAR

There are five criteria for participating in the AHAR:

1. **A community’s AHAR data must be generated from an HMIS.** HUD requires that all AHAR data submissions be generated from an HMIS. Data generated from hardcopy records or electronic systems that do not fully constitute an HMIS will not be accepted into the AHAR.

2. **Communities must have at least 50% of beds community-wide represented in their HMIS, excluding domestic violence provider beds.** A community’s HMIS bed coverage rate is equal to the total number of beds in HMIS divided by the total bed inventory (beds in HMIS plus beds not in HMIS). The bed coverage rate should account for all beds in the community, including both HUD- and non-HUD-funded beds.

   Some project beds are excluded from the coverage calculation, such as Safe Havens, Veterans Affairs Supportive Housing (VASH) beds *not in HMIS*, street outreach projects, rapid re-housing projects (RRH), homelessness prevention projects, other permanent housing (OPH), Supportive Services for Veteran Families (SSVF), and supportive services...
only (SSO) projects. Projects that are under development are also excluded from the coverage calculation.

For the purposes of reporting to the AHAR, bed coverage rates are calculated separately by reporting category. Any reporting category below 50 percent is excluded from the final AHAR to Congress. In the example below, three reporting categories (i.e., ES-IND, TH-FAM, and PSH-FAM) are below 50%, and thus ineligible for the AHAR. The other reporting categories could still be used in the AHAR.

Determining AHAR Eligibility Based on HMIS Coverage Rates

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Beds in HMIS</th>
<th>Total Inventory (in HMIS + not in HMIS)</th>
<th>Bed Coverage Rate</th>
<th>Sufficient Bed Coverage for AHAR Participation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES-IND</td>
<td>5</td>
<td>15</td>
<td>33%</td>
<td>NO</td>
</tr>
<tr>
<td>ES-FAM</td>
<td>15</td>
<td>20</td>
<td>75%</td>
<td>YES</td>
</tr>
<tr>
<td>TH-IND</td>
<td>20</td>
<td>30</td>
<td>67%</td>
<td>YES</td>
</tr>
<tr>
<td>TH-FAM</td>
<td>0</td>
<td>30</td>
<td>0%</td>
<td>NO</td>
</tr>
<tr>
<td>PSH-IND</td>
<td>10</td>
<td>10</td>
<td>100%</td>
<td>YES</td>
</tr>
<tr>
<td>PSH-FAM</td>
<td>10</td>
<td>40</td>
<td>25%</td>
<td>NO</td>
</tr>
</tbody>
</table>

The AHAR section of the HDX website has built-in adjustments to account for service providers that do not participate in HMIS when showing total counts for each CoC. The adjustments are based on a community’s bed inventory and are designed to provide an accurate count of people experiencing sheltered homelessness community-wide, even though some providers do not participate in HMIS. For example, if an ES-IND program has 50 participating beds and 50 non-participating beds and reports 100 people stayed in their participating beds during the reporting period, the system will apply that rate of occupancy to the non-participating beds to get a final adjusted total count of 200 people in ES-IND. These adjustments are illustrated in each community’s Extrapolation Report, described below.

3. **Communities must collect accurate entry and exit dates for all clients served.** The most common data quality issue is that programs are either not entering all clients served into their HMIS or they are not reliably exiting clients from the HMIS after they leave their programs. These problems become evident when reviewing communities’ bed utilization rates. A bed utilization rate is equal to the total number of people served on any given day divided by the total number of beds available on that day.

   \[
   \text{Bed Utilization Rate} = \frac{\text{(Total # of people served on a given day)}}{\text{(total # of beds available on that day)}}
   \]

In the AHAR, bed utilization rates are calculated separately by reporting category (ES-IND, ES-FAM, TH-IND, TH-FAM, PSH-IND, and PSH-FAM). Reporting categories with unreasonably low or high rates that cannot be explained by the community are excluded from the AHAR.
4. **Communities must accurately report information used to calculate bed utilization rates.** Typically, programs that report that less than 65 percent of their beds are occupied at any point in time are failing to enter all clients into their HMIS, while programs that report that over 105 percent of their beds are utilized are failing to exit clients from their HMIS. However, there may be valid explanations for low or high utilization rates. For example, family programs may have low bed utilization rates, but high unit utilization rates if all the units are full but family sizes are smaller than the project’s bed inventory. Conversely, high utilization rates may occur during the winter months when providers offer overflow beds (e.g., cots or mattresses) to accommodate as many people as possible. To address this, communities should include their in-use overflow beds in Question 2; however, overflow beds should **not** be counted as a part of a community’s year-round equivalent inventory in Question 1.

