



# **U.S. Housing and Urban Development (HUD) Standards for Success Data Integrity Reference Manual**

*Revised: July 14, 2017*



# Standards for Success



## Table of Contents

<b>Introduction .....</b>	<b>7</b>
Standards for Success .....	7
Standards for Success Indicators - Overview .....	7
<b>Data Elements .....</b>	<b>9</b>
Grant Award .....	9
Participant.....	17
Employment .....	33
Financial .....	48
Education.....	64
Health .....	80
Housing.....	106
<b>Standards for Success Indicators .....</b>	<b>131</b>



# Standards for Success



## Data Elements and Standards of Success Indicators

<b>Grant Award.....</b>	<b>9</b>
Grant Number .....	11
Grantee DUNS Number .....	12
Grant Appropriation Fiscal Year (FY).....	13
Catalog of Federal Domestic Assistance Number (CFDA).....	14
Reporting Period Beginning Date .....	15
Reporting Period End Date.....	16
<b>Participant.....</b>	<b>17</b>
Person Identifier (Participant-ID).....	20
Household Identifier .....	21
Data Collection Date.....	22
Age .....	23
Gender Code.....	24
Ethnicity Code.....	25
Race Code .....	26
Head of Household Code.....	27
Veteran Status Code .....	28
Service Start Date .....	29
Service End Date .....	31
<b>Employment.....</b>	<b>33</b>
Employment Status Code .....	34
Employment Type Status Code .....	35
Entered Employment Date.....	36
Occupation Code.....	37
Monthly Paid Earnings Amount.....	41
Occupational Skills Training (OST) Service Code .....	42
Career Guidance Service Code .....	43
Self-Directed Job Search Assistance Code .....	44
Work Readiness Assistance Service Code.....	45
Job Development Service Code .....	46
Job Retention Service Code.....	47



# Standards for Success



<b>Financial.....</b>	<b>48</b>
Earned Income Tax Credit Recipient Code.....	50
Financial Account Creation Code .....	52
Supplemental Security Income (SSI) Code.....	53
Social Security Disability Insurance (SSDI) Code.....	54
Household Annual Gross Income Amount .....	55
Tax Preparation Service Code .....	57
Legal Assistance Service Code .....	58
Legal Assistance Type Service Code .....	59
Financial Education Service Code.....	60
Household Housing Cost Amount.....	61
Household Transportation Cost Amount .....	62
Financial Account Creation Service Code.....	63
<b>Education.....</b>	<b>64</b>
Highest Education Level Code.....	66
License or Certificate Attainment Code .....	67
Degree Attainment Code.....	68
Adult Basic Education Service Code.....	69
ESL Class Service Code.....	70
Conflict Resolution Service Code .....	71
Housing Retention Service Code.....	72
Household Skills/Life Skills Service Code .....	73
Parenting Skills Service Code .....	74
3 to 5 Years Childhood Education Service Code .....	75
Enrollment in Educational or Vocational Program .....	76
Service Coordination Service Code .....	77
High School/GED Preparation Service Code .....	78
Post-Secondary/College Education Service Code.....	79
<b>Health .....</b>	<b>80</b>
Disability Status Code .....	83
Disability Category Code.....	84



# Standards for Success



Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Status Code.....	85
Supplemental Nutrition Assistance Program (SNAP) Code.....	86
Temporary Assistance to Needy Family (TANF) Code.....	87
Substance Abuse Treatment Code.....	88
Activities of Daily Living (ADL) Count.....	89
Instrumental Activities of Daily Living (IADL) Count.....	90
Primary Health Care Provider Code.....	91
Health Coverage Code.....	92
Medical Examination Status Code.....	93
Asthma Condition Code.....	94
Asthma-related Emergency Room Visit Code.....	95
Blood-Lead Test Result.....	96
Food and Nutrition Service Code.....	97
Translation/Interpretation Service Code.....	98
HIV/AIDS Service Code.....	99
Adult Personal Assistance Service Code.....	100
Medical Care Service Code.....	101
Mental Health Service Code.....	102
Substance Abuse Service Code.....	103
Disability Requires Assistance Code.....	104
Blood-Lead Test Code.....	105
<b>Housing.....</b>	<b>106</b>
Residence Census Tract.....	109
Hard to House Code.....	110
Returning Citizen/Ex-Offender Code.....	111
Housing Status Code.....	112
Homeless Status Code.....	113
Weeks Homeless Count.....	114
Chronically Homeless Status Code.....	115
Prior Night Residence Code.....	117
Intermediate Housing Status Code.....	118



## Standards for Success



Needs Assessment Service Code .....	119
Shelter Placement Service Code.....	120
Temporary Housing Placement Service Code .....	121
Permanent Housing Placement Service Code .....	122
Permanent Housing Placement Date.....	123
Independent Living Service Code.....	124
Transportation Assistance Service Code .....	125
Years in Subsidized Housing Number .....	126
Opportunity Area Census Tract.....	127
Pre-Housing Counseling Service Code .....	128
Post-Housing Counseling Service Code .....	129
Fair Housing and Civil Rights Assistance Service Code.....	130
<b>Standards for Success Indicators .....</b>	<b>131</b>
Employment Rate.....	133
Quarterly Earnings .....	134
Households Receiving Services .....	135
Homeless Participants Receiving Services.....	136
Homeless Duration.....	138
Permanent Housing for Chronically Homeless.....	139
Head Start or Pre-K Households .....	140
High School / GED Preparation Courses .....	141
Degree Attainment .....	142
Vocational or Certification Attainment.....	143
Neighborhood of Opportunity .....	144
Primary Care Providers .....	145
Routine Medical Care .....	146
Health Plan Coverage .....	147
Asthma-related Emergency Room Visits.....	148
Elevated Blood-Lead in Young Children.....	149
Housing and Transportation Cost.....	150
Improved Living Situation.....	151



## Introduction

### Standards for Success

Standards for Success is The Department of Housing and Urban Development’s (HUD’s) data collection and reporting framework for measuring HUD Participants’ self-sufficiency and ability to obtain and maintain housing. It is the approach used by HUD programs to report their work. The Standards for Success framework focuses on eighteen (18) indicators aligned to measure Participants’ self-sufficiency and quality of life. It provides a common approach for data collection and reporting and new reporting tool.

Standards for Success offers multiple advantages.

<b>Grantees</b>	<b>Technology</b>	<b>HUD</b>
Standardized approach to data collection and reporting	Data consolidated into single repository	Stronger capabilities to compare and use data
Improved reporting tool	Options for data submission <ul style="list-style-type: none"> <li>• Online web form</li> <li>• Data extracts</li> </ul>	Program Management Offices select which data elements are relevant to their programs
One reporting tool for multiple types of grants		
Option of data extracts from current technology systems		
Protection of privacy of Participants		

### Standards for Success Indicators - Overview

The Standards for Success eighteen (18) indicators are designed to answer five fundamental questions regarding grant effectiveness:

1. Does the Participant’s economic independence and self-sufficiency improve?
2. Does the ability to live independently improve?
3. Does participation reduce homelessness?
4. Does participation in grant-funded housing services improve other quality of life outcomes?
5. Do the grant-funded housing services help Participants meet their housing needs?

The Standards for Success Indicators and related data elements are organized in the following five focus areas: Employment, Financial, Education, Health, and Housing. In addition, the data elements include pertinent Grant Award and Participant information.



## Standards for Success



Focus Areas	Standards for Success Indicators
Employment	<ul style="list-style-type: none"> <li>• Employment rate</li> </ul>
Financial	<ul style="list-style-type: none"> <li>• Average quarterly earnings</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Participation rate in Head Start or Pre-K</li> <li>• Participation rate in high school or GED prep</li> <li>• Percent attainment of a degree</li> <li>• Percent attainment of a vocational/occupational license or certificate</li> </ul>
Health	<ul style="list-style-type: none"> <li>• Percentage with a primary health care provider</li> <li>• Percentage who received routine medical exam in the last 12 months</li> <li>• Percentage with health plan coverage</li> <li>• Percentage with asthma who have asthma-related emergency room visits</li> <li>• Percentage of children with elevated blood-lead level results</li> </ul>
Housing	<ul style="list-style-type: none"> <li>• Utilization rate of services/programs by homeless individuals</li> <li>• Average time from homelessness to permanent placement</li> <li>• Percentage of chronically homeless that is permanently housed</li> <li>• Percentage in neighborhood of opportunity</li> <li>• Percentage of income spent on housing and transportation</li> <li>• Percentage that improved living situations</li> </ul>

- Household success indicator, the aggregated number of households receiving supportive services, spans all indicators.

The Standards for Success Indicators are based on data elements entered by the Grantees and Service Coordinators. Each data element has a cross reference PRLI Fixed ID to the Participant Record-Level Information (Appendix A).



## Data Elements

### Grant Award

HUD has awarded your organization funding.

- As a Grantee or Service Coordinator, your organization responsible for providing the services described in your Grant application.
- HUD also requires that you report the benefit of your services to each person who participates in your program.
- This Data Integrity Reference Manual is a reference tool and describes how to accurately collect and report the necessary data.

Grantees' and Service Coordinators' major responsibilities related to Standards for Success are:

**Data Integrity** – Ensuring the accuracy and consistency of the data you collect

**Data Collection** – Gathering and inputting information

**Data Reporting** – Submitting data for informational summaries. HUD will report-out only aggregate data.

**Privacy** – Protecting the privacy of Participants' health and other personally identifiable information. No personally identifiable information will be reported to HUD.

**Feedback** – Provide feedback for refining the Standards for Success framework to best serve your Participants' and your needs

The information in this Data Integrity Reference Manual applies to the following HUD programs:

1. Budget-based Service Coordinators (**B-b**),
2. Family Self-Sufficiency (**FSS**),
3. Housing Counseling (**HC**),
4. Housing Opportunities for Persons with AIDS (**HOPWA**),
5. Jobs Plus (**Jobs+**),
6. Juvenile Re-entry Assistance Program (**JRAP**),
7. Lead Based Paint Hazard Control (**LBPHC**),
8. Lead Hazard Reduction Demo (**LHRD**),
9. Multi-family Service Coordinator (**MFSC**), and
10. Resident Opportunity and Self-Sufficiency Service Coordinators Program (**ROSS**)

However, every Grantee and Service Coordinator is not required to report each and every data element. The description of each data element in this Guide will contain an indicator, yes (Y) or no (N) indicating which Grantees and Service Coordinators must report which data elements. For example, every Grantee and Service Coordinator must report a Duns Number for the organization winning the Grant Award.

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y



## Standards for Success



### Grant Award Data Elements

Each Grantee will report all of the Data Elements in the Grant Award section. This information should be entered once for each award year. This data may be pre-populated for in the data reporting to HUD, but if not, the information is located in your Notice of Award.

Title	Description	Purpose
Grant Number	Grant ID	Descriptive
Grantee DUNS Number	Grantee ID	Descriptive
Grant Appropriation Fiscal Year	Grant year	Descriptive
Catalog of Federal Domestic Assistance Number	CFDA number	Descriptive
Reporting Period Beginning Date	Date reporting begins	Descriptive
Reporting Period End Date	Date reporting ends	Descriptive



# Standards for Success



## Grant Number

Description: Grant ID

Data Integrity Rules:

- Identify the unique number that identifies the grants as listed in the award document

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Grant Number  
 Question: None, assigned by HUD and listed in the Grant Award  
 Focus Area: Grant Award  
 Purpose: Descriptive  
 Data Collection Dates: None  
 PRLI Fixed ID: i

Grant Number
✓ Enter
Number



# Standards for Success



## Grantee DUNS Number

Description: Grantee ID

### Data Integrity Rules:

- Duns Numbers are issued by Dunn & Bradstreet (D&B)
- A D&B number is required for federal grants and contracts
- Unique to Grantee and appears exactly as reported in the Grant application, also sam.gov
- Enter nine (9)-digit number, omitting dashes

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Grantee DUNS Number  
 Question: None, assigned by D&B  
 Focus Area: Grant Award  
 Purpose: Descriptive  
 Data Collection Dates: None  
 PRLI Fixed ID: ii

Grant DUNS Number
✓ Enter
Number



# Standards for Success



## Grant Appropriation Fiscal Year (FY)

Description: Grant year

### Data Integrity Rules:

- Grant Number and FY combine to create a unique record for the Grantee
- Appropriation year appears in a year format, i.e., 2017

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Grant Appropriation Fiscal Year (FY)  
 Question: None, assigned by HUD in Grant Award  
 Focus Area: Grant Award  
 Purpose: Descriptive  
 Data Collection Dates: None  
 PRLI Fixed ID: iii

Grant Appropriation Fiscal Year (FY)
✓ Enter
Year (YYYY)



# Standards for Success



## Catalog of Federal Domestic Assistance Number (CFDA)

Description: CFDA number

### Data Integrity Rules:

- Identify the five (5) digit number for the grant award
- Appears in a XXXXX format
- Omit the period (.) in the CFDA number

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Catalog of Federal Domestic Assistance Number (CFDA)  
**Question:** None, assigned by HUD in Grant Award  
**Focus Area:** Grant Award  
**Purpose:** Descriptive  
**Data Collection Dates:** None  
**PRLI Fixed ID:** iv

Catalog of Federal Domestic Assistance Number (CFDA)
✓ Enter
Number



# Standards for Success



## Reporting Period Beginning Date

Description: Date reporting begins

### Data Integrity Rules:

- Identify start date for the reporting period
- The first date of the fiscal year (FY) of the Grant Award
- Date is entered in a Month/Day/Year format, i.e., 1/15/2017

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Reporting Period Beginning Date  
 Question: None, assigned by HUD in Grant Award  
 Focus Area: Grant Award  
 Purpose: Descriptive  
 Data Collection Dates: None  
 PRLI Fixed ID: v

Reporting Period Beginning Date
✓ Enter
Date (MM/DD/YYYY)



# Standards for Success



## Reporting Period End Date

Description: Date reporting ends

### Data Integrity Rules:

- Identify end date for the reporting period
- The final date of the fiscal year (FY) of the Grant Award
- Date is entered in a Month/Day/Year format, i.e., 1/15/2017

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Reporting Period End Date  
 Question: None, assigned by HUD in Grant Award  
 Focus Area: Grant Award  
 Purpose: Descriptive  
 Data Collection Dates: None  
 PRLI Fixed ID: vi

Reporting Period End Date
✓ Enter
Date (MM/DD/YYYY)



### Participant

The most important first step for every Grantee and Service Coordinator is to identify the people who participate in your program.

- You must assign a unique identifier to each Participant, sometimes known as residents, in your Grant and everyone in their household over the age of sixteen (16). The exception is for Lead-focused grantees who will also assign unique Participant identifiers to children.
- You must capture the critical Data-Collection-Date for every piece of information you gather for Participants.
- You must capture unique household identifiers (Household ID) for every Participant record.
- The combination of the Participant's unique Household ID, unique identifier (Participant ID), and the Data-Collection-Date is the unique data integrity key, essential to identifying the services you provide and the benefits to the people you serve.

This unique data integrity key Household ID, Participant ID, and Data-Collection-Date, combined with your Grant Award information, communicates to HUD:

- How many people you served and who are they, for each Fiscal Year of your Grant Award, through Descriptive Data Elements.
- How many people experienced a direct and measurable benefit from participating in your grant, through Outcome Data Elements.
- The services Grantees and Service Coordinators deliver that help the Participants achieve the positive outcomes, through Process Data Elements, for example, Participants who enroll in a GED review course.

### Participant Privacy

HUD now requires data collection and reporting for individual people who participate in the Grants. The Data Reporting requirements to HUD excludes all personally identifiable information in order to protect individual privacy rights, including personal health data under HIPAA.

Grantees and Service Coordinators may be required to collect personal health and other personal information in some instances, whether to enroll Participants or identify the services they need. Grantees and Service Coordinators must have the processes in place to protect the private data collected and stored. HUD does not ask Grantees and Service Coordinators to report any personal health or other personal identifiable information.

