

August 10, 2023

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of a Personal Services Contract with Do Good Multnomah for supportive housing case management at Clayton Mohr Commons. Contract value is \$255,416.50 for one year. Funding is through the Supportive Housing Services Measure. No County General Funds are involved.

Previous Board Action/Review	Briefed at Issues – August 8, 2023		
Performance Clackamas	1. This funding aligns with H3S's Strategic Business Plan goal to increase self-sufficiency for our clients. 2. This funding aligns with the County's Performance Clackamas goal to ensure safe, healthy, and secure communities.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Vahid Brown, HCDD Deputy Director	Contact Phone	(971)332-9870

EXECUTIVE SUMMARY: On behalf of The Housing and Community Development Division, Health, Housing, and Human Services requests approval for a contract with Do Good Multnomah to provide site-based supportive housing case management to veterans at Clayton Mohr Commons through June 30, 2024.

Clayton Mohr Commons is located at 314 Pleasant Avenue in the heart of Oregon City and provides affordable permanent supportive housing to veterans. The property has twenty-four (24) housing units comprised of studios, one and two-bedroom units, and a community room that hosts resident gatherings and provides supportive services. All 24 units include project-based rental assistance vouchers to ensure that the units are affordable to veteran households at or below 30% AMI.

Do Good Multnomah has provided the services for the past four years. In March of this year, we went through a new procurement process based on LCRB rules, and Do Good Multnomah was selected as the successful bidder.

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Do Good Multnomah will provide three staff that will collaborate with on-site property management and county staff to provide supportive services and promote housing stability for residents at Clayton Mohr Commons. Supportive services include promoting economic stability and self-reliance, assistance navigating and applying for additional benefits, and providing case management services tailored to meet the unique needs of individual households.

RECOMMENDATION: Staff recommends the Board approve contract #11114 with Do Good Multnomah to provide supportive housing case management at Clayton Mohr Commons.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
Director of Health, Housing & Human Services

**DO GOOD MULTNOMAH
SUPPORT SERVICES CONTRACT
Contract #11114**

This Support Services Contract (this “Contract”) is entered into between Do Good Multnomah, an Oregon nonprofit corporation (“Contractor”), collectively referred to as the “Parties” and each a “Party” and Clackamas County, a political subdivision of the State of Oregon (“County”), on behalf of its Department Health, Housing and Human Services (H3S), through the Housing and Community Development Division (HCDD).

ARTICLE I.

- 1. EFFECTIVE DATE AND DURATION.** The Contract shall become effective upon signature of both parties and shall remain in effect until June 30, 2024. The Contract may be extended, upon execution of a written amendment(s) by both parties, for up to four (4) one-year terms.

Prior to consideration of any additional optional renewal, the County will provide Contractor with an allocation amount of funds County has determined are available for the one-year renewal term. Upon receipt of the allocation amount, the Contractor will submit a proposed annual budget to the County based on that amount. The County may either agree to the proposed annual budget and exercise the renewal, negotiate with Contractor to use a different proposed annual budget, or reject the proposed annual budget and decline to renew the Contract.

- 2. SCOPE OF WORK.** Contractor shall provide the following support services: provide on-site full-time support services staff to residents of Clayton Mohr Commons, work in partnership with the on-site property management company, submit monthly invoices to County for payment of services delivered and perform work described in Exhibit A of this agreement.
- 3. CONSIDERATION.** In consideration for Contractor performing the Work, County agrees to pay Contractor, from available and authorized funds, a sum not to exceed **Two Hundred Fifty-Five Thousand Four Hundred Sixteen Dollars and Fifty Cents (\$255,416.50)**. Consideration rates are on reimbursement basis in accordance with the budget set forth in Exhibit C and the terms and conditions of the Contract. Should the Contract be extended by annual renewal, Exhibit C will be updated, as needed, to reflect the budget amount for each renewal year.
- 4. INVOICES AND PAYMENTS.** Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The invoices shall include the total amount billed to date by Contractor prior to the current invoice. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made in accordance with ORS 293.462 to Contractor following ’s review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and County will not be obligated to pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment. The Contractor may begin accruing expenditures against this contract as of July 1, 2023. Reimbursement shall not occur until the County has a fully executed contract. Invoices shall reference the above Contract Number and be submitted to: Housingservices@clackamas.us

- 5. TRAVEL AND OTHER EXPENSE.** Yes No
If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in County Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: <https://www.clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the not to exceed consideration.