Reporting categories with low or high bed utilization rates that are adequately explained by the community can be included in the AHAR. Any local explanations for high or low utilization should be entered as a note on the Question 2 page of the AHAR HDX section.

5. **Communities must have reasonably low missing values.** Data completeness is an important measure of data quality, and communities that submit data that are mostly blank or missing may not be accepted for use in the final AHAR to Congress.

**The AHAR Reporting Requirements**

A community’s HMIS must have certain capabilities to submit data for the AHAR. The HMIS must be able to:

1. **Produce accurate, de-duplicated counts of people experiencing sheltered homelessness on any given day, on an average day, and during a one-year period.** The accuracy of these counts depends on the ability of service providers to capture entry and exit dates for all clients served, as well as sufficient personally identifying information to properly de-duplicate all client records.

2. **Identify client overlap across reporting categories.** An HMIS must be able to account for people who are served in multiple reporting categories and produce counts of people using any combination of reporting categories. For instance, the HMIS must be able to tabulate how many people were served in ES-IND only; ES-IND and ES-FAM; ES-IND and TH-IND; ES-IND, ES-FAM, and TH-IND; and so on. This information is used to adjust for people who use multiple programs and thereby to generate a de-duplicated count of people experiencing homelessness.

3. **Count people by household type.** The AHAR counts different types of households: individual adults; adults in families with children; children in families with adults; households with only adults; households with only children (i.e. households with multiple children and no adults); and unaccompanied youth.
• Family (FAM) households are households with at least one adult (a person at least 18 years old) and one child (under 18).

All other households, such as households with only adults, unaccompanied youth, or households with only children are considered individual (IND) households.

### What is the definition of a “family” in the AHAR?

For the purposes of the AHAR, a family is defined as two or more persons who present together for services and at least one person is an adult and one person is a child. All other household configurations—such as two married adults or a parent under age 18 and her children—are reported in the IND reporting categories.

4. **Generate counts of people with certain demographic characteristics and previous housing situations.** The AHAR tabulates people by ethnicity, race, gender, age ranges, veteran status, disability status, household type, household size, and previous living situations. The demographic characteristics of people served during the AHAR reporting period are based on the first program entry date within each reporting category. For example, if a person accesses multiple ES-IND providers during the AHAR reporting period, his demographic characteristics reported to the AHAR should be based on his first program entry into an ES-IND provider. If a person enters a program before the start of the reporting period, but is still in the program at the start of the reporting period (October 1), then client characteristics will be based on the client’s status as of October 1 (or the entry date closest to October 1 if the client’s status is unknown on October 1 because this information was not collected on the date).

Similarly, if a person enters a TH-IND provider on February 1 and then joins his or her family in a TH-FAM provider on June 1, the demographic characteristics reported in the TH-IND category should be based on the client’s status on February 1 and the characteristics reported in the TH-FAM category should be based on the client’s status on June 1.

5. **Generate total lengths of stay for each person by reporting category and cross tabulate the data by gender and age.** The total length of stay by reporting category is equal to the cumulative sum of nights spent in any program within that category. For the purposes of the AHAR, the maximum number of nights in a residential program (or multiple programs) in any given year is 365 nights, from October 1 through September 30 of the following year. For instance, if a client stays for 14 nights in an ES-IND program, 20 nights in a different ES-IND program, and then 30 nights in the original ES-IND program, then the total length of stay is 64 nights (or 14 + 20 + 30 = 64). People in PSH often have lengths of stay that are longer than one year, so their stay must account for time prior to the program year in question when reported in the AHAR.