Each Grantee and Service Coordinator shall report all of the relevant data elements described below in this manual and related training. The Grantee is responsible for asking the questions, as appropriate, to complete the data collection and reporting to HUD. However, for the majority of data elements, the individuals are not required to provide an answer. Therefore, for the majority of questions,



# Standards for Success



Grantees and Service Coordinators can enter:

- Individual refused
- Individual does not know
- Information not collected
- N/A (Not applicable)

## Data Collection Date

All the data each Grantee and Service Coordinator collects from Participants will have a specific Data Collection Date. Consistent reporting for the data collection date is critical to the integrity of the data that is later reported to HUD. Accurate tracking of the data collection date is the first step.

Each Grant Award has a Reporting Period Begin Date and Reporting Period End Date and defines the Grant award year start and end dates. Therefore, valid Data Collection Dates for everything about a Participant must be within this date range.

Grantees and Service Coordinators will begin collecting data about Participants at intake interviews. This is typically the first data collection date. Each time a Grantee or Service Coordinator collects data about a Participant, the Data Collection Date should correspond to the actual calendar date. Data Collection may occur several times during the year, unlike the Data Reporting date to HUD, which is only once per year, every twelve (12) months.

Grantees and Service Coordinators will also report the Service Start Date and the Service End Date. If, at the time of intake the Grantee or Service Coordinator also enrolls the Participant in a service, then the Service Start Date, the first data collection date, and the intake date will all be identical. Depending on the program, it may take a few days, or longer, before Participants are enrolled in services, which means the Service Start Date would be later than the first Data Collection Date. Naturally, the Service End Date will not be known until months after intake and will likely be identical to the Grant Reporting Period End Date for many Participants.

## Participant Data Elements

Title	Description	Purpose
Person Identifier	Unique identifier for Participant (Participant-ID)	Data Integrity Key
Household Identifier	Unique identifier for households	Data Integrity Key
Data Collection Date	Date that Participant data is collected	Data Integrity Key
Age	Participant's age	Descriptive
Gender Code	Participant's gender	Descriptive



## Standards for Success



Title	Description	Purpose
Ethnicity Code	Participant's ethnicity	Descriptive
Race Code	Participant's race	Descriptive
Head of Household Code	Participant is the head of the household	Descriptive
Veteran Status Code	Participant is a veteran	Descriptive
Service start date	Date services began	Descriptive
Service end date	Date services ended	Descriptive



# Standards for Success



## Person Identifier (Participant-ID)

**Description:** Unique identifier for Participant (Participant-ID)

### Data Integrity Rules:

- Unique record identification code for the Participant assigned by the Grantee or Service Coordinator
- Grantees and Service Coordinators shall create a system to uniquely identify each Participant that does not include any personal identification information. For example, no portion of social security number, birthdate, or address may be included

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Person Identifier (Participant-ID)  
**Question:** What is the Participant's Person Identifier?  
**Focus Area:** Participant  
**Purpose:** Data Integrity Key  
**Data Collection Dates:** Participant Enrollment and every subsequent data collection date  
**PRLI Fixed ID:** vii

Person Identifier
✓ Enter
Alpha-Numeric Identifier



# Standards for Success



## Household Identifier

**Description:** Unique identifier for household (HHLID-ID)

### Data Integrity Rules:

- Unique record identification code for each household, assigned by the Grantee or Service Coordinator
- Grantees and Service Coordinators shall create a system to uniquely identify each household, that does not include the actual address
- Multiple Participants will be assigned to a single Household ID

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Household Identifier  
**Question:** What is the Participant's Household Identifier?  
**Focus Area:** Participant  
**Purpose:** Data Integrity Key  
**Data Collection Dates:** Participant Enrollment  
**PRLI Fixed ID:** viii

Household Identifier
✓ Enter
Alpha-Numeric Identifier

### PRLI OMB Approved Definition

A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live separately from any other people in the building and which have direct access from the outside of the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements.



# Standards for Success



## Data Collection Date

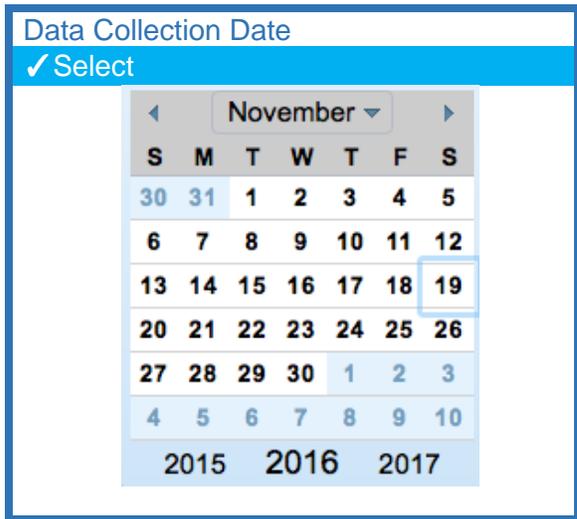
Description: Date that Participant data is collected

### Data Integrity Rules:

- Date that data is collected for the Participant record
- The date the data is collected is in a Month/Day/Year format, i.e., 1/15/2017

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Data Collection Date  
 Question: What is the Data Collection Date?  
 Focus Area: Participant  
 Purpose: Data Integrity Key  
 Data Collection Dates: Date data is collected from Participant  
 PRLI Fixed ID: ix





# Standards for Success



## Age

Description: Participant's age

Data Integrity Rules:

- Participant's age in years

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Age  
 Question: How old are you?  
 Focus Area: Participant  
 Purpose: Descriptive  
 Data Collection Dates: Date data is collected from Participant  
 PRLI Fixed ID: x

Participant's Age
✓ Enter
Number



# Standards for Success



## Gender Code

Description: Participant's gender

Data Integrity Rules:

- Participant's self-identified gender

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Gender Code  
 Question: With what gender do you identify?  
 Focus Area: Participant  
 Purpose: Descriptive  
 Data Collection Dates: Date data is collected from Participant  
 PRLI Fixed ID: 1

Gender Code
✓ Select
1 = Male.
2 = Female.
3 = Transgendered Male to Female.
4 = Transgendered Female to Male.
5 = Other.
88 = Individual refused.
99 = Individual does not know.



# Standards for Success



## Ethnicity Code

Description: Participant's ethnicity

### Data Integrity Rules:

- Participant's self-identified ethnicity is Hispanic/Latino or not Hispanic/Latino

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

Title: Ethnicity Code  
 Question: Are you Hispanic/Latino?  
 Focus Area: Participant  
 Purpose: Descriptive  
 Data Collection Dates: Date data is collected from Participant  
 PRLI Fixed ID: 2

Ethnicity Code
✓ Select
1 = Hispanic/Latino.
2 = Not Hispanic/Latino.
88 = Individual refused.
99 = Individual does not know.



# Standards for Success



## Race Code

**Description:** Participant's race

### Data Integrity Rules:

- Participant's self-identified race and the Participant may select multiple races:
  - American Indian or Alaska Native: Origins in any of the original peoples of North America and South America (including Central America), and maintains cultural identification through tribal affiliation or community recognition
  - Asian: Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan)
  - Black or African American: Origins in any of the black racial groups of Africa
  - Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander or provide other Pacific Islander responses
  - White: Origins in any of the original peoples of Europe, the Middle East, or North Africa

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Race Code  
**Question:** What is your race?  
 Do you identify as more than one race?  
 If yes, with what races do you identify?  
**Focus Area:** Participant  
**Purpose:** Descriptive  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 3

Race Code
✓ Select
1 = American Indian or Alaska Native.
2 = Asian.
3 = Black or African American.
4 = Native Hawaiian or Other Pacific Islander.
5 = White.
88 = Individual refused.
99 = Individual does not know.



# Standards for Success



## Head of Household Code

**Description:** Participant is the head of the household

### Data Integrity Rules:

- Participant is an adult who is considered the head of the household to determine income eligibility and rent
- The head of the household must ensure the household fulfills all its responsibilities under the program in conjunction with a co-head or spouse
- Any qualified member of the household can be designated as the head of the household
- The head of household must have legal capacity to enter in to a lease under state and local law and an emancipated minor may be designated as the head of the household
- An emancipated minor assumes most adult responsibilities before reaching the age of eighteen (18) and is no longer considered to be under the care and control of their parents. A minor may petition to be emancipated through a court order or may automatically be emancipated by joining the armed forces or by getting married.

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Head of Household Code  
**Question:** Are you the head of your household for HUD grant purposes?  
**Focus Area:** Participant  
**Purpose:** Descriptive  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 4

Head of Household Code
<input checked="" type="checkbox"/> Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.



## Standards for Success



### Veteran Status Code

**Description:** Participant is a veteran

**Data Integrity Rules:**

- Participant served on active duty in the armed forces
- Participant was not dishonorably discharged or released from the armed forces
- Validate with Participant's DD214 discharge form, if available

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Veteran Status Code

**Question:** Are you a veteran?  
 Did you have an honorable discharge? If no, what kind?  
 Do you have your DD214?

**Focus Area:** Participant

**Purpose:** Descriptive

**Data Collection Dates:** Date data is collected from Participant

**PRLI Fixed ID:** 6

Veteran Status Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.



## Standards for Success



### Service Start Date

**Description:** Date services began

#### Data Integrity Rules:

- The date the Participant enrolled in or first received grant-funded services or benefits
- Service start date is collected in a Month/Day/Year format, i.e., 1/15/2017
- Applicable Services include:

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

ESL Class Service Code	= 1, 2, or 3
Career Guidance Service Code	= 1, 2, or 3
Self-Directed Job Search Assistance Service Code	= 1, 2, or 3
Work Readiness Assistance Service Code	= 1, 2, or 3
Occupational Skills Training Service Code	= 1, 2, or 3
Job Development Service Code	= 1, 2, or 3
Job Retention Service Code	= 1, 2, or 3
Fair Housing and Civil Rights Assistance Service Code	= 1, 2, or 3
Tax Preparation Service Code	= 1, 2, or 3
Financial Account Creation Service Code	= 1, 2, or 3
Legal Assistance Service Code	= 1, 2, or 3
Financial Education Service Code	= 1, 2, or 3
Pre-Housing Counseling Service Code	= 1, 2, or 3
Post-Housing Counseling Service Code	= 1, 2, or 3
Food and Nutrition Service Code	= 1, 2, or 3
Conflict Resolution Service Code	= 1, 2, or 3
Translation/Interpretation Service Code	= 1, 2, or 3
Housing Retention Service Code	= 1, 2, or 3
Household Skills/Life Skills Service Code	= 1, 2, or 3
Needs Assessment Service Code	= 1, 2, or 3
Service Coordination Service Code	= 1, 2, or 3
Parenting Skills Service Code	= 1, 2, or 3
3 to 5 Years Childhood Education Service Code	= 1, 2, or 3
High School/GED Preparation Service Code	= 1, 2, or 3
Post-Secondary/College Education Service Code	= 1, 2, or 3
Shelter Placement Service Code	= 1, 2, or 3
Temporary Housing Placement Service Code	= 1, 2, or 3
Permanent Housing Placement Service Code	= 1, 2, or 3
Independent Living Service Code	= 1, 2, or 3
Transportation Assistance Service Code	= 1, 2, or 3
HIV/AIDS Service Code	= 1, 2, or 3
Adult Personal Assistance Service Code	= 1, 2, or 3
Legal Assistance Type Service Code	= 1, 2, 3, 4, 5, 6, 7, 8, or 9



## Standards for Success



Title: Service Start Date  
Question: When did Participant begin receiving services?  
Focus Area: Participant  
Purpose: Descriptive  
Data Collection Dates: Date Participant is enrolled in the Service  
PRLI Fixed ID: 23

Service Start Date

✓ Select

November						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
2015		2016		2017		



## Standards for Success



### Service End Date

**Description:** Date services ended

#### Data Integrity Rules:

- The date the Participant’s grant-funded services or benefits were completed or terminated
- Service end date is collected in a Month/Day/Year format, i.e., 1/15/2017
- Applicable services include:

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

- ESL Class Service Code = 1, 2, or 3
- Career Guidance Service Code = 1, 2, or 3
- Self-Directed Job Search Assistance Service Code = 1, 2, or 3
- Work Readiness Assistance Service Code = 1, 2, or 3
- Occupational Skills Training Service Code = 1, 2, or 3
- Job Development Service Code = 1, 2, or 3
- Job Retention Service Code = 1, 2, or 3
- Fair Housing and Civil Rights Assistance Service Code = 1, 2, or 3
- Tax Preparation Service Code = 1, 2, or 3
- Financial Account Creation Service Code = 1, 2, or 3
- Legal Assistance Service Code = 1, 2, or 3
- Financial Education Service Code = 1, 2, or 3
- Pre-Housing Counseling Service Code = 1, 2, or 3
- Post-Housing Counseling Service Code = 1, 2, or 3
- Food and Nutrition Service Code = 1, 2, or 3
- Conflict Resolution Service Code = 1, 2, or 3
- Translation/Interpretation Service Code = 1, 2, or 3
- Housing Retention Service Code = 1, 2, or 3
- Household Skills/Life Skills Service Code = 1, 2, or 3
- Needs Assessment Service Code = 1, 2, or 3
- Service Coordination Service Code = 1, 2, or 3
- Parenting Skills Service Code = 1, 2, or 3
- 3 to 5 Years Childhood Education Service Code = 1, 2, or 3
- High School/GED Preparation Service Code = 1, 2, or 3
- Post-Secondary/College Education Service Code = 1, 2, or 3
- Shelter Placement Service Code = 1, 2, or 3
- Temporary Housing Placement Service Code = 1, 2, or 3
- Permanent Housing Placement Service Code = 1, 2, or 3
- Independent Living Service Code = 1, 2, or 3
- Transportation Assistance Service Code = 1, 2, or 3
- HIV/AIDS Service Code = 1, 2, or 3
- Adult Personal Assistance Service Code = 1, 2, or 3
- Legal Assistance Type Service Code = 1, 2, 3, 4, 5, 6, 7, 8, or 9



## Standards for Success



Title: Service End Date  
Question: When did Participant stop receiving services?  
Focus Area: Participant  
Purpose: Descriptive  
Data Collection Dates: Date Participant stopped receiving services  
PRLI Fixed ID: 24

Service End Date

✓ Select

November						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
2015		2016		2017		



## Standards for Success



### Employment

HUD’s employment goal is to increase the Participant’s earned income and make progress towards independence and self-sufficiency.

**Fundamental Question:** Does the economic independence and self-sufficiency of Participants improve?

**Fundamental Objective:** Increase Participant Employment Rate

### Employment Data Elements

Title	Description	Purpose
Employment Status Code	Participant’s employment status	Outcome
Employment Type Status Code	Full-time or part-time employment	Outcome
Entered Employment Date	Participant’s employment start date	Outcome
Occupation Code	Occupation description identification	Outcome
Monthly Paid Earnings Amount	Participant’s gross monthly earnings	Outcome
Occupational Skills Training (OST) Service Code	Participant received Occupational Skills Training	Outcome
Career Guidance Service Code	Participant received career guidance services	Process
Self-Directed Job Search Assistance Service Code	Participant received self-directed job search activities	Process
Work Readiness Assistance Service Code	Participant received work readiness assistance	Process
Job Development Service Code	Participant received job development services	Process
Job Retention Service Code	Participant received job retention services	Process



# Standards for Success



## Employment Status Code

**Description:** Participant's employment status

**Data Integrity Rules:**

- Collect employment information for any Participant age sixteen (16) and older
- A Participant is considered "employed" if the Participant did any work for pay during the prior four (4) weeks including the data collection date, even if only for a few hours

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Employment Status Code  
**Question:** Did you work for pay during the prior four (4) weeks, even if it was only for a few hours?  
**Focus Area:** Employment  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 34

Employment Status Code
✓ Select
1 = Employed.
2 = Not employed at any time in the last month and actively seeking work.
3 = Not employed at any time in the last month and not actively seeking work.
88 = Individual refused.
99 = Individual does not know.
N/A



## Standards for Success



### Employment Type Status Code

**Description:** Full-time or part-time employment

**Data Integrity Rules:**

- Collect employment information for any Participant age sixteen (16) and older who worked in the prior four (4) weeks
- Full-time employment includes a Participant who worked or was scheduled to work 35 hours or more per week, otherwise employment is part-time
- A Participant is considered "employed" if the Participant did any work for pay during the prior four (4) weeks including the first data collection date, even if only for a few hours

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Employment Type Status Code  
**Question:** Were you scheduled to work or did you work for pay more than 35 hours per week in the prior four (4) weeks?  
**Focus Area:** Employment  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 35

Employment Type Status Code	
<input checked="" type="checkbox"/>	Select
1 =	Full-time worker employed in the last month.
2 =	Part-time worker employed in the last month.
88 =	Individual refused.
99 =	Individual does not know.
	N/A

PRLI OMB Approved Definition
Full-time includes people at least 16 years old who worked or who were scheduled to work 35 hours or more per week. Part-time includes people at least 16 years old who worked or who were scheduled to work less than 35 hours per week.