6. **CONTRACT DOCUMENTS.** This Contract consists of the following documents, which are listed in descending order of precedence and are attached and incorporated by reference, this Contract, Exhibit A, Exhibit B, Exhibit C, Exhibit D, Exhibit E, and Definitions Addendum to be executed contemporaneously herewith.

7. **CONTRACTOR AND COUNTY CONTACTS.**

Contractor: Do Good Multnomah Administrator: Daniel Hovanas Phone: (503) 593-5887 Email: dhovanas@dogoodmultnomah.org	Housing Services and Development Division Administrator: Vahid Brown Phone: (971) 334-9810 Email: vbrown@clackamas.us
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Payment information will be reported to the Internal Revenue Service (“IRS”) under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records will subject Contractor payments to backup withholding.

ARTICLE II.

1. **ACCESS TO RECORDS.** Contractor shall maintain books, records, documents, and other evidence, in accordance with generally accepted accounting procedures and practices, sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor, which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Contractor shall maintain such books and records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
2. **AVAILABILITY OF FUTURE FUNDS.** Any continuation or extension of this Contract after the end of the fiscal period in which it is written is contingent on a new appropriation for each succeeding fiscal period sufficient to continue to make payments under this Contract, as determined by County in its sole administrative discretion.
3. **CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
4. **COMPLIANCE WITH APPLICABLE LAW.** Contractor shall comply with all applicable federal, state and local laws, regulations, executive orders, and ordinances, as such may be amended from time to time.
5. **COUNTERPARTS.** This Contract may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.
6. **GOVERNING LAW.** This Contract, and all rights, obligations, and disputes arising out of it, shall be governed, and construed in accordance with the laws of the State of Oregon and the ordinances of County without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by County of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. Contractor, by execution of this Contract, hereby consents to the personal jurisdiction of the courts referenced in this section.
7. **RESPONSIBILITY FOR DAMAGES; INDEMNITY.**

- a. **Indemnification of County and HACC.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, any act, omission, or neglect of Contractor, its subcontractors, agents, or employees. The Contractor agrees to indemnify and defend the County, the Housing Authority of Clackamas County, and their officers, elected officials, agents, and employees, from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Contract.

However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of County or the Housing Authority of Clackamas County, purport to act as legal representative of County or the Housing Authority of Clackamas County or settle any claim on behalf of County or the Housing Authority of Clackamas County, without the approval of the Clackamas County Counsel's Office. Either County or Housing Authority of Clackamas County may assume their own defense and settlement at their election and expense.

- b. **Indemnification and Defense of Metro.** The Contractor agrees to indemnify, defend, save and hold harmless Metro Regional Government ("Metro"), and its officers, elected officials, agents and employees from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Agreement. However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of Metro, nor purport to act as legal representative of Metro, without first receiving from the Metro attorney's office authority to act as legal counsel for Metro, nor shall Contractor settle any claim on behalf of Metro without the approval of the Metro attorney's office. Metro may, at its election and expense, assume its own defense and settlement.

8. **INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent contractor. Although County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; and (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits.

9. **INSURANCE.** Contractor shall secure at its own expense and keep in effect during the term of the performance under this Contract the insurance required, and minimum coverage indicated below. The insurance requirement outlined below does not in any way limit the amount of scope of liability of Contractor under this Contract. Contractor shall provide proof of said insurance and name Clackamas County as an additional insured on all required liability policies. Proof of insurance and notice of any material change should be submitted to the following email address: HousingServices@clackamas.us.

<input checked="" type="checkbox"/> Required - Workers Compensation: Contractor shall comply with the statutory workers' compensation requirements in ORS 656.017, unless exempt under ORS 656.027 or 656.126.
<input checked="" type="checkbox"/> Required – Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per claim, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission, or negligent acts.
<input checked="" type="checkbox"/> Required – Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.

Required – Sexual Abuse and Molestation: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.

The policy(s) shall be primary insurance as respects to County. Any insurance or self-insurance maintained by County shall be excess and shall not contribute to it. Any obligation that County agrees to a waiver of subrogation is hereby stricken.