6. **Count the total number of households with children by reporting category.** Counting households can be challenging because household compositions are fluid and communities have many different ways to identify a family household. For the purposes of the AHAR, a family household must always include at least one adult and one child. For calculating the total number of family households served during the 12-month reporting period, the first
household that a person presents with during the reporting period is counted. Anytime a person is served in a family household for the first-time that is considered a new household. Note that this method of counting households will count two households if part of a family receives services (e.g., mother and son) at one time and then later the full family (e.g., mother, father, and son) receives services; however, it will count only one household if the full family comes in for services first, then part of the family comes in for services later.

**Tip:** Many HMIS software providers have pre-programmed (or “canned”) AHAR reports that generate the required data automatically. Contact your vendor representative about the availability of a canned AHAR report.

**Changes to the AHAR Reporting Requirements since 2015**

Beginning with the 2015 AHAR, the only substantive change to an existing data element was the Age question (number 3 in both Emergency Shelter and Transitional Housing categories and number 4 in Permanent Supportive Housing categories). Communities no longer report the number of persons aged 18-30; instead, communities report the number of persons aged 18-24 and 25-30 separately. Questions regarding the change to this data element should be directed to your HMIS vendor or your AHAR Liaison.

The question recording zip code of last permanent residence was removed beginning with the 2015 AHAR. 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 only change to the programs covered is that VA Domiciliary projects should no longer be included in any AHAR reports, regardless of whether they are participating in HMIS.

The reporting requirements for 2017 are the same as those for the 2016 reporting requirements.
3. **SUBMITTING DATA VIA THE HDX**

This chapter describes the process of entering and submitting AHAR data through the Homelessness Data Exchange (HDX). The HDX is a dynamic, web-based data collection tool that was designed specifically to collect data on homeless programs for HUD. All data submissions to the AHAR occur through the HDX.

**What is the HDX?**

The HDX is the HUD website where communities report local data for the following three reports on homelessness:

- The Annual Homeless Assessment Report (AHAR)
- The Housing Inventory Count (HIC)
- The Point-in-Time Count (PIT)

It can be accessed 24 hours a day, seven days a week at [http://www.hudhdx.info](http://www.hudhdx.info).

This tool also allows communities to generate local reports based on AHAR data for any community that participates in the AHAR. The local reports display a community’s data compared to the national data for comparative purposes, which may highlight important differences between a community’s homeless population and the national profile of homelessness. Below is a snapshot of the HDX main homepage from the link referenced above.

**Screenshot of HDX Homepage**

![Screenshot of HDX Homepage](image-url)
To use the HDX, users must login to the website. To login, choose the “Login” button in the upper left-hand corner of the webpage. If you do not have an account, you can open one by clicking on the “Create an Account” tab on the HDX homepage. If you have problems creating an account please click on the “Technical Support” link at the bottom of the page.

A “CoC primary” or “collaborative applicant” is designated for each community based on the primary contact listed in a community’s CoC registration page on e-snaps. This person is marked as the CoC primary in HDX and can add other users to the HDX and assign read/write/submit privileges to the additional users. The CoC primary is the only person who can confirm the data as accurate and final. The person assigned with submit rights will appear on the HDX AHAR My Data page as the “Contact” and is expected to be the person who will work most closely with the Liaison for data cleaning.

### Levels of Access in the HDX

1. **CoC Primary**: The CoC primary has rights to assign read, write, and submit access to people registered with their CoC on HDX. The CoC primary is the only one with rights to “confirm” the data.

2. **Write**: Users can view, edit, or add data for submission.

3. **Read**: Users can review the data, but cannot edit data in the HDX.

A contact may be responsible for more than one participating AHAR community. In these cases, the contact can toggle between sites by using the “Change Site” link in the top-middle of the page. While communities’ data submissions may be improved by allowing additional stakeholders to view and comment on the data, each continuum should limit the number of users with “write” access who can edit their data to ensure that the data remain secure and accurate. Continuums should also have a backup plan in place in case the individual associated with your CoC who has submit authority is not available to submit data on or before a deadline.