## Standards for Success



### Entered Employment Date

**Description:** Participant's employment start date

**Data Integrity Rules:**

- First date of most recent employment, in a Month/Day/Year format, i.e., 1/15/2017
- If Participant has multiple employment start dates, then input the current or most recent employment date

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Entered Employment Date  
**Question:** What date did you most recently begin working at your current place of employment?  
**Focus Area:** Employment  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 36

**Entered Employment Date**

✓ Select

November

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
2015		2016		2017		



# Standards for Success



## Occupation Code

**Description:** Occupation description identification

### Data Integrity Rules:

- Identify the occupation that best describes the Participant’s employment
- If Participant has multiple employment start dates, then use the occupation code of the most recent employment date
- Types of Occupation Codes (Source: Standard Occupational Classifications (SOC)) include:
  - Management Occupations
    - Top Executives
    - Advertising, Marketing, Promotions, Public Relations, and Sales Managers
    - Operations Specialties Managers
    - Other Management Occupations
  - Business and Financial Operations Occupations
    - Business Operations Specialists
    - Financial Specialists
  - Computer, Engineering, and Science Occupations
    - Computer and Science Occupations
      - Computer Occupations
      - Mathematical Science Occupations
    - Architecture and Engineering Occupations
      - Engineers
      - Drafters, Engineering Technicians, and Map Technicians
  - Education, Legal, Community Service, Arts, and Media Occupations
    - Education, Training, and Library Occupations
      - Post-Secondary Teachers
      - Preschool, Primary, Secondary, and Special Education School Teachers
      - Other Teachers and Instructors
      - Librarians, Curators, and Archivists
      - Other Education, Training, and Library Occupations
    - Legal Occupations
      - Lawyers, Judges, and Related Workers
      - Legal Support Workers
    - Community and Social Service Occupations
      - Counselors, Social Workers, and Other Community and Social Service Specialists
      - Religious Workers
    - Life, Physical, and Social Science Occupations
      - Life Scientists
      - Physical Scientists

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y



## Standards for Success



- Social Scientists and Related Workers
- Life, Physical, and Social Science Technicians
- Arts, Design, Entertainment, Sports, and Media Occupations
  - Arts and Design Workers
  - Entertainers and Performers, Sports and Related Workers
  - Media and Communication Workers
  - Media and Communication Equipment Workers
- Healthcare Practitioners and Technical Occupations
  - Health Diagnosing and Treating Practitioners
  - Health Technologists and Technicians
  - Other Healthcare Practitioners and Technical Occupations
- Healthcare Support Occupations
  - Nursing, Psychiatric, and Home Health Aides
  - Occupational Therapy and Physical Therapist Assistants and Aides
  - Other Healthcare Support Occupations
- Protective Service Occupations
  - Supervisors of Protective Service Workers
  - Fire Fighting and Prevention Workers
  - Law Enforcement Workers
  - Other Protective Service Workers
- Food Preparation and Serving Related Occupations
  - Supervisors of Food Preparation and Serving Workers
  - Cooks and Food Preparation Workers
  - Food and Beverage Serving Workers
  - Other Food Preparation and Serving Related Workers
- Building and Grounds Cleaning and Maintenance Occupations
  - Supervisors of Building and Grounds Clearing and Maintenance Workers
  - Building Clearing and Pest Control Workers
  - Grounds Maintenance Workers
- Personal Care and Service Occupations
  - Supervisors of Personal Care and Service Workers
  - Animal Care and Service Workers
  - Entertainment Attendants and Related Workers
  - Funeral Service Workers
  - Personal Appearance Workers
  - Baggage Porters, Bellhops, and Concierges
  - Tour and Travel Guides
  - Other Personal Care and Service Workers
- Sales and Related Occupations
  - Supervisors of Sales Workers
  - Retail Sales Workers
  - Sales Representatives, Services
  - Sales Representatives, Wholesale and Manufacturing
  - Other Sales and Related Workers



## Standards for Success



- Office and Administrative Support Occupations
  - Supervisors of Office and Administrative Support Workers
  - Communications Equipment Operators
  - Financial Clerks
  - Information and Record Clerks
  - Material Recording, Scheduling, Dispatching, and Distributing Workers
  - Secretaries and Administrative Assistants
  - Other Office and Administrative Support Workers
- Farming, Fishing, and Forestry Occupations
  - Supervisors of Farming, Fishing, and Forestry Workers
  - Agricultural Workers
  - Fishing and Hunting Workers
  - Forest, Conservation, and Logging Workers
- Construction and Extraction Occupations
  - Supervisors of Construction and Extraction Workers
  - Construction Trades Workers
  - Helpers, Construction Trades
  - Other Construction and Related Workers
  - Extraction Workers
- Installation, Maintenance, and Repair Occupations
  - Supervisors of Installation, Maintenance, and Repair Workers
  - Electrical and Electronic Equipment Mechanics, Installers, and Repairers
  - Vehicle and Mobile Equipment Mechanics, Installers, and Repairers
  - Other Installation, Maintenance, and Repair Occupations
- Production Occupations
  - Supervisors of Production Workers
  - Assemblers and Fabricators
  - Food Processing Workers
  - Metal Workers and Plastic Workers
  - Printing Workers
  - Textile, Apparel, and Furnishings Workers
  - Woodworkers
  - Plant and System Operators
  - Other Production Occupations
- Transportation and Material Moving Occupations
  - Supervisors of Transportation and Material Moving Workers
  - Air Transportation Workers
  - Motor Vehicle Operators
  - Rail Transportation Workers
  - Water Transportation Workers
  - Other Transportation Workers
  - Material Moving Workers



## Standards for Success

Title: Occupation Code  
Question: What kind of job do you have?  
Focus Area: Employment  
Purpose: Outcome  
Data Collection Date: Date data is collected from Participant  
PRLI Fixed ID: 37

Occupation Code	
<input checked="" type="checkbox"/>	Select
1 =	Management Occupations
2 =	Business and Financial Operations Occupations
3 =	Computer, Engineering, and Science Occupations
4 =	Education, Legal, Community Service, Arts, and Media Occupations
5 =	Healthcare Practitioners and Technical Occupations
6 =	Healthcare Support Occupations
7 =	Protective Service Occupations
8 =	Food Preparation and Serving Related Occupations
9 =	Building and Grounds Cleaning and Maintenance Occupations
10 =	Personal Care and Service Occupations
11 =	Sales and Related Occupations
12 =	Office and Administrative Support Occupations
13 =	Farming, Fishing, and Forestry Occupations
14 =	Construction and Extraction Occupations
15 =	Installation, Maintenance, and Repair Occupations
16 =	Production Occupations
17 =	Transportation and Material Moving Occupations
88 =	Individual refused.
99 =	Individual does not know.
	N/A

*Source: Standard Occupational Classifications*



# Standards for Success



## Monthly Paid Earnings Amount

**Description:** Participant's gross monthly earnings

**Data Integrity Rules:**

- Gross earnings are employment earnings before taxes or other deductions are applied
- Total gross earnings from all employment for the prior four (4) weeks
- Reported in whole dollars

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Monthly Paid Earnings Amount

**Question:** How much money did you earn before taxes or other deductions from all employment for the prior four (4) weeks?

**Focus Area:** Employment

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 38

Monthly Paid Earnings Amount
✓ Enter
Dollar amount in whole dollars
N/A



# Standards for Success



## Occupational Skills Training (OST) Service Code

**Description:** Participant received Occupational Skills Training (OST)

**Data Integrity Rules:**

- Identify Participant who received OST services
- The curriculum is designed to meet the technical needs of the workplace. Training provides a Participant with the technical skills necessary to perform a specific job or group of jobs to retain an existing job, for a new job, for advancement in a current field, or for employment in a new or different field
- Training duration varies based on many factors and could be provided in the classroom or on-the-job or a combination of approaches. This could be training provided by an employer.

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	N

**Title:** Occupational Skills Training (OST) Service Code  
**Question:** Did the Participant receive Occupational Skills Training?  
**Focus Area:** Employment  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 56

Occupational Skills Training (OST) Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Career Guidance Service Code

**Description:** Participant received career guidance services

### Data Integrity Rules:

- Identify Participant who received career guidance services
- Participant received career guidance services including information or advice to assist the Participant in making occupation or career decisions
- Career guidance services include the provision of information, materials, suggestions, or advice which are intended to assist the job seeker in making occupation or career decisions

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** Career Guidance Service Code  
**Question:** Did the Participant receive career guidance services?  
**Focus Area:** Employment  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 53

Career Guidance Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Self-Directed Job Search Assistance Code

**Description:** Participant received self-directed job search assistance

### Data Integrity Rules:

- Identify Participant who received self-directed job search assistance services
- Services prepare a Participant to carry out a self-directed job search and include resume preparation, application preparation, interviewing skills, job lead development, job finding clubs, and development of a job search plan

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	N

**Title:** Self-Directed Job Search Assistance Code  
**Question:** Did the Participant receive self-directed job search services?  
**Focus Area:** Employment  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 54

Self-Directed Job Search Assistance Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Work Readiness Assistance Service Code

**Description:** Participant received work readiness assistance

**Data Integrity Rules:**

- Identify Participant who received work readiness assistance services
- Services improve work-related skills required to be successful as an entry-level worker
- Work readiness assistance includes improving work conduct and habits, interpersonal skills, team work and collaboration skills, and understanding of rights and responsibilities of workers and employers

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	N

**Title:** Work Readiness Assistance Service Code  
**Question:** Did the Participant receive work readiness assistance services?  
**Focus Area:** Employment  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 55

Work Readiness Assistance Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.

**PRLI OMB Approved Definition**  
 Work readiness includes specific work-related skills that young people and adults need in order to be successful as entry-level workers in any formal sector business or industry or in any informal sector livelihood. These skills are generally thought of as life skills with a strong work focus, and include work-related health and safety at work, work habits and conduct, personal leadership at work, communicating with others at work, team work and collaboration at work, rights and responsibilities of workers and employers, and customer service. This may include business communications, computer literacy, financial literacy, employment counseling.



# Standards for Success



## Job Development Service Code

**Description:** Participant received job development services

### Data Integrity Rules:

- Identify Participant who received job development services
- Job development is a third party contacting an employer directly to obtain possible employment for a specific Participant

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	N

**Title:** Job Development Service Code  
**Question:** Did the Participant receive job development services?  
**Focus Area:** Employment  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 57

Job Development Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Job Retention Service Code

**Description:** Participant received job retention services

### Data Integrity Rules:

- Identify Participant who received job retention services
- Job retention services maintain employment and may include coaching the Participant regarding managing challenges in the workplace or working with the employer to create a remediation plan for an employee
- Job retention services do not include Occupational Skills Training (OST), employer sponsored “in-service training,” and certifications needed to maintain employment

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	N
JOBS+	Y	ROSS	N

**Title:** Job Retention Service Code  
**Question:** Was the Participant enrolled in job retention services?  
**Focus Area:** Employment  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 58

**Job Retention Service Code**

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.



## Standards for Success



### Financial

HUD’s financial goal is to increase the Participant’s earned income and make progress towards independence and self-sufficiency.

**Fundamental Question:** Does the economic independence and self-sufficiency of Participants improve?

**Fundamental Objective:** Increase Participant Earned Income

### Financial Data Elements

Title	Description	Purpose
Earned Income Tax Credit Recipient Code	Participant received an Earned Income Tax Credit (EITC)	Outcome
Financial Account Creation Code	Participant has a financial account	Outcome
Supplemental Security Income (SSI) Code	Participant received Supplemental Security Income (SSI)	Outcome
Social Security Disability Insurance (SSDI) Code	Participant received Social Security Disability Insurance (SSDI)	Outcome
Household Annual Gross Income Amount	Household’s self-reported annual gross income	Outcome
Tax Preparation Service Code	Participant received tax preparation services	Outcome
Legal Assistance Service Code	Participant received legal assistance	Outcome
Legal Assistance Type Service Code	Type of legal assistance Participant received	Outcome
Financial Education Service Code	Participant received financial management assistance	Outcome
Household Housing Cost Amount	Participant’s monthly household housing costs	Process



## Standards for Success



Title	Description	Purpose
Household Transportation Cost Amount	Household's average monthly transportation costs	Process
Financial Account Creation Service Code	Participant received services to create a financial account	Process



# Standards for Success



## Earned Income Tax Credit Recipient Code

**Description:** Participant received an Earned Income Tax Credit (EITC)

**Data Integrity Rules:**

- Identify Participant who received an EITC for the most recent tax year
- EITC or EIC is a benefit for working people with low to moderate income and reduces the amount of tax a Participant owes and may provide a refund to the Participant
- Participant must file a tax return even if the Participant does not owe any taxes or is not typically required to file a tax return
- Participant must meet the Internal Revenue Service’s (IRS’) requirements to be eligible for an EITC:
  - Participant, Participant’s spouse (if joint return), and all others listed on Schedule EIC, must have a Social Security number that is valid for employment;
  - Participant must have earned income from working for someone else or owning or running a farm or business;
  - Participant’s filing status cannot be married filing separately;
  - Participant must be a U.S. citizen or resident alien all year;
  - Participant cannot be a qualifying child of another person;
  - Participant cannot file Form 2555 or Form 2555 EZ (related to foreign earned income);
  - Participant must meet the earned income, adjusted gross income (AGI), and investment income limits based on EITC Income Limits for the tax year amounts; and
  - Participant must meet one of the following:
    - Have a qualifying child that meets the following criteria:
      - Age – Be under age nineteen (19) at the end of the year and younger than the Participant or the Participant’s spouse, if the Participant files a joint return; be a full-time student in at least five (5) months of the year and under age twenty-four (24) at the end of the year and younger than the Participant or the Participant’s spouse, if the Participant files a joint return; or be permanently and totally disabled at any time during the year and any age
      - Relationship – Be a son, daughter, adopted child, stepchild, eligible foster child, or a descendant of any of them (for example, Participant’s grandchild); or brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any of them (for example, Participant’s niece or nephew)
      - Residency Test – Participant’s child must have lived with Participant, or Participant’s spouse if a joint return, in the United States for more than half of the year
      - Joint Return Test – Participant’s child must not have filed a joint return or if a child filed a joint return, Participant’s child and his/or

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	Y	ROSS	Y



## Standards for Success



her spouse filed only to claim a refund and were not required to file

- If Participant does not have a qualifying child, Participant must:
  - Be age twenty-five (25) but under age sixty-five (65) at the end of the year,
  - Live in the United States for more than half the year, and
  - Not qualify as a dependent of another person

---

**Title:** Earned Income Tax Credit Recipient Code  
**Question:** Did you receive an Earned Income Tax Credit for the most recent tax year?  
**Focus Area:** Financial  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 13

### Earned Income Tax Credit Recipient Code

✓ Select

- 1 = Individual reported receipt of the EITC in most recent tax year.
- 2 = Individual reported no receipt of the EITC in most recent tax year.
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A



# Standards for Success



## Financial Account Creation Code

**Description:** Participant has a financial account

**Data Integrity Rules:**

- Identify Participant who has a checking or savings, Individual Development Account (IDA), or Family Self-Sufficiency (FSS) escrow account

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Financial Account Creation Code

**Question:** Do you have a checking or savings account, IDA account, or FSS escrow account?

**Focus Area:** Financial

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 14

Financial Account Creation Code
✓ Select
1 = Individual has a checking or savings account.
2 = Individual has an IDA.
3 = The individual has an FSS escrow account.
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Supplemental Security Income (SSI) Code

**Description:** Participant received Supplemental Security Income (SSI)

**Data Integrity Rules:**

- Identify Participant who received SSI benefits at the time of data collection
- SSI provides financial assistance for a Participant who meets the Social Security Administration’s eligibility requirements of age (65 and older), blindness, and disability and who meet income and asset thresholds
- SSI is a Federal income supplement program funded by general tax revenues but not Social Security taxes

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Supplemental Security Income (SSI) Code  
**Question:** Do you receive Supplemental Security Income?  
**Focus Area:** Financial  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 17

Supplemental Security Income (SSI) Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Social Security Disability Insurance (SSDI) Code

**Description:** Participant received Social Security Disability Insurance (SSDI)

**Data Integrity Rules:**

- Identify Participant who received SSDI benefits at data collection date
- SSDI is for workers who become disabled before retirement age and who meet the Social Security Administration’s definition of being disabled

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Social Security Disability Insurance (SSDI) Code  
**Question:** Do you receive Social Security Disability Insurance?  
**Focus Area:** Financial  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 18

Social Security Disability Insurance (SSDI) Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Household Annual Gross Income Amount

**Description:** Household’s self-reported annual gross income

**Data Integrity Rules:**

- The household’s self-reported annual gross income
- Participant’s household’s estimated annual income before taxes or other deductions in whole dollars
- For calculation of annual gross income refer to the Internal Revenue Service’s 1040 long form
- Household annual gross income inclusions:
  - Wages, salaries, tips, etc.;
  - Taxable interest and tax-exempt interest;
  - Ordinary and qualified dividends;
  - Taxable refunds, credits, or offsets of state and local income taxes;
  - Alimony received;
  - Business income or loss;
  - Capital gain or loss;
  - Other gains or losses;
  - Ira distributions;
  - Pensions and annuities;
  - Rental real estate, royalties, partnerships, S corporations, trusts, etc.;
  - Farm income or loss;
  - Unemployment compensation;
  - Social security benefits; and
  - Other types and amount of income.
- Household annual gross income exclusions:
  - Educator expenses;
  - Certain business expenses of reservists, performing artists, and fee-basis government officials;
  - Health savings account deduction;
  - Moving expenses;
  - Deductible part of self-employment tax;
  - Self-employed SEP, SIMPLE, and qualified plans;
  - Self-employed health insurance deduction;
  - Penalty on early withdrawal of savings;
  - Alimony paid;
  - IRA deduction;
  - Student loan interest deduction;
  - Tuition and fees; and
  - Domestic production activities deduction.