- 10. LIMITATION OF LIABILITIES.** This Contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated, therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent. Except for liability arising under or related to Article II, Section 13 or Section 20 neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms.
- 11. NOTICES.** Except as otherwise provided in this Contract, any required notices between the parties shall be given in writing by personal delivery, email, or mailing the same, to the Contract Administrators identified in Article 1, Section 6. If notice is sent to County, a copy shall also be sent to: Health, Housing and Human Services, Housing and Community Development Division, 2051 Kaen Road, Suite 239, Oregon City, OR 97045, or HousingServices@clackamas.us. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing, and immediately upon personal delivery, or within 2 hours after the email is sent during County’s normal business hours (Monday – Thursday, 7:00 a.m. to 6:00 p.m.) (as recorded on the device from which the sender sent the email), unless the sender receives an automated message or other indication that the email has not been delivered.
- 12. OWNERSHIP OF WORK PRODUCT.** All work product of Contractor that results from this Contract (the “Work Product”) is the exclusive property of County. County and Contractor intend that such Work Product be deemed “work made for hire” of which County shall be deemed the author. If for any reason the Work Product is not deemed “work made for hire,” Contractor hereby irrevocably assigns to County all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as County may reasonably request in order to fully vest such rights in County. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications. Notwithstanding the above, County shall have no rights in any pre-existing Contractor intellectual property provided to County by Contractor in the performance of this Contract except to copy, use and re-use any such Contractor intellectual property for County use only.
- 13. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; (D) Contractor is an independent contractor as defined in ORS 670.600; and (E) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- 14. SURVIVAL.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Sections 1, 6, 7, 10, 12, 13, 14, 15, 17, 20, 21, 25, 27, 29, and 32 and all other rights and obligations which by their context are intended to survive. However, such expiration shall not extinguish or prejudice County’s right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.
- 15. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be

affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.

- 16. SUBCONTRACTS AND ASSIGNMENTS.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County, which shall be granted or denied in the County's sole discretion. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Sections 1, 7, 8, 13, 16 and 27 as if the subcontractor were the Contractor. County's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 17. SUCCESSORS IN INTEREST.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- 18. TAX COMPLIANCE CERTIFICATION.** The Contractor shall comply with all federal, state and local laws, regulation, executive orders and ordinances applicable to this Contract. Contractor represents and warrants that it has complied and will continue to comply throughout the duration of this Contract and any extensions, with all tax laws of this state or any political subdivision of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318. Any violation of this section shall constitute a material breach of this Contract and shall entitle County to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract or applicable law.
- 19. TERMINATIONS.** This Contract may be terminated for the following reasons: (A) by mutual agreement of the parties or by the County (i) for convenience upon thirty (30) days written notice to Contractor, or (ii) at any time the County fails to receive funding, appropriations, or other expenditure authority as solely determined by the County; or (B) if contractor breaches any Contract provision or is declared insolvent, County may terminate after thirty (30) days written notice with an opportunity to cure.

Upon receipt of written notice of termination from the County, Contractor shall immediately stop performance of the Work. Upon termination of this Contract, Contractor shall deliver to County all documents, Work Product, information, works-in-progress, and other property that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all documents, research, objects, or other tangible things needed to complete the Work.
- 20. REMEDIES.** If terminated by County due to a breach by the Contractor, then County shall have any remedy available to it in law or equity. If this Contract is terminated for any other reason, Contractor's sole remedy is payment for the goods and services delivered and accepted by County as of the date of notice of termination, less any setoff to which County is entitled.
- 21. NO THIRD-PARTY BENEFICIARIES.** County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- 22. TIME IS OF THE ESSENCE.** Contractor agrees that time is of the essence in the performance this Contract.
- 23. FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.

24. **FORCE MAJEURE.** Neither County nor Contractor shall be held responsible for delay or default caused by events outside County or Contractor’s reasonable control including, but not limited to, fire, terrorism, riot, acts of God, or war. However, Contractor shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.
25. **WAIVER.** The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.
26. **PUBLIC CONTRACTING REQUIREMENTS.** Pursuant to the public contracting requirements contained in Oregon Revised Statutes (“ORS”) Chapter 279B.220 through 279B.235, Contractor shall:
- a. Make payments promptly, as due, to all persons supplying to Contractor labor or materials for the prosecution of the work provided for in the Contract.
 - b. Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of the Contract.
 - c. Not permit any lien or claim to be filed or prosecuted against County on account of any labor or material furnished.
 - d. Pay the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
 - e. As applicable, the Contractor shall pay employees for work in accordance with ORS 279B.235, which is incorporated herein by this reference. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract, and failure to comply is a breach entitling County to terminate this Contract for cause.
 - f. If the Work involves lawn and landscape maintenance, Contractor shall salvage, recycle, compost, or mulch yard waste material at an approved site, if feasible and cost effective.
27. **NO ATTORNEY FEES.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Contract, each party shall be responsible for its own attorneys’ fees and expenses.
28. **FURTHER ASSURANCES.** Contractor shall further comply with any and all terms, conditions, and other obligations as may be required by the applicable regional, State, or Federal agencies providing funding for performance under this Contract, whether or not specifically referenced herein. Contractor agrees to take all necessary steps and execute and deliver any and all necessary written instruments, to perform under this Contract including, but not limited to, executing all additional documentation necessary for County to comply with applicable regional, State, or Federal funding requirements.
29. **CONFIDENTIALITY.** Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential, including information that is protected under applicable law, including Personal Information (as “**Personal Information**” is defined in ORS 646A.602(11)).