### Using the AHAR section of the HDX

AHAR data collection is an iterative process in which community representatives work with their AHAR Liaison to submit, revise, and confirm their submission. The goal is to compile the most complete and accurate data possible, which will both improve the precision of the AHAR and provide reliable data for communities to use for local purposes.

This section describes how to enter data and the process for confirming and finalizing data.

Throughout data entry, users can view summaries of all their AHAR data on the “Site Status” tab of the AHAR HDX section. The current status of each reporting category is displayed here, as well as the name of the AHAR Liaison.

Users can click on a site name (circled in red in the screenshot below) to reach the “My Data” page for either the All Persons data or the Veterans data. The screenshot on the following page displays an example Site Status page.
The “My Data” tab of the AHAR section is the cornerstone of the AHAR data submission process. This is where you can separately enter and view data for all reporting categories, as well as enter and view data in the summary reporting category.

To move back and forth between the My Data tab for the All Persons data and the Veterans data, click on the Site/Type arrow and select a site from the dropdown menu that will appear (circled below in red).

The reporting status menu indicates whether a community is submitting data for a given category. Communities can select a status of Reporting, Not Reporting, or Zero Provider. If a community has data on providers for the category and plans on submitting it, they should select “Reporting.” If a community does not plan on submitting data for a given category, they should select “Not Reporting.” If a community does not have any providers with beds dedicated to the population in question they should select “Zero Provider” for that specific category. For example, if a community does not have any emergency shelter beds that served people in families, they should select Zero Provider in the ES-FAM category.
The data collection process has five steps, which are reflected in the Status field on the “My Data” tab. Under each reporting category, a field indicates the status of your submission: Not Started, In Progress, In Review, Completed, and Confirmed. Below is a flow chart of the data collection process.

**AHAR Data Collection Process** (October 1, 2017 - December 1, 2017)

1. **Initial Data Entry: Not Started**

**Manual Data Entry**

Data entry can be completed manually or can be automatically uploaded using the AHAR XML schema. HMIS vendors can request an updated XML schema through the [Vendors Help Desk](https://www.hudexchange.info) on the HUD Exchange website. Data entry should be completed for each reporting category with at least 50 percent bed coverage. To begin manually entering data, navigate to the “My Data” tab of the AHAR section as seen above. Select the reporting category for which you would like to enter data, and click on “Enter Data.” Next, select the question you would like to work on from the dropdown menu on the toolbar by clicking on the desired question. Enter information for the selected question in the white boxes located beneath each question. It is recommended that communities enter each question in order; however, this is not required.

After you start entering data into a reporting category, the status will automatically change to “In Progress.” When you are finished entering data, make sure to hit the gray “Save and Next” or “Save and Previous” button in the upper corner of each question.
Data Upload

The “Upload” tab of the AHAR section is designed to make reporting easier for communities. This page allows users to upload draft data directly from an XML file onto the HDX. Not all HMIS vendors have developed this capability yet, so users should consult with their HMIS vendor about the availability of this feature.

If your system allows uploading XML-formatted data, it can be done in a few quick steps:

Click on the “Browse” button and then select the XML file you have saved on your computer.

1. Hit the “Validate” button.

2. Select the reporting categories you would like to upload and hit “Upload Existing Categories.” The data are then uploaded into the AHAR section.

3. Please review your uploaded data in the “My Data” section for representativeness and possible errors before submitting it for review by your AHAR Liaison.

The XML upload feature will overwrite any existing data that may have been manually submitted to the AHAR section. If you receive an error message that your XML file cannot be uploaded, you should proceed to the “Messages” portion of the website to notify your AHAR Liaison, or contact them via the email they have provided.

Though existing data may follow the 2014 HMIS data standards, your AHAR submission should be mapped to the 2010 HMIS data standard. If you have any questions about this, you should contact your HMIS vendor or AHAR Liaison. Additional guidance on mapping HMIS data under the 2014 standards to the 2010 format is available here on the HUD Exchange website (search the Resource Library for “AHAR Data Mapping Instructions and find a link on the HDX homepage under resources. Other related resources useful to vendors and communities are located here: http://www.hudhdx.info/VendorResources.aspx.