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Household Annual Gross Income Amount

**Question:** What is your household’s estimated annual income before taxes or other deductions?



## Standards for Success



Focus Area: Financial  
Purpose: Outcome  
Data Collection Date: Date data is collected from Participant  
PRLI Fixed ID: 39

Household Annual Gross Income Amount
✓ Enter
Dollar amount in whole dollars
N/A

**PRLI OMB Approved Definition**

For the purposes of determining included and excluded income in the calculation of household income, please refer to definition of "adjusted gross income" as used in the Internal Revenue Service's 1040 long form. Go to [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/affordablehousing/training/web/calculator/definitions/irs#inclusions](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/training/web/calculator/definitions/irs#inclusions) for sources of income to be included and excluded in this calculation.



# Standards for Success



## Tax Preparation Service Code

**Description:** Participant received tax preparation services

**Data Integrity Rules:**

- Identify Participant who received tax preparation services
- Tax preparation services include assistance with obtaining information about low- or no-cost tax preparation services; arranging no-cost tax preparation services at the property; assistance with organizing tax documents, paperwork, and other supporting materials for Participants; and assistance with preparing and/or filing of senior/disabled age/income-based specific tax rebates including property tax rebate programs and/or food sales tax rebate programs
- Tax preparation services are provided by an IRS Volunteer Income Tax Assistance (VITA) center or a reputable private service while participating in grant-funded activities and include assistance with:
  - Obtaining information about low- or no-cost tax preparation services;
  - Arranging for no-cost tax preparation services at the HUD property;
  - Organizing and reviewing financial records; and
  - Completing and filing tax forms.
- Private services that make loans based on anticipated refunds are not included
- The use of tax software by Participant is included only if it is provided or recommended by the Public Housing Authority (PHA) or a PHA partner

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Tax Preparation Service Code  
**Question:** Did the Participant receive tax preparation services?  
**Focus Area:** Financial  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 60

**Tax Preparation Service Code**

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.



# Standards for Success



## Legal Assistance Service Code

Description: Participant received legal assistance

### Data Integrity Rules:

- Identify Participant who received legal assistance
- Legal assistance includes receiving legal aid or counsel as well as participating in community legal clinics
- Typical legal services include receiving legal advice, legal documents, and representation in civil or criminal matters, typically through legal aid
- Basic information is provided to Participants on topics such as life decision making, advanced directives, or wills

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

Title: Legal Assistance Service Code  
 Question: Did the Participant receive legal assistance services?  
 Focus Area: Financial  
 Purpose: Outcome  
 Data Collection Date: Date Participant is enrolled in the Service  
 PRLI Fixed ID: 62

Legal Assistance Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Legal Assistance Type Service Code

**Description:** Type of legal assistance Participant received

**Data Integrity Rules:**

- Identify the type of legal services the Participant received, if any

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Legal Assistance Type Service Code  
**Question:** If the Participant received legal assistance, what type of legal assistance did Participant receive?  
**Focus Area:** Financial  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 63

Legal Assistance Type Service Code	
✓ Select	
1 =	Will preparation, advanced directives, end of life decisions
2 =	ID theft and credit issues
3 =	Foreclosure prevention
4 =	Eviction prevention
5 =	Custody, divorce and child support
6 =	Fair housing assistance
7 =	Assistance to victims of domestic violence
8 =	Expunging criminal records
9 =	Other
10 =	N/A



# Standards for Success



## Financial Education Service Code

**Description:** Participant received financial management education services

### Data Integrity Rules:

- Identify Participant who received financial education services
- The Participant received financial literacy, budgeting, or credit education
- Financial management education services are designed to help low-income families increase income, build savings, and manage other assets to improve financial stability
- The education services provide practical tips focusing on budgeting, managing debt, purchasing a home, avoiding quick fixes, and plan to resolve financial trouble. It also helps homebuyers understand the basics of handling new homeowner expenses

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Financial Education Service Code  
**Question:** Did the Participant receive financial education services?  
**Focus Area:** Financial  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 64

**Financial Education Service Code**

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.



# Standards for Success



## Household Housing Cost Amount

**Description:** Participant's monthly household housing costs

**Data Integrity Rules:**

- Housing costs are the average amount for one month, based on those costs from the prior twelve (12) months
- Housing costs include:
  - Rent or mortgage;
  - Utilities (electricity, water and sewage);
  - Repairs and maintenance;
  - Other homeowner fees; and
  - Property taxes.
- Input costs in whole dollars

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Household Housing Cost Amount

**Question:** What are your average monthly household costs including rent, mortgage, utilities, fees, and property taxes?

**Focus Area:** Financial

**Purpose:** Process

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 45

Household Housing Cost Amount
✓ Enter
Dollar amount in whole dollars
N/A



# Standards for Success



## Household Transportation Cost Amount

**Description:** Household's average monthly transportation costs

**Data Integrity Rules:**

- Transportation costs are the average amount for one month, based on those costs from the prior twelve (12) months
- Transportation costs include:
  - Payments for loans for vehicles;
  - Vehicle insurance, taxes, and registration;
  - Gasoline;
  - Repairs and maintenance;
  - Parking; and
  - Public transportation.
- Costs are for regularly occurring transportation and do not include costs for vacations and other rare instances of travel
- Input costs in whole dollars

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Household Transportation Cost Amount

**Question:** What are your household's average monthly transportation costs including car payments, insurance, gas, repairs, parking, and public transportation?

**Focus Area:** Financial

**Purpose:** Process

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 46

Household Transportation Cost Amount
✓ Enter
Dollar amount in whole dollars
N/A



# Standards for Success



## Financial Account Creation Service Code

**Description:** Participant received services to create a financial account

### Data Integrity Rules:

- Identify the Participant who received assistance with credit activities or financial account creation services
- Financial account creation is establishing a new checking or savings, IDA, or FSS escrow account
- IDAs are matched savings accounts that help people with modest means to save towards the purchase of a lifelong asset such as a home and are created through an Assets for Independence Program, an alternative program at the housing authority or another IDA through a partner

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Financial Account Creation Service Code  
**Question:** Did Participant receive services to create a financial account?  
**Focus Area:** Financial  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 61

Financial Account Creation Service Code
<input checked="" type="checkbox"/> Select 1 = Yes 2 = N/A  If Yes, input number of times, as whole numbers.



## Standards for Success



### Education

HUD’s education goal is to increase the Participant’s educational opportunities and improve other quality of life outcomes.

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Improve educational opportunities and outcomes

### Education Data Elements

Title	Description	Purpose
Highest Education Level Code	Participant’s highest grade level or degree	Outcome
License or Certificate Attainment Code	Participant attained a vocational or occupational license	Outcome
Degree Attainment Code	Participant attained a degree	Outcome
Adult Basic Education Service Code	Participant received services to strengthen abilities to read, and write, and to work with numbers	Outcome
ESL Class Service Code	Participant received ESL instruction	Outcome
Conflict Resolution Service Code	Participant received conflict resolution services	Outcome
Housing Retention Service Code	Participant received housing retention assistance	Outcome
Household Skills/Life Skills Service Code	Participant received household or life skills education	Outcome
Parenting Skills Service Code	Participant received parenting training	Outcome
3 to 5 Years Childhood Education Service Code	Participant’s children received assistance obtaining early childhood education	Outcome



## Standards for Success



<b>Title</b>	<b>Description</b>	<b>Purpose</b>
Enrollment in Educational or Vocational Program	Participant's enrollment in vocational or occupational training	Process
Service Coordination Service Code	Participant received service coordination assistance	Process
High School/GED Preparation Service Code	Participation in a high school study program or GED preparation	Process
Post-Secondary/College Education Service Code	Participant is attending post-secondary school or college	Process



# Standards for Success



## Highest Education Level Code

**Description:** Participant's highest grade level or degree

**Data Integrity Rules:**

- Identify the highest grade level or degree completed by the Participant
- Grade level and degrees include primary and secondary schools and post-secondary degrees

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Highest Education Level Code  
**Question:** What is the highest grade level or educational degree that you completed?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 30

Highest Education Level Code	
<input checked="" type="checkbox"/>	Select
0 =	No schooling completed, Nursery school, or Kindergarten.
1 - 11 =	Grade 1 through 11.
12 =	12 <sup>th</sup> grade, no diploma.
13 =	High school diploma.
14 =	GED or alternative credential.
15 =	Less than 1 year of college credit.
16 =	1 or more years of college credit, no degree.
17 =	Associate's degree.
18 =	Bachelor's degree.
19 =	Master's degree.
20 =	Professional degree (e.g., MD, DDS, DVM, LLB, JD).
21 =	Doctorate degree
88 =	Individual refused.
99 =	Individual does not know.
	N/A



## Standards for Success



### License or Certificate Attainment Code

**Description:** Participant attained a vocational or occupational license

**Data Integrity Rules:**

- Identify if the Participant attained an occupational or vocational license or certificate and the type of license or certificate
- Vocational and occupational training emphasizes skills and knowledge required for a particular job function such as carpentry or welding
- Participant must attain the license or certificate while receiving grant-funded services

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** License or Certificate Attainment Code  
**Question:** Did you attain a vocational or occupational license or certificate while receiving grant services?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 32

License or Certificate Attainment Code
✓ Select
1 = Occupational skills license.
2 = Occupational skills certificate.
3 = Other license or certificate recognized by state.
4 = Individual did not attain a license or certificate.
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Degree Attainment Code

**Description:** Participant attained an educational degree

**Data Integrity Rules:**

- Identify if the Participant attained an educational degree and the type of degree
- Participant’s degree must have been attained while receiving grant-funded services

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** Degree Attainment Code  
**Question:** Did you attain an educational degree while receiving grant services and what type of degree?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 33

Degree Attainment Code	
<input checked="" type="checkbox"/>	Select
1 =	High school diploma/GED.
2 =	AA or AS diploma.
3 =	BA or BS diploma.
4 =	Other degree.
5 =	No degree attained.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



# Standards for Success



## Adult Basic Education Service Code

**Description:** Participant received instruction to strengthen abilities to read, and write, and to work with numbers

### Data Integrity Rules:

- Identify Participant who received instruction to strengthen their understanding and ability to work with written information, including numbers
- The Participant received training (e.g., uses textbooks and handouts) to improve his/her literacy and numeracy skills
- Literacy skills training develops critical reading, writing, listening, speaking, and viewing skills and knowledge necessary to function productively in school, the workplace or society in general
- Services may take the form of individual or group instruction and helps develop basic reading, writing, literacy, math skills, pre-admission college prep courses, and other adult continuing education classes (non-credit)
- Services do not include ESL classes, GED preparation, enrollment in post-secondary education, occupational skills training, or work readiness classes

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** Adult Basic Education Service Code  
**Question:** Did the Participant receive adult basic education services?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 51

**Adult Basic Education Service Code**

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.



# Standards for Success



## ESL Class Service Code

**Description:** Participant received ESL instruction

### Data Integrity Rules:

- Participant with limited English proficiency (LEP) (e.g., non-native English speaker) received English as a second language instruction
- English as a Second Language is the use of English by speakers with different native languages
- The Participant was in one or more programs and activities designed to help the Participant learn English
- ESL instruction reduces language barriers that can preclude meaningful access by LEP persons to important government programs, services, and employment
- Services can be in the form of individual or group instruction

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** ESL Class Service Code

**Question:** Did the Participant receive English as a second language instruction?

**Focus Area:** Education

**Purpose:** Outcome

**Data Collection Date:** Date Participant is enrolled in the Service

**PRLI Fixed ID:** 52

ESL Class Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Conflict Resolution Service Code

**Description:** Participant received conflict resolution services

**Data Integrity Rules:**

- Identify Participant who received conflict resolution services
- Conflict resolution or counseling services include assistance in resolving conflict by helping to clarify, educate, mediate, and propose solutions to parties who are in disagreement
- These services may be applied when conflict occurs between Participants or between a Participant and property management, service providers, or other parties
- Services also include Participants in conflict resolution activities ordered by a judge

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Conflict Resolution Service Code  
**Question:** Did the Participant receive conflict resolution services?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 68

Conflict Resolution Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Housing Retention Service Code

**Description:** Participant received housing retention assistance

**Data Integrity Rules:**

- Identify Participant who received housing retention assistance services
- Housing retention assistance relates to instructing Participants regarding and assisting with requirements for maintaining leases
- Services include helping Participant understand their lease and how to avoid violating the lease and eviction; understanding property rules and whether accommodation is necessary due to the Participant’s disability; apartment inspection compliance; and with preparing documents for lease recertification
- Services also include working with property management staff to provide reasonable accommodation as defined by the Rehabilitation Act of 1973 when an individual’s mental, physical, or social disability is impeding compliance with the lease

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Housing Retention Service Code  
**Question:** Did the Participant receive housing retention assistance services?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 70

Housing Retention Service Code

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.

### PRLI OMB Approved Definition

This assistance includes Informing individuals of lease provisions and/or of behaviors/problems that could lead to lease violations, such as noise, odors, unsanitary or unsafe conditions in apartments (hoarding and clutter) or common areas. Activities can include assistance with eviction prevention; assistance with preparing, organizing and understanding documents for lease recertification; and assistance with apartment inspection compliance. Includes linking individuals with a member of the property management team for assistance with understanding their lease and house rules. Working with property management staff to provide reasonable accommodation as defined by 1973 Rehabilitation Act when an individual's mental, physical, or social disability is impeding compliance with the lease.



# Standards for Success



## Household Skills/Life Skills Service Code

**Description:** Participant received household or life skills education

### Data Integrity Rules:

- Identify Participant who received household or life skills education
- Household or life skills education includes instruction regarding household management, food preparation, good neighbor behaviors, community resources, community involvement, U.S. citizenship and driving a vehicle

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Household Skills/Life Skills Service Code  
**Question:** Did the Participant receive household or life skills training and education?  
**Focus Area:** Education  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 71

Household Skills/Life Skills Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Parenting Skills Service Code

Description: Participant received parenting training

### Data Integrity Rules:

- Identify Participant who received parenting skills training
- Participant received training to promote the well-being of their children such as establishing responsible behaviors in children, disciplining, developing healthy habits, and other skills

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	N

Title: Parenting Skills Service Code  
 Question: Did the Participant receive parenting skills training?  
 Focus Area: Education  
 Purpose: Outcome  
 Data Collection Date: Date Participant is enrolled in the Service  
 PRLI Fixed ID: 74

Parenting Skills Service Code

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.



