

# Street Outreach Data Elements

October 2020



**NC COALITION** to  
**HOMELESSNESS** end

# Current Living Situation



## What

Where the client is staying at the time of interaction

## Collection Notes



Supports but does not replace eligibility verification

*Must* be collected for Street Outreach, HUD-SSO Projects for Coordinated Entry, all PATH projects

Example activities where CLS should be collected:

- Street outreach worker meets with client about well-being or needs, about a housing plan in the office, or for a referral to another service



# Current Living Situation



## Who

All Adults and Heads of Households



## Data Collection Stage

At client's Project Start, Interims, Exit



## Special Reminder

Any contact with the client, especially when this response changes, should be recorded in HMIS (this could mean a lot of Interim updates!!)



# Current Living Situation

## On the paper assessment

|   |  |  |   |  |   |  |  |  |  |
|---|--|--|---|--|---|--|--|--|--|
| <b>CURRENT LIVING SITUATION</b><br>When was this contact with the client? |  |  | / |  | / |  |  |  |  |
|---|--|--|---|--|---|--|--|--|--|

|  |
|--|
| <b>TYPE OF CURRENT LIVING SITUATION - Where was the client living during this contact with the client?</b><br><b>If the response is an Institutional, Temporary, or Permanent situation, follow-up questions are listed below.</b> |
|--|

|               |  |
|---------------|--|
| Homeless      | <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
|               | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter   |
| Institutional | <input type="checkbox"/> Foster care home or foster care group home  |
|               | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility  |
|               | <input type="checkbox"/> Jail, prison, or juvenile detention facility  |
|               | <input type="checkbox"/> Long-term care facility or nursing home   |
|               | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  |
|               | <input type="checkbox"/> Substance abuse treatment facility or detox center  |
|               | <input type="checkbox"/> Residential project or halfway house with no homeless criteria  |



# Current Living Situation

## On the paper assessment

| IF INSTITUTIONAL, TEMPORARY, OR PERMANENT CURRENT LIVING SITUATION              |                             |  |   |   |
|---|-----------------------------|--|---|---|
| Is client going to have to leave their current living situation within 14 days? |                             |  |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |



| IF YES to, "is client going to have to leave their current living situation within 14 days?" |   |  |  |   |   |
|--|---|--|--|---|---|
| Answer<br>all  | Has a subsequent residence been identified?   |  |  |   |   |
|  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                  | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused     | <input type="checkbox"/> Data not collected |
|  | Does individual or family have resources or support networks to obtain other permanent housing?   |  |  |   |   |
|  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                  | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused     | <input type="checkbox"/> Data not collected |
|  | Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? |  |  |   |   |
|  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                  | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused     | <input type="checkbox"/> Data not collected |
| Has the client moved 2 or more times in the last 60 days?                                    |   |  |  |   |   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No   | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused      | <input type="checkbox"/> Data not collected |   |

| CURRENT LIVING SITUATION - Location details |
|---|
|   |



# Date of Engagement



## What

The date when a client agrees to program services after one or more contacts

Adopting a case plan or agrees to a client assessment



## Collection Notes

For Street Outreach and Night-by-Night shelters only

Leave blank if Date of Engagement does not occur

All other data elements should be complete and accurate on the Date of Engagement



# Date of Engagement

## On the paper assessment

|  |  |  |   |       |  |   |     |  |  |      |
|--|--|--|---|-------|--|---|-----|--|--|------|
| <b>DATE OF ENGAGEMENT</b><br>Did the client agree to a case plan on their first contact? |  |  | / |       |  | / |     |  |  |      |
|  |  |  |   | Month |  |   | Day |  |  | Year |

## Contact NCCEH

hello@ncceh.org

919.755.4393

NCEndHomelessness 

@NCHomelessness 

nc\_end\_homelessness 

## Contact NCCEH Data Center Help Desk

hmis@ncceh.org

919.410.6997



NCCEH