Communities should review the data to ensure that it represents their populations and should address possible errors prior to submitting the data to the AHAR team for review.

Tip: Footnotes clarifying AHAR questions or terms are located below the data entry questions in the “Help” box.

2. Community Review: 🌋 In Progress

The “In Progress” status field indicates that a local representative (e.g., the primary contact) is working on the data submission. Communities should review their data for accuracy and completeness prior to submitting it to the AHAR Liaison team. Community representatives who generate the AHAR data are advised to show the data to other members in the community, including the HMIS administrator, the CoC lead, and local providers, as appropriate.
Throughout the data submission process, you may see yellow “Warning” or “Usability Warning” boxes on the screen after you provide data for each question. These warning boxes indicate that there appears to be an error in the data. You can continue to enter data without addressing these error messages, but they will remain flagged for the final validation report. If you believe that the data are indeed correct, please use the “Notes” link in the upper right corner of each screen to explain to the AHAR Liaison why you believe the data are correct. The “Notes” field can also be used to explain unusual situations or clarify how the data were calculated.

**Screenshot of an AHAR Validation Error**

Once all of the data are entered for all questions, you should generate the data validation report by clicking on the “Validation Report” button at the top right-hand side of the screen. The built-in validation system identifies potential errors in the AHAR data you have just entered. To address any validation issue in the report, double-click on the AHAR question identified in the validation report. You will automatically be returned to that question.

It is important to remember that the validation report identifies many, but not all, types of data errors. Furthermore, the validation report cannot suggest whether the data accurately represent...
people experiencing homelessness in your community. Therefore, it is important that you review all the data and make sure it is reasonable before submitting it to your AHAR Liaison.

3. Draft Data Submission: 🔄 In Review

Draft data that have been entered in the HDX and reviewed by the community should be submitted to the AHAR team for review by October 31 for the All Persons and Veterans reporting categories. Once you have reviewed the data validation report and corrected any data errors, you can submit your data to the AHAR Liaison for review by clicking the gray “Submit Data” button. Each category is submitted separately as soon as it is ready for review, not just when all categories are complete.

The AHAR Liaison will be notified automatically to review your data. The AHAR Liaison will respond with feedback on your data as soon as possible, usually within two business days. You will not be able to edit your data while it is under review.

Reviewing AHAR data is frequently an iterative process; the AHAR Liaison may ask you to re-check parts of your data, and it is common for a community to resubmit their data until the data quality issues have been adequately addressed. If changes are necessary, the community will investigate potential sources of the discrepancies. This may include talking with providers, working with the HMIS system, or requesting vendor support.

4. Final submission and confirmation of data: 🏷 Complete

After reviewing your AHAR data, your AHAR Liaison will contact you to discuss your submission. If your Liaison determines that the data need additional work, then the status will be changed back to “In Progress,” and you will be able to make any necessary changes. After you correct the data, you should re-submit the data back to the AHAR Liaison for review by clicking the gray “Submit Data” button.

The AHAR Liaison will mark each reporting category as “Complete” when the data have been deemed final. Once all reporting categories have been marked as “Complete,” your Liaison will generate an email through the HDX that asks you to discuss your data submission with other stakeholders in your community. Also, a button will appear to confirm your community’s data. While this button will be visible to all users, it will be inactive for all users except the CoC Primary, who is the only authorized user from the community to press the button. These discussions should focus on the validity of the data and how well it represents the clients served
in the community. A Data Summary Report providing an overview of your community’s submitted data is generated by the HDX will be attached to the email to facilitate these discussions.

Communities should confirm their final data in the HDX by **December 5** for both the All Persons and Veterans submissions by pressing the confirm button. This button can only be actively pressed from the CoC Primary’s HDX account If a community does not confirm its data by 11:59pm Pacific Time on December 5, 2017, then the data will be auto-confirmed.

Tip: Discussing the AHAR data with a wide range of stakeholders helps ensure that the final submission accurately represents the community’s homeless population.