# Standards for Success



## 3 to 5 Years Childhood Education Service Code

**Description:** Participant’s children received assistance obtaining early childhood education

**Data Integrity Rules:**

- Identify Participant who received assistance obtaining early childhood education for their children including Head Start and Pre-K
- This service is delivered to the head of household
- Participant received assistance obtaining early childhood education for the Participant’s children between the ages of three (3) and five (5), or prior to the age the law requires a child begin education at a primary school

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** 3 to 5 Years Childhood Education Service Code

**Question:** Did the Participant receive services to obtain early childhood education?

**Focus Area:** Education

**Purpose:** Outcome

**Data Collection Date:** Date Participant is enrolled in the Service

**PRLI Fixed ID:** 75

3 to 5 Years Childhood Education Service Code
<input checked="" type="checkbox"/> Select
1 = Yes
2 = Household has children aged 3-5 years and did not receive child care services.
3 = N/A



# Standards for Success



## Enrollment in Educational or Vocational Program

Description: Participant's enrollment in educational or vocational training

### Data Integrity Rules:

- Identify Participant who is currently enrolled in an educational or vocational program

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** Enrollment in Educational or Vocational Program

**Question:** Is the Participant currently enrolled in an educational or vocational program?

**Focus Area:** Education

**Purpose:** Process

**Data Collection Date:** Date Participant is enrolled in the Service

**PRLI Fixed ID:** 31

Enrollment in Educational or Vocational Program
✓ Select
1 = Individual is enrolled in educational training.
2 = Individual is enrolled in vocational training.
3 = Not enrolled in educational or vocational training.
N/A



# Standards for Success



## Service Coordination Service Code

**Description:** Participant received service coordination assistance

### Data Integrity Rules:

- Identify Participant who received service coordination assistance
- Service coordination assistance educates Participants regarding available services based on the Participant’s needs, and connects the Participant with the appropriate service providers
- Services coordination provides education regarding how to obtain services, application procedures, and Participant’s rights while establishing linkages with appropriate service providers in the community

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Service Coordination Service Code  
**Question:** Did the Participant receive service coordination assistance?  
**Focus Area:** Education  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 73

Service Coordination Service Code
✓ Select
1 = Yes 2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## High School/GED Preparation Service Code

**Description:** Participation in a high school study program or GED preparation

**Data Integrity Rules:**

- Identify Participant who is participating in an organized high school study program or GED preparation program
- An organized high school study or a GED preparation program may take the form of individual or group instruction and prepares the student to attain a high school diploma or its equivalent

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** High School/GED Preparation Service Code  
**Question:** Did the Participant participate in an organized high school study program or GED program?  
**Focus Area:** Education  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 76

High School/GED Preparation Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Post-Secondary/College Education Service Code

**Description:** Participant is attending a post-secondary school or college

### Data Integrity Rules:

- Identify Participant who is attending a post-secondary school or college
- Participant is provided assistance to enroll and/or remain in an organized program of study
- Attendance in the program can be full or part-time

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Title:** Post-Secondary/College Education Service Code

**Question:** Is the Participant applying to attend or attending a post-secondary school or college?

**Focus Area:** Education

**Purpose:** Process

**Data Collection Date:** Date Participant is enrolled in the Service

**PRLI Fixed ID:** 77

Post-Secondary/College Education Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



## Standards for Success



### Health

HUD’s health goal is to increase Participant’s health outcomes and improve other quality of life outcomes.

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase health outcomes

### Health Data Elements

Title	Description	Purpose
Disability Status Code	Participant’s disability status	Descriptive
Disability Category Code	Participant’s disability category	Descriptive
Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Status Code	Participant diagnosed with AIDS or HIV	Descriptive
Supplemental Nutrition Assistance Program (SNAP) Code	Participant received SNAP benefits	Outcome
Temporary Assistance to Needy Families (TANF) Code	Participant received TANF benefits	Outcome
Substance Abuse Treatment Code	Participant received substance abuse treatment services	Outcome
Activities of Daily Living (ADL) Count	Participant requires ADL assistance	Outcome
Instrumental Activities of Daily Living (IADL) Count	Participant requires IADL assistance	Outcome



## Standards for Success



Title	Description	Purpose
Primary Health Care Provider Code	Participant has a primary health care provider	Outcome
Health Coverage Code	Participant has health insurance and type of coverage	Outcome
Medical Examination Status Code	Participant received a routine medical examination	Outcome
Asthma Condition Code	Participant diagnosed with asthma	Outcome
Asthma-related Emergency Room Visit Code	Participant's asthma treated in a hospital's emergency room or Participant was hospitalized	Outcome
Blood-Lead Test Result	Participant has an elevated blood-lead level	Outcome
Food and Nutrition Service Code	Participant received food and nutrition services	Outcome
Translation/ Interpretation Service Code	Participant received translation or interpretation services	Outcome
HIV/AIDS Service Code	Participant received HIV/AIDS health and counseling services	Outcome
Adult Personal Assistance Service Code	Participant received ADL or IADL services	Outcome
HIV/AIDS Service Code	Participant received medical or health care services	Outcome
Mental Health Service Code	Participant received mental health services	Outcome
Substance Abuse Service Code	Participant received substance abuse services	Outcome



## Standards for Success



Title	Description	Purpose
Disability Requires Assistance Code	Disabled Participant requires ADL services	Process
Blood-Lead Test Code	Participant's child received a blood-lead test	Process



## Standards for Success



### Disability Status Code

**Description:** Participant's disability status

**Data Integrity Rules:**

- Identify Participant who is disabled as defined under the Americans with Disabilities Act of 1990 § 3(2)(a) (42 U.S.C. 12102) (amended 2008) and pre-determined by a physician, Medicaid, or other authority
- Participant is considered disabled if:
  - Participant has a physical or mental impairment that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, talking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working;
  - Participant has a record of such impairment; or
  - Participant has been regarded as having such an impairment if the Participant establishes that he or she has been subjected to an action prohibited because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Disability Status Code

**Question:** Did a physician, Medicaid, or other authority determine you are disabled?

**Focus Area:** Health

**Purpose:** Descriptive

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 8

Disability Status Code
✓ Select
1 = Yes, individual indicates a disability as defined in ADA.
2 = No, individual indicates no disability as defined by ADA.
88 = Individual refused.
99 = Individual does not know.
N/A



## Standards for Success



### Disability Category Code

**Description:** Participant's disability category

**Data Integrity Rules:**

- Identify Participant who has a physical disability of mobility and sensory impairments or a mental disability of cognitive and learning impairments
- Identify Participant who has both physical and mental disabilities

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Disability Category Code  
**Question:** What types of disabilities do you have?  
**Focus Area:** Health  
**Purpose:** Descriptive  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 9

Disability Category Code	
✓ Select	
1 =	Impairment is primarily physical, including mobility and sensory impairments.
2 =	Impairment is primarily mental, including cognitive and learning impairments.
3 =	Impairment is both physical and mental.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



## Standards for Success



### Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Status Code

**Description:** Participant diagnosed with AIDS or HIV

**Data Integrity Rules:**

- Identify Participant who was diagnosed as being infected with AIDS, HIV-1, or HIV-2 by a health care provider

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Status Code

**Question:** Did a health care provider diagnose you with AIDS, HIV-1, or HIV-2?

**Focus Area:** Health

**Purpose:** Descriptive

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 20

Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Status Code

✓ Select

1 = The individual identified as being infected with HIV/AIDS.

2 = The individual identified as not being infected with HIV/AIDS.

88 = Individual refused.

99 = Individual does not know.

N/A



# Standards for Success



## Supplemental Nutrition Assistance Program (SNAP) Code

Description: Participant received SNAP benefits

### Data Integrity Rules:

- Identify Participant who qualified and received SNAP benefits through the Department of Agriculture at the data collection date
- SNAP offers nutrition assistance to low income individuals and families

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Supplemental Nutrition Assistance Program (SNAP) Code  
**Question:** Do you receive Supplemental Nutrition Assistance Program benefits?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 15

Supplemental Nutrition Assistance (SNAP) Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Temporary Assistance to Needy Family (TANF) Code

**Description:** Participant received TANF benefits

### Data Integrity Rules:

- Identify Participant who qualified and received cash or other support services under TANF through the Department of Health and Human Services at the data collection date
- TANF provides financial assistance to low income families that have children and for women in their last three (3) months of pregnancy
- TANF is federally funded but administrated by each State

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Temporary Assistance to Needy Family (TANF) Code  
**Question:** Do you receive Temporary Assistance to Needy Family benefits?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 16

Temporary Assistance to Needy Family (TANF) Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



## Standards for Success



### Substance Abuse Treatment Code

**Description:** Participant received substance abuse treatment services

**Data Integrity Rules:**

- Identify Participant who received treatment from a health care provider or treatment facility for substance abuse or dependence and the time frame in which the Participant was last treated
- Substance abuse is overindulgence in or dependence on an addictive substance, especially alcohol or drugs such as hashish, cocaine, hallucinogens, heroin, or prescription-type drugs used non-medically
- Substance abuse treatment services include individual and group counseling and/or medication

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Substance Abuse Treatment Code

**Question:** Are you currently being treated for substance abuse or have you been treated for substance abuse in the last twelve (12) months?

**Focus Area:** Health

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 19

Substance Abuse Treatment Code	
✓ Select	
1 =	The individual is being treated for substance abuse or dependence.
2 =	The individual is not being treated for substance abuse or dependence, but did receive treatment in past 12 months.
3 =	The individual was not treated for substance abuse or dependence in past 12 months, but did receive such treatment over a year ago.
4 =	The individual never received treatment for substance abuse or dependence.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



# Standards for Success



## Activities of Daily Living (ADL) Count

**Description:** Participant requires ADL assistance

### Data Integrity Rules:

- Identify Participants who if assessed demonstrate need for assistance in completing one or more ADLs and then count how many ADLs the Participant cannot perform
- ADLs include eating, bathing, grooming, dressing, transferring, and other activities HUD deems essential to maintaining independent living
  - Eating: Participant can feed themselves but needs assistance with cooking, preparing, or serving food
  - Bathing: Participant can wash themselves but needs assistance getting in and out of the shower or tub
  - Grooming: Participant can take care of their personal appearance but may need assistance in washing their hair
  - Dressing: Participant can dress themselves but may need occasional assistance with buttons, etc.
  - Transferring: Participant can go from a seated to standing position or get in and out of bed
  - Other activities HUD deems essential for maintaining independent living

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Activities of Daily Living (ADL) Count  
**Question:** How many activities of daily living are you unable to perform?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 21

Activities of Daily Living (ADL) Count
✓ Enter
Number
N/A



## Standards for Success



### Instrumental Activities of Daily Living (IADL) Count

**Description:** Participant requires IADL assistance

**Data Integrity Rules:**

- Identify Participants who if assessed demonstrate need for assistance in completing one or more IADLs and then count how many IADLs the Participant cannot perform
- IADLs activities are more complex than ADL activities, involve both mental and physical needs, and include:
  - Handling personal finances;
  - Meal preparation;
  - Shopping;
  - Traveling;
  - Doing housework;
  - Using the telephone;
  - Taking or managing medications; and
  - Other activities HUD deems essential for maintaining independent living

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Instrumental Activities of Daily Living (IADL) Count

**Question:** How many instrumental activities of daily living are you unable to perform?

**Focus Area:** Health

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 22

Instrumental Activities of Daily Living (IADL) Count
✓ Enter
Number
N/A



# Standards for Success



## Primary Health Care Provider Code

**Description:** Participant has a primary health care provider

### Data Integrity Rules:

- Identify Participant who has a health care provider such as a general doctor, specialist doctor, nurse practitioner, or physician’s assistant
- Participant has completed an appointment with a health care provider in the prior three (3) years

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Primary Health Care Provider Code

**Question:** Have you completed an appointment with a doctor, nurse practitioner or physician’s assistant in the prior three (3) years?

**Focus Area:** Health

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 27

Primary Health Care Provider Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



## Standards for Success



### Health Coverage Code

**Description:** Participant has health insurance and type of coverage

**Data Integrity Rules:**

- Identify Participant who has public or private health insurance
- If Participant has insurance, identify the organization that provides the insurance
- Insurance may be purchased by either the Participant or by any family member on the Participant's behalf
- Participant is considered uninsured if they only have specialized coverage such as accidents or dental care

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Health Coverage Code  
**Question:** Do you have health insurance and if yes, what organization provides the insurance?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 28

Health Coverage Code	
✓ Select	
1 =	Yes, covered through employer or union (current or former).
2 =	Yes, purchased insurance from insurance company.
3 =	Medicare.
4 =	Medicaid/Medical Assistance.
5 =	TRICARE or other military health care.
6 =	VA health care.
7 =	Indian Health Service.
8 =	Other health insurance or health coverage plan.
9 =	No coverage.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



## Standards for Success



### Medical Examination Status Code

**Description:** Participant received a routine medical examination

**Data Integrity Rules:**

- Identify Participant who received a routine medical examination by a health care provider in the prior twelve (12) months such as a wellness visit

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Medical Examination Status Code  
**Question:** Did you receive a routine medical examination by a health care provider in the prior twelve (12) months?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 29

Medical Examination Status Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Asthma Condition Code

**Description:** Participant diagnosed with asthma

**Data Integrity Rules:**

- Identify Participant who was diagnosed with asthma by a health care provider

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	Y
HC	N	LHRD	Y
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	N

**Title:** Asthma Condition Code  
**Question:** Did a health care provider diagnose you with asthma?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 47

Asthma Condition Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## Emergency Room / Hospital Visit Code

**Description:** Participant's asthma treated in a hospital's emergency room or Participant was hospitalized

### Data Integrity Rules:

- Identify Participant who was treated in a hospital's emergency room or if Participant was hospitalized in the prior twelve (12) months.
- Identify if emergency room or hospital visit due to an asthma-related condition in the prior twelve (12) months.

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	Y
HC	N	LHRD	Y
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	N

**Title:** Emergency Room / Hospital Visit Code

**Question:** Did you visit the emergency room or were you hospitalized in the prior twelve (12) months? Was it due to an asthma-related condition?

**Focus Area:** Health

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 48

**Asthma-related Emergency Room Visit Code**

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole number. And input number of times, as whole number, that were asthma-related.



# Standards for Success



## Blood-Lead Test Result

**Description:** Participant has an elevated blood-lead level

**Data Integrity Rules:**

- Identify Participant who had a blood-lead level test result greater than or equal to five (5) microgram/deciliter

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	Y
HC	N	LHRD	Y
HOPWA	N	MFSC	N
JOBS+	N	ROSS	N

**Title:** Blood-Lead Test Result  
**Question:** Did Participant have a blood-lead test result greater than or equal to five (5) microgram/deciliter?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 50

Blood-Lead Test Result
✓ Select
1 = Yes
2 = No
N/A



# Standards for Success



## Food and Nutrition Service Code

**Description:** Participant received food and nutrition services

**Data Integrity Rules:**

- Identify Participant who received food and nutrition services to prevent a period of hunger or malnutrition
- Food and nutrition services include the Women, Infant, and Children (WIC) program; congregate meal services such as Meals on Wheels; emergency food programs; food banks; grocery shopping or cooking services; donated food items from family, friends, individuals, and other resources in the community; or receiving donated food items from community-based sources
- Food and nutrition services does not include SNAP

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	N

---

**Title:** Food and Nutrition Service Code  
**Question:** Did the Participant receive food and nutrition services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 67

Food and Nutrition Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Translation/Interpretation Service Code

**Description:** Participant received translation or interpretation services

**Data Integrity Rules:**

- Identify Participant who received translation or interpretation services because they have limited or no English-speaking ability, or have visual or hearing impairments

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Translation/Interpretation Service Code  
**Question:** Did Participant receive translation or interpretation services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 69

Translation/Interpretation Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## HIV/AIDS Service Code

**Description:** Participant received HIV/AIDS health and counseling services

### Data Integrity Rules:

- Identify Participant who received HIV/AIDS health and counseling services such as access to treatment; financial assistance for medical treatment and medications; and assistance in securing housing

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	N

**Title:** HIV/AIDS Service Code  
**Question:** Did the Participant receive HIV/AIDS health and counseling services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 84

HIV/AIDS Service Code

✓ Select

1 = Yes  
2 = N/A

If Yes, input number of times, as whole numbers.