5. Final review and determination of usability: ✅ Confirmed

Once data for all submitted reporting categories are marked complete by your AHAR Liaison and you have reviewed the data with the appropriate stakeholders, select the “Confirm Data” button to indicate that the data are considered final and confirmed. Please note, only the CoC Primary will be able to select the “Confirm Data” button, so communities should plan accordingly to ensure that this person is available in mid-December to finalize this process.

If you need to make changes to your data, simply change the status of the reporting category back to “In Progress.” Once the changes are made, you can resubmit the data for review and the data submission process proceeds as described above.

The AHAR Liaison, in conjunction with other members of the AHAR team, will make the final determination regarding the usability of your data for the AHAR. In general, data are deemed usable if they meet the AHAR criteria for participation and the data have been confirmed by the community. The usability of each reporting category is assessed independently. At the conclusion of this process, your Liaison will generate an email through the HDX that indicates which reporting categories will be used in the final AHAR to Congress. Communities can also observe for themselves the final usability results within the HDX on their My Data page under the “Final Usability in AHAR” column. This status will be “TBD” until usability is finalized. Once the usability email is sent, this indicates the usability status and it can be visible to the community at that time in the HDX.

**Other sections of the HDX**

The HDX includes other features to help communities communicate with their AHAR Liaison, upload files, and produce reports for local use.

**Messages**

The “Messages” tab of HDX allows you to ask questions or send messages directly to your AHAR Liaison. This internal messaging system also offers a way to troubleshoot the website, as well as to request technical assistance related to AHAR participation.
Files
The “Files” tab allows users to upload files related to the AHAR, as well as to access files that are uploaded by the AHAR research team.

Reports
The “Reports” tab of the HDX allows users to print their AHAR data by reporting category and to create various reports about homelessness in their communities. These reports are useful to confirm a community’s AHAR data and also for local purposes, such as program planning or to solicit other sources of funding. A list of HDX reports is described below.

_Reports Available in the HDX_

<table>
<thead>
<tr>
<th>Name of AHAR Report</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Reports</td>
<td>This report provides a comprehensive look at the data submitted by a community. It features tables, graphs, and charts that present the data reported for the year, as well as comparisons to previous years’ data (if available). The report includes a cover, introduction, and table of contents, making it suitable for distribution to local stakeholders.</td>
</tr>
<tr>
<td>Data Summary Report</td>
<td>Designed to help communities review their AHAR data, this report provides unduplicated counts of people experiencing homelessness, bed and family unit utilization rates, and length of stay data for each of the four reporting categories.</td>
</tr>
<tr>
<td>Extrapolated Counts</td>
<td>For jurisdictions that do not have 100 percent bed coverage, this report provides homeless counts that include estimates for those providers that do not participate in HMIS. Communities should review this report as part of the data confirmation process.</td>
</tr>
<tr>
<td>Demographics Report</td>
<td>This report provides a visual breakdown of the demographic characteristics of people served during the AHAR reporting period.</td>
</tr>
<tr>
<td>Prior Living Situation Report</td>
<td>This report categorizes the prior living situations of the people experiencing homelessness counted in the AHAR data for the community.</td>
</tr>
<tr>
<td>Lengths of Stay Report</td>
<td>This report focuses on clients’ length of stay during the AHAR reporting period.</td>
</tr>
</tbody>
</table>
AHAR Resources

The AHAR team has developed numerous resources with information on participating in the AHAR. Places to look for this information include:

- **HDX** provides links to XML Upload tools, AHAR technical assistance documents, AHAR tools, and regular AHAR updates from the AHAR research team.

- **HDX Sandbox** provides a website where communities can view the AHAR reporting requirements, enter data into the Sandbox, view automated data validation flags, and generate local reports. The Sandbox is a place, available year-round for communities to “play” with their data and gauge the quality of their AHAR submission; *it is not the place to submit a community’s official AHAR data.*

  Additionally, CoCs can use the Sandbox outside of the AHAR data collection period. This usage of the Sandbox can help improve local HMIS data quality throughout the year and reduce the effort needed to successfully complete your community’s AHAR submission.

- **HUDEXchange.info** contains detailed information on all HUD homeless programs, including specific information on the AHAR, such as the AHAR FAQ, AHAR Introductory Guide, and webinars.

- **AHAR FAQ** lists common questions from communities and answers.

- **AHAR Webinars** include two recorded trainings: Part 1 – An Introduction to the AHAR Data Collection Process, and Part 2 – Steps to a Successful Submission. The webinars can be accessed by selecting “Webinars and Virtual Trainings” under the listed Resource Types.

- **2017 HIC and PIT Guidance** provides information to CoCs on what information to collect in order to successfully complete their upcoming Housing Inventory Count (HIC) and Point-in-Time (PIT) count.

- **Garbage In, Garbage Out: Strategies to Ensure Data Quality** provides tips and tricks to collecting, entering, and reporting valid, reliable data. It includes real world examples of effective data quality monitoring strategies, and incentives to encourage users to enter quality data.

In addition to the above resources, you can always contact the AHAR research team to get more information on AHAR participation or technical assistance for your community.

There are two easy ways to request AHAR assistance:


2. Submit a question to your AHAR Liaison on the HDX website, or via the email address they provide.
The table below provides brief descriptions of many of the data quality checks that AHAR Liaisons perform on all submitted AHAR data. Please review these data checks and apply them to your community’s AHAR data before submitting it for review. Your community may have a legitimate reason for deviating from these general data checks. If so, please provide a detailed note for your AHAR Liaison using the Notes function in HDX related to that question.

<table>
<thead>
<tr>
<th>All Persons</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of People</td>
<td>• Is the total number of people staying the full year greater than or equal to the total number of beds? If not, do you have an explanation?</td>
</tr>
<tr>
<td>Bed Counts</td>
<td>• Are DV beds excluded from the total bed count?</td>
</tr>
<tr>
<td></td>
<td>• Are beds pro-rated for any programs that opened or closed during the AHAR reporting period?</td>
</tr>
<tr>
<td></td>
<td>• Are the bed counts adjusted for any program(s) that joined or left the CoC’s HMIS during the AHAR reporting period?</td>
</tr>
<tr>
<td></td>
<td>• Are any voucher beds pro-rated?</td>
</tr>
<tr>
<td></td>
<td>• Are all Veteran-dedicated beds accounted for in the bed count totals? Are VASH beds included only if they are participating in HMIS?</td>
</tr>
<tr>
<td>Age</td>
<td><strong>FAM</strong></td>
</tr>
<tr>
<td></td>
<td>• Are there more children than adults reported? (We expect in families that there are more children than adults.) If not, did you explain?</td>
</tr>
<tr>
<td></td>
<td><strong>IND</strong></td>
</tr>
<tr>
<td></td>
<td>• Are there very few or no children reported (unless your CoC has a shelter that serves youth clients ages 17 and under or serves youth parents with children)? If there are children, please confirm that these are correct records and not a data entry error related to the person’s birthdate, or other reasons.</td>
</tr>
<tr>
<td>Gender</td>
<td><strong>FAM</strong></td>
</tr>
<tr>
<td></td>
<td>• Is there a fairly even distribution between female and male children?</td>
</tr>
<tr>
<td></td>
<td>• Are there more adult females than adult males? We expect there are in this category.</td>
</tr>
<tr>
<td></td>
<td><strong>IND</strong></td>
</tr>
<tr>
<td></td>
<td>• Are there more male than female adults? (On average there are more males.)</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>• Are there more non-veterans than veterans? If not, is this situation explained?</td>
</tr>
<tr>
<td>Disability Status</td>
<td>• Are there fewer disabled people than non-disabled people? If not, is this situation explained?</td>
</tr>
<tr>
<td>Length of Stay</td>
<td><strong>Emergency Shelter</strong></td>
</tr>
<tr>
<td></td>
<td>• Do most people have shorter length of stays, typically less than 120 nights?</td>
</tr>
<tr>
<td>Household Counts</td>
<td><strong>FAM</strong></td>
</tr>
<tr>
<td></td>
<td>• Are the household counts for the four point-in-time dates relatively stable?</td>
</tr>
<tr>
<td></td>
<td>• Is the average household size (calculated by dividing the number of people reported in Q1b with the number of households served on the same date) between 2.5 and 6?</td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Total Number of Veterans</strong></td>
<td>• Does the total number of veterans reported in the Veterans data match the number of veterans reported in the All Persons data for the veteran status question?</td>
</tr>
</tbody>
</table>
| **Bed Counts** | • Are only beds dedicated to serving veterans included?  
• Are VASH beds included only if they are participating in HMIS?  
• Are the beds pro-rated for any programs that opened or closed during the AHAR reporting period?  
• Are the bed counts adjusted for any programs that joined or left the CoC’s HMIS during the AHAR reporting period?  
• Are any voucher beds pro-rated?  
• Are HUD-VASH beds that do not participate in HMIS excluded from the non-HMIS bed count in Q1c? |
| **Gender** | • Are there more male veterans than female veterans? (This is typically what we expect to see for this category.) If not, is that explained in the notes? |
| **Veteran by Household Size** | • Is the household size reported primarily a household size of 1? (Note: The question asks for the number of veterans in the household, not the total number of people.) |
| **Length of Stay** | *Emergency Shelter*  
• Do most veterans have shorter length of stays, typically less than 120 nights? |
| **Veteran Household Counts** | *FAM*  
• Are the veteran household counts for the four point-in-time dates relatively stable? |
DIRECTIONS FOR COCS TO CHANGE PRIMARY COC CONTACT OR TO REASSIGN AHAR SUBMITTER RIGHTS