# Standards for Success



## Adult Personal Assistance Service Code

**Description:** Participant received ADL or IADL services

**Data Integrity Rules:**

- Identify chronically ill or disabled Participant who received ADL or IADL services from a non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in a professionally staffed, group setting
- Non-residential facilities include adult day care centers and adult day services
- Participants will receive Adult Personal Assistance Services based on any activities the Participant is unable to complete in ADL Count (#31) and IADL Count (#32)

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Adult Personal Assistance Service Code  
**Question:** Did Participant receive ADL or IADL services from a non-residential facility?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 85

Adult Personal Assistance Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.

**PRLI OMB Approved Definition**

Includes adult day care center services and services provided to frail elderly and disabled individuals who are unable to live independently and perform ADLs and/or Instrumental Activities of Daily Living (IADL) without assistance. An adult day care center, also commonly known as adult day services, is a non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings.

Assistance with ADL includes services associated with gaining independence in:

- (1) Eating— assistance with cooking, preparing, or serving food, but must be able to feed self;
- (2) Bathing— assistance in getting in and out of the shower or tub, but must be able to wash self;
- (3) Grooming— assistance in washing hair, but must be able to take care of personal appearance;
- (4) Dressing— able to dress self, but may need occasional assistance;
- (5) Transferring—actions such as going from a seated to standing position and getting in and out of bed; and
- (6) Other such activities as HUD deems essential for maintaining independent living.

Assistance with IADL are services that are more complex than those needed for ADL and include: handling personal finances, meal preparation, shopping, traveling, doing housework, using the telephone, taking or managing medications, or other such activities as HUD deems essential for maintaining independent living.



# Standards for Success



## Medical Care Service Code

**Description:** Participant received medical or health care services

### Data Integrity Rules:

- Identify Participant who received medical or health care services related to physical health from a physician, nurse practitioner, physician’s assistant, dentist, dental assistant, credentialed nutritionist or another health care provider
- Medical or health care services include prescription medication and medication management; dental services; home health services; receipt of durable medical equipment and other adaptive equipment; nutrition therapy; and lifeline programs that provide a discount on monthly telephone services to low-income households

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Medical Care Service Code  
**Question:** Did the referred Participant receive medical or health care services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 86

Medical Care Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Mental Health Service Code

**Description:** Participant received mental health services

**Data Integrity Rules:**

- Identify Participant who received mental health services from a psychiatrist or credentialed psychologist, therapist, or another mental health counselor
- Mental health services include individual and group counseling and medication

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Mental Health Service Code  
**Question:** Did the Participant receive mental health services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 87

Mental Health Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Substance Abuse Service Code

**Description:** Participant received substance abuse services

### Data Integrity Rules:

- Identify Participant who received substance abuse services for use of addictive substances such as tobacco, alcohol, and drugs (prescription and street)
- Services include treatments from mental health providers, American Lung Association or other smoking cessation programs, physicians, mental health workers, alcohol and drug treatment facilities, and Alcoholics Anonymous

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Substance Abuse Service Code  
**Question:** Did Participant receive substance abuse services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 88

Substance Abuse Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Disability Requires Assistance Code

**Description:** Disabled Participant requires ADL services

**Data Integrity Rules:**

- Identify Participant who is disabled and requires ADL services
- Identify if disabled Participant was not assessed for this criterion

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	Y

**Title:** Disability Requires Assistance Code  
**Question:** Are you disabled and do you require activities of daily living services?  
**Focus Area:** Health  
**Purpose:** Outcome  
**Data Collection Date:** Date data is collected from Participant  
**PRLI Fixed ID:** 10

**Disability Requires Assistance Code**

✓ Select

- 1 = The disabled individual requires services to manage home activities.
- 2 = The disabled individual does not require services for home management.
- 3 = The disabled individual was not assessed for this criteria
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A



# Standards for Success



## Blood-Lead Test Code

Description: Participant's child received a blood-lead test

### Data Integrity Rules:

- Identify Participant whose child under the age of six (6) received a blood-lead level test in the prior twelve (12) months

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	Y
HC	N	LHRD	Y
HOPWA	N	MFSC	N
JOBS+	N	ROSS	N

**Title:** Blood-Lead Test Code

**Question:** Did any of your children under the age of six (6) receive a blood-lead level test in the prior twelve (12) months?

**Focus Area:** Health

**Purpose:** Outcome

**Data Collection Date:** Date data is collected from Participant

**PRLI Fixed ID:** 49

Blood-Lead Test Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



## Housing

HUD’s strategic goals include utilizing housing to improve quality of life. Housing is a platform for coordinating access to a wide variety of services to lower healthcare costs, end homelessness, and support community living.

### Fundamental Questions:

- Does Participant’s ability to live independently improve?
- Does participation reduce homelessness?
- Does participation in grant-funded services improve other quality of life outcomes?
- Do the grant-funded housing services help families and Participants meet their housing needs?

### Fundamental Objective:

- Increase number of households receiving supportive services
- Increase utilization of available services by homeless persons
- Reduce time required to rehouse homeless persons
- Reduce chronic homelessness
- Increase access to neighborhoods of opportunity
- Decrease percentage of household income spent on housing and transportation
- Improve client housing status

## Housing Data Elements

Title	Description	Purpose
Residence Census Tract	Participant’s census tract number	Descriptive
Hard to House Code	High risk to house	Outcome
Returning Citizen/Ex-Offender Code	Participant’s status with the criminal justice system (CJS)	Outcome
Housing Status Code	Participant’s housing type	Outcome
Homeless Status Code	Participant is homeless	Outcome
Weeks Homeless Count	Number of weeks Participant has been homeless	Outcome



## Standards for Success



Title	Description	Purpose
Chronically Homeless Status Code	Participant is chronically homeless	Outcome
Prior Night Residence Code	Homeless Participant's residence before receiving services	Outcome
Intermediate Housing Status Code	How Participant avoided losing housing	Outcome
Needs Assessment Service Code	Participant received a housing and supportive services assessment	Outcome
Shelter Placement Service Code	Participant placed in an emergency shelter	Outcome
Temporary Housing Placement Service Code	Participant received temporary housing services	Outcome
Permanent Housing Placement Service Code	Participant received permanent housing assistance	Outcome
Permanent Housing Placement Date	Participant's permanent housing placement date	Outcome
Independent Living Service Code	Participant received assistance to remain in their home	Outcome
Transportation Assistance Service Code	Participant received transportation services	Outcome
Years in Subsidized Housing Number	Participant's years spent in subsidized housing	Outcome
Opportunity Area Census Tract	Participant lives in an opportunity area	Outcome
Pre-Housing Counseling Service Code	Participant received pre-housing counseling services	Process



## Standards for Success



Title	Description	Purpose
Post-Housing Counseling Service Code	Participant received post-housing counseling services	Process
Fair Housing and Civil Rights Assistance Service Code	Participant partook in programs consistent with the Fair Housing and Service Act	Process



# Standards for Success



## Residence Census Tract

**Description:** Participant's census tract number

### Data Integrity Rules:

- Identify Participant's eleven (11) digit residence census tract number by using the Census Bureau's online tool to convert physical addresses to census tract numbers
- Homeless Participants may designate a fixed location as their residence such as a homeless shelter or other location where the homeless Participant may spend time or return to for sleep
- The Census Bureau has developed an online tool for converting physical addresses to census tract numbers:  
<https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>.
- In the tool:
  - Enter the Participant's address including the street address, state, and zip code
  - A dropdown will appear, locate the column titled "Geography Type" and find the row within this column that says "Census Tract"
  - Click the icon with the letter "I" that says "About this Geography" when highlighted with your mouse
  - In the popup window, locate the column with the current year and the row titled "Code"
  - The Residence Census Tract number is the eleven (11) digit number that appears after US; for example, if the row "Code" says 1400000US**12031016725**, then the Residence Census Tract number is 12031016725.

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Residence Census Tract  
**Question:** What is the address where you live?  
**Focus Area:** Housing  
**Purpose:** Descriptive  
**Data Collection Dates:** Date data is collected  
**PRLI Fixed ID:** 5

Residence Census Tract
✓ Enter
Census Tract Number
N/A



# Standards for Success



## Hard to House Code

Description: High risk to house

### Data Integrity Rules:

- Identify Participant who is hard to house due to the high risk of losing their housing and factor contributing to being a high risk to house
- Participant is hard to house because of lack of education; having to care for too many minors; lengthy time in public housing; or a household member's disability or criminal record

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	Y

Title: Hard to House Code  
 Question: Is the Participant a high risk to house?  
 Focus Area: Housing  
 Purpose: Outcome  
 Data Collection Dates: Date data is collected from Participant  
 PRLI Fixed ID: 11

**Hard to House Code**

✓ Select

1 = Head of household has lived in public housing for more than 10 years.  
 2 = Head of household does not have a high-school diploma or GED.  
 3 = Three or more minors in the household.  
 4 = One or more household members has a criminal record.  
 5 = The head of household is not disabled, but one or more other household members is disabled.  
 6 = The head of household is a single, elderly adult who is the primary caregiver for one or more children.  
 88 = Individual refused.  
 99 = Individual does not know.  
 N/A



# Standards for Success



## Returning Citizen/Ex-Offender Code

**Description:** Participant's status with the criminal justice system (CJS)

**Data Integrity Rules:**

- Identify Participant who has active criminal records or was charged with committing a crime in the prior twelve (12) months
- Do not include Participant who has never been charged with committing a crime

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Returning Citizen/Ex-Offender Code  
**Question:** Do you have an active criminal record or were you charged with committing a crime in the prior twelve (12) months?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 12

Returning Citizen/Ex-Offender Code	
✓ Select	
1 =	Individual is currently a subject involved in the CJS.
2 =	The individual is not currently subject to any phase of the CJS, but has been in the previous 12 months.
3 =	The individual is not currently subject to any phase of the CJS, and has not been in the previous 12 months.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



# Standards for Success



## Housing Status Code

**Description:** Participant's housing type

**Data Integrity Rules:**

- Identify Participant's current type of housing and, if applicable, how the housing is paid for

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Housing Status Code  
**Question:** What type of residence do you live in and how is it paid for?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 26

Housing Status Code	
<input checked="" type="checkbox"/>	Select
1 =	Identifies as a public housing resident.
2 =	Receives a tenant-based rental voucher.
3 =	Receives a project-based rental voucher.
4 =	Privately subsidized housing.
5 =	Unsubsidized (market rate) housing.
6 =	Owns a home.
7 =	Homeless.
8 =	Refused.
99 =	Does not know.
	N/A



# Standards for Success



## Homeless Status Code

**Description:** Participant is homeless

### Data Integrity Rules:

- Identify Participant who lack a fixed, regular, adequate night time residence
- A Participant is considered homeless if their primary night time residence is a public or private shelter operated for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or other place not ordinarily used as a regular sleeping accommodation
- A Participant under age eighteen (18) is considered homeless if they left home without the permission of their family (runaway youth)
- A Participant is not considered homeless if they are sleeping in a temporary residence while away from home, is imprisoned, or detained under an Act of Congress or State law

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Homeless Status Code  
**Question:** Where do you usually or regularly sleep?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 40

Homeless Status Code
✓ Select
1 = Homeless.
2 = Runaway youth.
3 = Neither homeless or a runaway youth.
88 = Individual refused.
99 = Individual does not know.
N/A

### PRLI OMB Approved Definition

A "homeless" person lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.



# Standards for Success



## Weeks Homeless Count

**Description:** Number of weeks Participant has been homeless

**Data Integrity Rules:**

- Identify the number of weeks Participant has been homeless in the prior twelve (12) months
- The weeks need not be consecutive (one after the other)

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Weeks Homeless Count

**Question:** How many weeks have you been homeless in the prior twelve (12) months?

**Focus Area:** Housing

**Purpose:** Outcome

**Data Collection Dates:** Date data is collected from Participant

**PRLI Fixed ID:** 41

Weeks Homeless Count
✓ Enter
Number of weeks
N/A



# Standards for Success



## Chronically Homeless Status Code

**Description:** Participant is chronically homeless

**Data Integrity Rules:**

- Identify Participant as chronically homeless if Participant:
  - Has a disabling condition and been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years, each lasting a minimum of fifteen (15) days;
  - Has been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time;
  - Has a disabling condition including substance abuse disorder, serious mental illness, developmental disability diagnosed by a medical professional (as defined by section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder (PTSD), cognitive impairments resulting from brain injury, or chronic physical illness or disability; or
  - Meets the conditions for being chronically homeless before being institutionalized for fewer than ninety (90) days in a care facility such as jail, substance abuse or mental health treatment facility, hospital, or similar facility

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Chronically Homeless Status Code  
**Question:** Do you possess a disabling condition and what has been your living situations during the last three (3) years?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 42

Chronically Homeless Status Code
✓ Select
1 = Yes.
2 = No.
3 = Individual was not assessed for this condition.
88 = Individual refused.
99 = Individual does not know.
N/A



## Standards for Success



### PRLI OMB Approved Definition

HUD defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years, where each homeless occasion was at least 15 days. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time. Disabling conditions include substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in the above paragraph before entering that facility is considered chronically homeless. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in the above paragraph of this definition, including a family whose composition has fluctuated while the head of household has been homeless.



## Standards for Success



### Prior Night Residence Code

**Description:** Homeless Participant's residence before receiving services

**Data Integrity Rules:**

- Identify where the homeless Participant slept the night before receiving grant-funded services
- If Participant slept in an institution for less than thirty (30) days immediately prior to receiving grant-funded services, then respond with where Participant slept prior to being institutionalized

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Prior Night Residence Code  
**Question:** Where did you sleep before receiving grant services?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 43

**Prior Night Residence Code**

✓ Select

- 1 = Emergency shelter including hotel/motel voucher.
- 2 = Foster care home or foster care group home.
- 3 = Hospital or other residential non-psychiatric medical facility.
- 4 = Hotel or motel paid for without emergency shelter voucher.
- 5 = Jail, prison or juvenile detention facility.
- 6 = Long-term care facility or nursing home.
- 7 = Owned by individual, no ongoing housing subsidy.
- 8 = Owned by individual, with ongoing housing subsidy.
- 9 = Permanent housing for formerly homeless persons.
- 10 = Place not meant for habitation.
- 11 = Psychiatric hospital or other psychiatric facility.
- 12 = Rental by individual, no ongoing housing subsidy.
- 13 = Rental by individual, with ongoing housing subsidy.
- 14 = Safe Haven.
- 15 = Staying or living in a family member's room, apartment or house.
- 16 = Staying or living in a friend's room, apartment or house.
- 17 = Substance abuse treatment facility or detox center.
- 18 = Transitional housing for homeless persons (including homeless youth).
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A



# Standards for Success



## Intermediate Housing Status Code

**Description:** How Participant avoided losing housing

**Data Integrity Rules:**

- Identify Participant’s method for retaining housing
- Methods focus on approaches to meet rent or mortgage responsibilities

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Intermediate Housing Status Code  
**Question:** Did you retain your housing and what method did you utilize?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 44

Intermediate Housing Status Code

✓ Select

- 1 = Avoided eviction from rental property.
- 2 = Obtained a Home Equity Conversion Mortgage (HECM).
- 3 = Prevented or resolved a mortgage default.
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A



# Standards for Success



## Needs Assessment Service Code

**Description:** Participant received a housing and supportive services assessment

### Data Integrity Rules:

- Identify Participant who received a documented assessment or Individual Services and Training Plan (ITSP) to determine appropriate housing and supportive services
- The assessment must include a document identifying Participant’s housing and supportive service needs
- The assessment reveals the past and current details of Participant’s strengths and needs to match Participant to appropriate housing and supportive services
- The assessment can occur either at initial screening or at time of entry to a housing program and documented in Participant’s case record

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Needs Assessment Service Code

**Question:** Did the Participant receive a housing and supportive services assessment?

**Focus Area:** Housing

**Purpose:** Outcome

**Data Collection Dates:** Date Participant is enrolled in the Service

**PRLI Fixed ID:** 72

Needs Assessment Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Shelter Placement Service Code

**Description:** Participant placed in an emergency shelter

### Data Integrity Rules:

- Identify Participant who was placed in an emergency shelter
- An emergency shelter is any facility which the primary purpose is to provide a temporary shelter for the homeless and does not require occupants to sign leases or occupancy agreements
- A day shelter meets the emergency shelter definition if a day shelter’s primary purpose is to provide temporary shelter for the homeless and does not require occupants to sign leases or occupancy agreements
- A shelter provides support, supervision, and a safe place to live in a group home, clusters of apartments, or a network of homes that integrate housing and services for low-income individuals and families
- Emergency shelters services include housing and support services for the homeless

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Shelter Placement Service Code  
**Question:** Was Participant placed in an emergency shelter?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 78

Shelter Placement Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Housing Placement Service Code

Description: Participant received housing services

### Data Integrity Rules:

- Identify Participant who received housing services
- Services are provided to a housed Participant and includes information and assistance for permanent and/or temporary or short-term transfer to another property, a different unit within the property, or to an alternative care facility
- Services include assistance with a Participant’s transition to or from a short-term care facility or hospital

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

Title: Housing Placement Service Code  
 Question: Did Participant receive permanent or temporary housing?  
 Focus Area: Housing  
 Purpose: Outcome  
 Data Collection Dates: Date Participant is enrolled in the Service  
 PRLI Fixed ID: 79

Temporary Housing Placement Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Permanent Housing Placement / Turnover Reason Code

**Description:** Participant no longer on the property or in the program

**Data Integrity Rules:**

- Identify Participant who is no longer on the property or in the program
- Reasons for moving out are specified along with eviction or death.