When to Use This Process

1. Requesting Changes to CoC Primary Contact, and/or
2. Requests to Assign Write and Submit rights when CoC Contact will be unavailable for a significant period of time.

Instructions

Requests must be submitted to HUD through HUD Exchange Virtual Help Desk located at: https://www.hudexchange.info/get-assistance/my-question/. The text below details a step by step process for submitting a question. A graphic of Step Two is available below for additional reference.

1. In Step One of the “Ask A Question” page, fill out your contact information.

2. In Step Two of the “Ask A Question” page:
   a. For “My question is related to:” use the dropdown menu to select “HDX: Homelessness Data Exchange (including PIT, HIC and AHAR)” under the “Reporting Systems” category.
   b. Depending on your request, make your subject line one of the following:
      i. “Accessing/Changing CoC Primary Contact in HDX” OR
      ii. “Reassigning AHAR Submission Rights in HDX”
   c. You must also upload a written PDF of your request in the following two situations:
      i. **When requesting change of primary contact:** Written request should be on CoC letterhead and contain the following information:
         1. Name of former CoC primary contact and new primary contact
         2. Continuum of Care Name and CoC Number
         3. New Person’s contact information, including phone, position, email address, mailing address, etc. *(Please make sure the new CoC primary contact has already set up an account on HUDHDX.info)*
         4. Reason for Request
         5. Letter should be signed by authorized person – board chair, executive director, etc.
      ii. **When requesting reassignment of read/write and/or submit rights when a CoC contact person is unavailable for a significant period of time,** written requests should be on CoC letterhead and contain the following information:
         1. Name of CoC Contact Person and Name of Person Needing Rights
         2. Continuum of Care Name and CoC Number
         3. User’s contact information, including phone, position, email address, mailing address, etc.
         4. Type of Rights Requested
         5. Reason for Request
         6. Letter should be signed by authorized person – board chair, executive director, etc.
Ask A Question

Step 2 of 2

* My question is related to:

HDX: Homelessness Data Exchange (Including PIT)

Your Question

* Please provide a subject line for your question

Accessing/Changing CoC Primary Contact

* Question

If you have more than one question, please submit them separately

Uploaded related documents

Attach File
Choose File No file chosen

Allowed: PDF, MS Word, Excel, PowerPoint, or GIF/JPEG/PNG image
Limit: 5 files, 5MB each

< Back to Step 1

Submit your Question