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Permanent Housing Placement / Turnover Reason Code  
**Question:** Did the Participant leave the property or program?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 80

Permanent Housing Placement Service Code	
<input checked="" type="checkbox"/>	Select
1 =	Moved out: Purchased a home.
2 =	Moved Out: Another apartment or rental property.
3 =	Moved Out: Higher Level of Care.
4 =	Moved Out: With family
5 =	Moved Out: Other
6 =	Moved Out: Unknown
7 =	Eviction
8 =	Death
9 =	N/A



# Standards for Success



## Permanent Housing Placement / Turnover Date

**Description:** Participant's permanent housing placement / turnover date

**Data Integrity Rules:**

- Identify the date Participant was no longer on the property in a Month/Day/Year format, i.e., 1/15/2017

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Title:** Permanent Housing Placement Date  
**Question:** What is the date Participant was no longer on the property?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected  
**PRLI Fixed ID:** 81





# Standards for Success



## Independent Living Service Code

**Description:** Participant received assistance to remain in their home

**Data Integrity Rules:**

- Identify disabled or frail elderly Participants who received assistance obtaining housing, or received services that enable them to remain in their home
- Services that enable remaining in the home include cleaning the home or laundry, shopping, cooking, budgeting, paying bills, reading mail, organizing personal records, utility company issues, and referrals to services or supports to assist the Participants with keeping, managing, and maintaining all aspects of their home other than homemaking

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Independent Living Service Code  
**Question:** Did Participant receive services to enable them to remain in their home?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 82

Independent Living Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Transportation Assistance Service Code

**Description:** Participant received transportation services

**Data Integrity Rules:**

- Identify Participant who received transportation services
- Transportation services include passes or tokens for public transportation, rides in service providers' vehicles, car pools arranged by service providers, and assistance with repairs to personal vehicles

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Transportation Assistance Service Code  
**Question:** Did Participant receive transportation services?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 83

Transportation Assistance Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Years in Subsidized Housing Number

**Description:** Participant's years spent in subsidized housing

**Data Integrity Rules:**

- Identify the number of years Participant lived in public or private subsidized housing
- Count each year, even if it was not consecutive and round to the nearest whole year

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Years in Subsidized Housing Number  
**Question:** How many years did you spend in subsidized housing?  
**Focus Area:** Housing  
**Purpose:** Outcome  
**Data Collection Dates:** Date data is collected from Participant  
**PRLI Fixed ID:** 7

Years in Subsidized Housing Number
✓ Enter
Number of years
N/A



# Standards for Success



## Opportunity Area Census Tract

**Description:** Participant lives in an opportunity area

### Data Integrity Rules:

- Identify Participant who lives in an opportunity area in the community’s Regional Fair Housing Equity Assessment (FHEA)
- The FHEA asks Grantees and Service Coordinators to focus their analysis at the regional scale across multiple components to gain a full picture of regional equity and access to opportunity
- The Grantee or Service Coordinator determines if the Participant lives in an Opportunity Area based on the Participant’s residence meeting all of the following criteria:
  - Segregated Areas and Areas of Increasing Diversity and/or Racial/Ethnic Integration;
  - Racially/Ethnically Concentrated Areas of Poverty;
  - Access to Existing Areas of High Opportunity;
  - Major Public Investments; and
  - Fair Housing Issues, Services, and Activities.

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Title:** Opportunity Area Census Tract

**Question:** Does the Participant live in an opportunity area according to the community’s FHEA?

**Focus Area:** Housing

**Purpose:** Outcome

**Data Collection Dates:** Date data is collected

**PRLI Fixed ID:** 25

Opportunity Area Census Tract
✓ Select
1 = Yes
2 = No
N/A



# Standards for Success



## Pre-Housing Counseling Service Code

**Description:** Participant received pre-housing counseling services

### Data Integrity Rules:

- Identify Participant who received counseling services prior to purchasing or renting housing
- Counseling services address topics such as identifying mortgage assistance options; creating a budget that supports paying for housing; and explaining required documents
- Excluded counseling services are bank-sponsored mortgage seminars open to the public; a bank guiding the Participant through the purchasing process; and sweat-equity programs in which Participants use their own and volunteer labor to construct their homes

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Pre-Housing Counseling Service Code  
**Question:** Did Participant receive pre-housing counseling services?  
**Focus Area:** Housing  
**Purpose:** Process  
**Data Collection Dates:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 65

Pre-Housing Counseling Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Post-Housing Counseling Service Code

**Description:** Participant received post-housing counseling services

### Data Integrity Rules:

- Identify Participant who received counseling or services after purchasing or renting housing
- Counseling services address topics such as meeting rent requirements; avoiding default and foreclosure; managing credit issues; and changing a mortgage

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Title:** Post-Housing Counseling Service Code  
**Question:** Did the Participant receive post-housing counseling services?  
**Focus Area:** Housing  
**Purpose:** Process  
**Data Collection Dates:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 66

Post-Housing Counseling Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



# Standards for Success



## Fair Housing and Civil Rights Assistance Service Code

**Description:** Participant received services or participated in programs consistent with the Fair Housing and Service Act

**Data Integrity Rules:**

- Identify Participant who received services consistent with the Fair Housing and Service Act
- Services are designed to promote integrated living patterns and avoid patterns where Participant is forced to live in high poverty areas, areas suffering from a lack of accessible services, or a lack of integration in terms of income, race, color, religion, familial status, national origin, or disability status
- Services promote communities that are diverse along multiple dimensions

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	N	ROSS	N

**Title:** Fair Housing and Civil Rights Assistance Service Code  
**Question:** Did Participant receive services that promote fair housing?  
**Focus Area:** Housing  
**Purpose:** Process  
**Data Collection Date:** Date Participant is enrolled in the Service  
**PRLI Fixed ID:** 59

Fair Housing and Civil Rights Assistance Service Code
✓ Select
1 = Yes
2 = N/A
If Yes, input number of times, as whole numbers.



## Standards for Success



### Standards for Success Indicators

SfS Indicator	Description	Focus Area
Employment Rate	Percentage of Participants who do not have jobs at first data collection and then obtain a job	Employment
Quarterly Earnings	Average quarterly earned income for all Participants who report paid earnings	Financial
Households Receiving Services	Total number of households that receive services	Housing
Homeless Participants Receiving Services	Market Penetration of homeless people who receive Any Service	Housing
Homeless Duration	Average Time from homelessness to permanent placement	Housing
Permanent Housing for Chronically Homeless	Percent of chronically homeless population at program entry that is permanently housed	Housing
Head Start or Pre-K Households	Percent of households with young children that attend Head Start and Pre-K educations	Education
High School/GED Preparation Courses	Participation rate in high school or GED preparation courses for those without a high school degree or GED, at service initiation	Education
Degree Attainment	Percent of Participants enrolled in degree seeking program who then earn a degree	Education
Vocational or Certification Attainment	Percent of Participants enrolled in vocational and other certification programs who then earn a vocational or occupational license or other certification	Education
Neighborhood of Opportunity	Percentage of households living in neighborhood of opportunity	Housing



## Standards for Success



SfS Indicator	Description	Focus Area
Primary Care Providers	Percentage of Participants with Primary Care Providers	Health
Routine Medical Care	Percentage of Participants who received routine medical examination in the last twelve (12) months	Health
Health Plan Coverage	Percentage of Participants who obtain health plan coverage while participating in the Grant	Health
Asthma-related Emergency Room Visits	Percentage of people with asthma, who have asthma-related emergency room visits	Health
Elevated Blood-Lead in Young Children	Percentage of children under age six (6) with elevated blood-lead results ( $\geq 5 \mu\text{g/dL}$ )	Health
Housing and Transportation Cost	Percentage of income spent on housing and transportation	Housing
Improved Living Situation	Percentage of households that improved their living situation through one of the following: 1. Obtain housing 2. Avoid eviction from rental property 3. Purchase a residential property 4. Obtain a Home Equity Conversion Mortgage 5. Prevented/resolved a mortgage default	Housing



# Standards for Success



## HUD Standards for Success

**Measure Name:** Employment Rate (#1)

**Description:** Percentage of Participants who do not have jobs at first data collection and then obtain a job

**Fundamental Question:** Does the economic independence and self-sufficiency of Participants improve?

**Fundamental Objective:** Increase Participant employment rate

**Focus Area:** Employment

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Numerator:**  
Number of Participants who were unemployed at first data collection who are later employed

- a) If [Employment Status Code](#) = 2 or 3 at first data collection, and
- b) If [Employment Status Code](#) = 1 at a later data collection date,
- c) Then count that Participant in the numerator.

Employment Status Code	
✓ Select	
1 =	Employed.
2 =	Not employed at any time in the last month and actively seeking work.
3 =	Not employed at any time in the last month and not actively seeking work.
88 =	Individual refused.
99 =	Individual does not know.
	N/A

**Denominator:**  
Number of Participants who were unemployed at first data collection

- a) If [Employment Status Code](#) = 2 or 3 at first data collection,
- b) Then count that Participant in the denominator.



# Standards for Success



## HUD Standards for Success

### Quarterly Earnings

**Measure Name:** Quarterly Earnings (#2)

**Description:** Average quarterly earned income for all Participants who report paid earnings

**Fundamental Question:** Does the economic independence and self-sufficiency of Participants improve?

**Fundamental Objective:** Increase Participant earned income

**Focus Area:** Financial

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

#### Numerator:

Total Quarterly Paid Earnings

- If [Monthly Paid Earnings Amount](#) > 0
- Then multiply the Participant's [Monthly Paid Earnings Amount](#) by 3 and
- Add that amount to the numerator.

Monthly Paid Earnings Amount
✓ Enter
Dollar amount in whole dollars N/A

#### Denominator:

Total Participants with Paid Earnings

- If [Monthly Paid Earnings Amount](#) > 0
- Then count that Participant in the denominator.



# Standards for Success



## HUD Standards for Success

### Households Receiving Services

**Measure Name:** Households Receiving Services (#3)

**Description:** Total number of households that receive services

**Fundamental Question:** Do the Participant’s abilities to live independently improve?

**Fundamental Objective:** Increase number of households receiving supportive services

**Focus Area:** Housing

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Numerator:**  
Total number of unique households served

- a) Count every unique Household Identifier in the current period.

Household Identifier
✓ Enter
Number

**Denominator:**

- a) none



# Standards for Success



## HUD Standards for Success

### Homeless Participants Receiving Services

**Measure Name:** Homeless Participants Receiving Services (#4)

**Description:** Market Penetration of homeless people who receive Any Service

**Fundamental Question:** Does participation reduce homelessness?

**Fundamental Objective:** Increase utilization of available services by homeless persons

**Focus Area:** Housing

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Numerator:**

Total number of homeless people who receive services

- a) If [Homeless Status Code](#) = 1 or 2, and
- b) *Any Service Code* = 1, 2, or 3, defined below,
- c) Then count that Participant once and only once (unique Participant-ID).

Any Service Code	
✓ Select	
1 =	Received service directly through the grant.
2 =	Received service through grant-facilitated referral.
3 =	Both 1 and 2.
	N/A

**Denominator:**

HUD estimate of total number of homeless people

- a) Homeless count from HUD.

Homeless Status Code	
✓ Select	
1 =	Homeless.
2 =	Runaway youth.
3 =	Neither homeless or a runaway youth.
88 =	Individual refused.
99 =	Individual does not know.
	N/A

**Notes: Definition of Any Service Code**

Any Service Code = 1, 2, or 3

ESL Class Service Code	= 1, 2, or 3
Career Guidance Service Code	= 1, 2, or 3
Self-Directed Job Search Assistance Service Code	= 1, 2, or 3
Work Readiness Assistance Service Code	= 1, 2, or 3
Occupational Skills Training Service Code	= 1, 2, or 3
Job Development Service Code	= 1, 2, or 3
Job Retention Service Code	= 1, 2, or 3
Fair Housing and Civil Rights Assistance Service Code	= 1, 2, or 3



## Standards for Success



Tax Preparation Service Code	= 1, 2, or 3
Financial Account Creation Service Code	= 1, 2, or 3
Legal Assistance Service Code	= 1, 2, or 3
Financial Education Service Code	= 1, 2, or 3
Pre-Housing Counseling Service Code	= 1, 2, or 3
Post-Housing Counseling Service Code	= 1, 2, or 3
Food and Nutrition Service Code	= 1, 2, or 3
Conflict Resolution Service Code	= 1, 2, or 3
Translation/Interpretation Service Code	= 1, 2, or 3
Housing Retention Service Code	= 1, 2, or 3
Household Skills/Life Skills Service Code	= 1, 2, or 3
Needs Assessment Service Code	= 1, 2, or 3
Service Coordination Service Code	= 1, 2, or 3
Parenting Skills Service Code	= 1, 2, or 3
3 to 5 Years Childhood Education Service Code	= 1, 2, or 3
High School/GED Preparation Service Code	= 1, 2, or 3
Post-Secondary/College Education Service Code	= 1, 2, or 3
Shelter Placement Service Code	= 1, 2, or 3
Temporary Housing Placement Service Code	= 1, 2, or 3
Permanent Housing Placement Service Code	= 1, 2, or 3
Independent Living Service Code	= 1, 2, or 3
Transportation Assistance Service Code	= 1, 2, or 3
HIV/AIDS Service Code	= 1, 2, or 3
Adult Personal Assistance Service Code	= 1, 2, or 3
Legal Assistance Type Service Code	= 1, 2, 3, 4, 5, 6, 7, 8, or 9



# Standards for Success



## HUD Standards for Success

### Homeless Duration

**Measure Name:** Homeless Duration (#5)  
**Description:** Average Time from homelessness to permanent placement, HOPWA only

**Fundamental Question:** Does participation reduce homelessness?

**Fundamental Objective:** Reduce time required to re-house homeless persons

**Focus Area:** Housing

#### Numerator:

Total number of days for a homeless Participant to obtain permanent housing

- a) If [Homeless Status Code](#) = 1 or 2 at first data collection, and
- b) [Permanent Housing Placement Service Code](#) = 1, 2, or 3, then
- c) Count the number of days from the [Service Start Date](#) to the [Permanent Housing Placement Date](#) and add these days to the numerator.

#### Denominator:

Total number of homeless Participants who receive permanent housing

- a) Count of [Permanent Housing Placement Service Code](#) = 1, 2, or 3.

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Service Start Date**  
 ✓ Select

**Permanent Housing Placement Date**  
 ✓ Select

**Permanent Housing Placement Service Code**  
 ✓ Select

- 1 = Received service directly through the grant.
- 2 = Received service through grant-facilitated referral.
- 3 = Both 1 and 2.
- N/A

**Homeless Status Code**  
 ✓ Select

- 1 = Homeless.
- 2 = Runaway youth.
- 3 = Neither homeless or a runaway youth.
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A



# Standards for Success



## HUD Standards for Success

### Permanent Housing for Chronically Homeless

**Measure Name:** Permanent Housing for Chronically Homeless (#6)

**Description:** Percent of chronically homeless population at program entry that is permanently housed, HOPWA only

**Fundamental Question:** Does participation reduce homelessness?

**Fundamental Objective:** Reduce chronic homelessness

**Focus Area:** Housing

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	N	ROSS	N

**Numerator:**

Total number of Participants who are chronically homeless at first data collection and then obtain permanent housing

- a) If [Chronically Homeless Status Code](#) = 1 at first data collection, and
- b) [Chronically Homeless Status Code](#) = 2 for that Participant at a later data collection date, and
- c) [Permanent Housing Placement Service Code](#) = 1, 2, or 3, for that Participant at a later data collection date, then
- d) Count that Participant in the numerator.

Chronically Homeless Status Code
✓ Select
1 = Yes.
2 = No.
3 = Individual was not assessed for this condition.
88 = Individual refused.
99 = Individual does not know.
N/A

**Denominator:**

Total number of Participants who are chronically homeless at first data collection

- a) Count of [Chronically Homeless Status Code](#) = 1 at first data collection.

Permanent Housing Placement Service Code
✓ Select
1 = Received service directly through the grant.
2 = Received service through grant-facilitated referral.
3 = Both 1 and 2.
N/A



# Standards for Success



## HUD Standards for Success

### Head Start or Pre-K Households

**Measure Name:** Head Start or Pre-K Households (#7)

**Description:** Percent of households with young children that attend Head Start and Pre-K educations

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Improve educational opportunities and outcomes

**Focus Area:** Education

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Numerator:**

Total number of Households with children who are three (3) to five (5) years of age who attend Head Start or Pre-K programs

- a) If [3 to 5 Years Childhood Education Service Code](#) = 1, 2, or 3, then
- b) Count that Head of Household Participant one time only in the numerator.

3 to 5 Years Childhood Education Service Code	
✓ Select	
1 =	Received service directly through the grant.
2 =	Received service through grant-facilitated referral.
3 =	Both 1 and 2.
4 =	Household has children aged 3-5 years and did not receive child care services.
5 =	No children in the household aged 3-5 years.
	N/A

**Denominator:**

Total number of Households with children who are three (3) to five (5) years of age

- a) If [3 to 5 Years Childhood Education Service Code](#) = 1, 2, 3, or 4, then
- b) Count that Head of Household Participant only one time in the denominator.



# Standards for Success



## HUD Standards for Success

### High School/GED Preparation Courses

**Measure Name:** High School/GED Preparation Courses (#8)

**Description:** Participation rate in high school or GED preparation courses for those without a high school degree or GED, at service initiation

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Improve educational opportunities and outcomes

**Focus Area:** Education

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	N
JOBS+	Y	ROSS	Y

#### Numerator:

Total Participants with no diploma, for grades one through twelve at first data collection, who attend high school or GED preparation course at a later data collection date

- If [Highest Education Level Code](#) = 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12, at Service Begin Date, and
- If [High School/GED Preparation Service Code](#) = 1, 2, or 3,
- Then count that Participant in the numerator.

#### Denominator:

Total Participants with no diploma, for grades one through twelve, at first data collection

- If [Highest Education Level Code](#) = 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12, at Service Begin Date,
- Then count that Participant in the denominator.

Highest Education Level Code	
✓ Select	
0	No schooling completed, Nursery school, or Kindergarten.
1 - 11	Grade 1 through 11.
12	12 <sup>th</sup> grade, no diploma.
13	High school diploma.
14	GED or alternative credential.
15	Less than 1 year of college credit.
16	1 or more years of college credit, no degree.
17	Associate's degree.
18	Bachelor's degree.
19	Master's degree.
20	Professional degree (e.g., MD, DDS, DVM, LLB, JD).
21	Doctorate degree
88	Individual refused.
99	Individual does not know.
	N/A

High School/GED Preparation Service Code	
✓ Select	
1	Received service directly through the grant.
2	Received service through grant-facilitated referral.
3	Both 1 and 2.
	N/A



# Standards for Success



## HUD Standards for Success

### Degree Attainment

**Measure Name:** Degree Attainment (#9)

**Description:** Percent of Participants enrolled in degree seeking program who then earn a degree

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Improve educational opportunities and outcomes

**Focus Area:** Education

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	N	MFSC	N
JOBS+	Y	ROSS	Y

#### Numerator:

Participants who are in degree seeking programs and earn degrees

- a) If [High School/GED Preparation Service Code](#) = 1, 2, or 3, or
- b) If [Post-Secondary/College Education Service Code](#) = 1, 2, or 3, and
- c) [Degree Attainment Code](#) = 1, 2, 3, or 4,
- d) Then count that Participant in the numerator.

High School/GED Preparation Service Code
✓ Select
1 = Received service directly through the grant.
2 = Received service through grant-facilitated referral.
3 = Both 1 and 2.
N/A

Post-Secondary/College Education Service Code
✓ Select
1 = Received service directly through the grant.
2 = Received service through grant-facilitated referral.
3 = Both 1 and 2.
N/A

#### Denominator:

Total number of Participants in degree seeking programs

- a) If [High School/GED Preparation Service Code](#) = 1, 2, or 3, or
- b) If [Post-Secondary/College Education Service Code](#) = 1, 2, or 3,
- c) Then count that Participant in the denominator.

Degree Attainment Code
✓ Select
1 = High school diploma/GED.
2 = AA or AS diploma.
3 = BA or BS diploma.
4 = Other degree.
5 = No degree attained.
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## HUD Standards for Success

### Vocational or Certification Attainment

**Measure Name:** Vocational or Certification Attainment (#10)

**Description:** Percent of Participants enrolled in vocational and other certification programs who then earn a vocational or occupational license or other certification

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Improve educational opportunities and outcomes

**Focus Area:** Education

Applies to Programs:			
B-b	N	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	N
JOBS+	Y	ROSS	Y

**Numerator:**

Total number of Participants who participate in post-secondary education and earn a license or certificate

- a) If [Post-Secondary/College Education Service Code](#) = 1, 2, or 3, and
- b) [License or Certificate Attainment Code](#) = 1, 2, or 3,
- c) Then count that Participant in the numerator.

Post-Secondary/College Education Service Code	
✓ Select	
1 =	Received service directly through the grant.
2 =	Received service through grant-facilitated referral.
3 =	Both 1 and 2.
	N/A

**Denominator:**

Total number of Participants who participate in post-secondary education

- a) If [Post-Secondary/College Education Service Code](#) = 1, 2, or 3,
- b) Then count that Participant in the denominator.

License or Certificate Attainment Code	
✓ Select	
1 =	Occupational skills license.
2 =	Occupational skills certificate.
3 =	Other license or certificate recognized by state.
4 =	Individual did not attain a license or certificate.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



# Standards for Success



## HUD Standards for Success

### Neighborhood of Opportunity

**Measure Name:** Neighborhood of Opportunity (#11)

**Description:** Percentage of households living in neighborhood of opportunity

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase access to neighborhoods of opportunity

**Focus Area:** Housing

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	Y
HC	Y	LHRD	Y
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

#### Numerator:

Total count of Participants who do live in an Opportunity Area Census Tract

- a) If [Opportunity Area Census Tract](#) = 1,
- b) Then count that Participant in the numerator.

Opportunity Area Census Tract
✓ Select
1 = Yes
2 = No
N/A

#### Denominator:

Total count of Participants who do or do not live in an Opportunity Area Census Tract

- a) If [Opportunity Area Census Tract](#) = 1 or 2,
- b) Then count that Participant in the denominator.



# Standards for Success



## HUD Standards for Success

### Primary Care Providers

**Measure Name:** Primary Care Providers (#12)

**Description:** Percentage of Participants with Primary Care Providers

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase health outcomes

**Focus Area:** Health

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPFC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Numerator:**

Count of all Participants with a Primary Care Provider

- a) If [Primary Health Care Provider Code](#) = 1, and
- b) [Service End Date](#) is blank,
- c) Then count that Participant in the numerator.

**Primary Health Care Provider Code**

✓ Select

1 = Yes

2 = No

88 = Individual refused.

99 = Individual does not know.

N/A

**Denominator:**

Total number of all active Participants

- a) If [Service End Date](#) is blank,
- b) Then count that Participant in the denominator.

**Service End Date**

✓ Select

November

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
2015		2016		2017		



# Standards for Success



## HUD Standards for Success

### Routine Medical Care

**Measure Name:** Routine Medical Care (#13)

**Description:** Percentage of Participants who received routine medical examination in the last twelve (12) months

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase health outcomes

**Focus Area:** Health

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

**Numerator:**  
Count of all Participants received routine medical examination in the last 12 months

- a) If [Medical Examination Status Code](#) = 1, and
- b) [Service End Date](#) is blank,
- c) Then count that Participant in the numerator.

**Medical Examination Status Code**

✓ Select

- 1 = Yes
- 2 = No
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A

**Denominator:**  
Total number of all active Participants

- a) If [Service End Date](#) is blank,
- b) Then count that Participant in the denominator.

**Service End Date**

✓ Select

November ▾

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
2015		2016		2017		



# Standards for Success



## HUD Standards for Success

### Health Plan Coverage

**Measure Name:** Health Plan Coverage (#14)

**Description:** Percentage of Participants who obtain health plan coverage while participating in the Grant

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase health outcomes

**Focus Area:** Health

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPFC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	Y

#### Numerator:

Total number of Participants who do not have Health Plan Coverage at Participant Enrollment and later obtain health plan coverage

- a) If [Health Coverage Code](#) = 9 at the first data collection date, and
- b) [Health Coverage Code](#) = 1, 2, 3, 4, 5, 6, 7, or 8 at a later data collection date, then count that Participant in the numerator.

#### Denominator:

Total number of Participants who do not have Health Plan Coverage at Participant Enrollment

- a) If [Health Coverage Code](#) = 9 the first data collection date,
- b) Then count that Participant in the denominator.

Health Coverage Code	
✓ Select	
1 =	Yes, covered through employer or union (current or former).
2 =	Yes, purchased insurance from insurance company.
3 =	Medicare.
4 =	Medicaid/Medical Assistance.
5 =	TRICARE or other military health care.
6 =	VA health care.
7 =	Indian Health Service.
8 =	Other health insurance or health coverage plan.
9 =	No coverage.
88 =	Individual refused.
99 =	Individual does not know.
	N/A



# Standards for Success



## HUD Standards for Success

### Asthma-related Emergency Room Visits

Applies to Programs:			
B-b	Y	JRAP	N
FSS	N	LBPHC	Y
HC	N	LHRD	Y
HOPWA	N	MFSC	Y
JOBS+	N	ROSS	N

**Measure Name:** Asthma-related Emergency Room Visits (#15)

**Description:** Percentage of people with asthma, who have asthma-related emergency room visits

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase health outcomes

**Focus Area:** Health

#### Numerator:

Total number of people with Asthma who are treated in the ER, which includes Participants and children in households

- a) If [Asthma-related Emergency Room Visit Code](#) = 1,
- b) Then count that Participant in the numerator.

Asthma-related Emergency Room Visit Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A

#### Denominator:

Total number of people with Asthma, which includes Participants and children in households

- a) If [Asthma Condition Code](#) = 1, or
- b) [Asthma-related Emergency Room Visit Code](#) = 1,
- c) Then count that person in the denominator.

Asthma Condition Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A



# Standards for Success



## HUD Standards for Success

### Elevated Blood-Lead in Young Children

**Measure Name:** Elevated Blood-Lead in Young Children (#16)

**Description:** Percentage of children under age six (6) with elevated blood-lead results ( $\geq 5 \mu\text{g/dL}$ ), Lead based grants only

**Fundamental Question:** Does participation in grant-funded services improve other quality of life outcomes?

**Fundamental Objective:** Increase health outcomes

**Focus Area:** Health

Applies to Programs:			
B-b	N	JRAP	N
FSS	N	LBPHC	Y
HC	N	LHRD	Y
HOPWA	N	MFSC	N
JOBS+	N	ROSS	N

**Numerator:**

Total number of children who was tested for lead levels in their blood and whose result was clinically elevated

- a) If [Blood-Lead Test Code](#) = 1, and
- b) [Blood-Lead Test Result](#) = 1,
- c) Then count that Participant in the numerator.

Blood-Lead Test Code
✓ Select
1 = Yes
2 = No
88 = Individual refused.
99 = Individual does not know.
N/A

**Denominator:**

Total number of children who was tested for lead levels in their blood

- a) If [Blood-Lead Test Code](#) = 1,
- b) Then count that Participant in the denominator.

Blood-Lead Test Result
✓ Select
1 = Yes
2 = No
N/A



# Standards for Success



## HUD Standards for Success

### Housing and Transportation Cost

**Measure Name:** Housing and Transportation Cost (#17)

**Description:** Percentage of income spent on housing and transportation

**Fundamental Question:** Do the grant-funded housing services help families and Participants meet their housing needs?

**Fundamental Objective:** Decrease percentage of household income spent on housing and transportation

**Focus Area:** Housing

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	N	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Numerator:**

Total cost of housing and transportation for those who report annual income

- a) If Household Annual Gross Income Amount is > 0, then
- b) Add Household Housing Cost Amount, and
- c) Household Transportation Cost Amount to the numerator.

<b>Household Annual Gross Income Amount</b>
✓ Enter
Dollar amount in whole dollars N/A

<b>Household Housing Cost Amount</b>
✓ Enter
Dollar amount in whole dollars N/A

<b>Household Transportation Cost Amount</b>
✓ Enter
Dollar amount in whole dollars N/A

**Denominator:**

Total annual income

- a) Add the Household Annual Gross Income Amount to the denominator.



# Standards for Success



## HUD Standards for Success

### Improved Living Situation

**Measure Name:** Improved Living Situation (#18)

**Description:** Percentage of households that improved their living situation through one of the following:

1. Obtain housing
2. Avoid eviction from rental property
3. Purchase a residential property
4. Obtain a Home Equity Conversion Mortgage
5. Prevented/resolved a mortgage default

Applies to Programs:			
B-b	Y	JRAP	Y
FSS	Y	LBPHC	N
HC	Y	LHRD	N
HOPWA	Y	MFSC	Y
JOBS+	Y	ROSS	N

**Fundamental Question:** Do the grant-funded housing services help families and Participants meet their housing needs?

**Fundamental Objective:** Improve client housing status

**Focus Area:** Housing

**Numerator:**

Total number of Participants who received Housing Counseling Services and improved their living situation

- a) (If [Pre-Housing Counseling Service Code](#) = 1, 2, or 3, or
- b) If [Post-Housing Counseling Service Code](#) = 1, 2, or 3), and
- c) (If [Intermediate Housing Status Code](#) = 1, 2, or 3, or
- d) [Housing Status Code](#) = 1, 2, 3, 4, 5, or 6),
- e) Then count the Participant in the numerator.

Pre-Housing Counseling Service Code	
✓ Select	
1 =	Received service directly through the grant.
2 =	Received service through grant-facilitated referral.

Post-Housing Counseling Service Code	
✓ Select	
1 =	Received service directly through the grant.
2 =	Received service through grant-facilitated referral.
3 =	Both 1 and 2.
	N/A



## Standards for Success

### Denominator:

Total number of Participants who received Housing Counseling Services

- a) If [Pre-Housing Counseling Service Code](#) = 1, 2, or 3, or
- b) If [Post-Housing Counseling Service Code](#) = 1, 2, or 3,
- c) Then count the Participant in the denominator.

### Housing Status Code

#### ✓ Select

- 1 = Identifies as a public housing resident.
- 2 = Receives a tenant-based rental voucher.
- 3 = Receives a project-based rental voucher.
- 4 = Privately subsidized housing.
- 5 = Unsubsidized (market rate) housing.
- 6 = Owns a home.
- 7 = Homeless.
- 8 = Refused.
- 99 = Does not know.
- N/A

### Intermediate Housing Status Code

#### ✓ Select

- 1 = Avoided eviction from rental property.
- 2 = Obtained a Home Equity Conversion Mortgage (HECM).
- 3 = Prevented or resolved a mortgage default.
- 88 = Individual refused.
- 99 = Individual does not know.
- N/A