Contractor agrees to hold any and all information that it is required by law or that the County marks as “Confidential” to be held in confidence (“**Confidential Information**”), using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and will use the Confidential Information for no purpose other than in the performance of this Contract, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by the County, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or the County’s request, Contractor will turn over to the County all documents, papers, records and other materials in Contractor's possession which embody Confidential Information.

Contractor acknowledges that breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to the County that cannot adequately be compensated in damages. Accordingly, the County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of the County and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by the County to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by the County, from each of Contractor's employees and agents who are performing services, and providing copies of such agreements to the County; and (b) performing criminal background checks on each of Contractor's employees and agents who are performing services, and providing a copy of the results to the County.

Contractor shall report, either orally or in writing, to the County any use or disclosure of Confidential Information not authorized by this Contract or in writing by the County, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to the County immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor's report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines and corrective action (including credit monitoring services) arising from disclosure of such Confidential Information caused by a breach of its data security or the confidentiality provisions hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor's obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

30. COOPERATIVE CONTRACTING. Pursuant to ORS 279A.200 to 279A.225, other public agencies may use this Contract resulting from a competitive procurement process unless the Contractor expressly noted in their proposal/quote that the prices and services are available to the County only. The condition of such use by other agencies is that any such agency must make and pursue contact, purchase order, delivery arrangements, and all contractual remedies directly with Contractor; the County accepts no responsibility for performance by either the Contractor or such other agency using this Contract. With such condition, the County consents to such use by any other public agency.

31. REPORTING REQUIREMENTS. In performance of the Work, Contract shall:

- a) Execute the Homeless Management Information System ("HMIS") Participation Agreement;
- b) Participate in the HMIS or, for domestic violence service providers, an HMIS comparable database. As used herein, "participation" means:
 - i) Completing all necessary initial HMIS data entry training within one month of Contract execution;
 - ii) Collecting participant demographics and enter data electronically into HMIS into appropriate HMIS providers, which will be determined by HCDD.
 - iii) Complying with current HMIS Policy and Procedures and adhere to all HMIS reporting requirements;
 - iv) Ensuring that data entry into HMIS occurs in an accurate and timely manner within three (3) business days of program entry date;
 - v) Correcting data quality, missing information, and null data errors as specified by HCDD's SHS

- Data team within 14 days after the end of each fiscal quarter or as requested;
- vi) Collecting and entering universal data elements, which include demographic information on all clients at entry, and all required SHS elements required by HUD, Metro, or other applicable federal, state, or local funding sources;
- vii) Complying with all confidentiality policies and procedures regarding HMIS and the use of participant data;
- viii) Ensuring only authorized Contractor staff, trained by HCDD, access the HMIS software.
- c) Work with HCDD to improve on performance targets.
- d) Conduct a post-program exit follow-up assessments at 6- and 12-months post-exit and enter the results of that assessment into HMIS.
- e) Work cooperatively with HCDD to prepare an annual participant feedback report.
- f) Submit to monitoring for contract compliance.

32. MERGER. THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. CONTRACTOR, BY THE SIGNATURE HERETO OF ITS AUTHORIZED REPRESENTATIVE, IS AN INDEPENDENT CONTRACTOR, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS CONTRACT, AND CONTRACTOR AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

By their signatures below, the parties to this Contract agree to the terms, conditions, and content expressed herein.

Do Good Multnomah

Daniel Hovanas 6/29/2023
 Authorized Signature Date

Daniel Hovanas | Chief Executive Officer
 Name / Title (Printed)

47-3934102
 Oregon Business Registry #
501(C)3 Nonprofit Oregon
 Entity Type / State of Formation

CLACKAMAS COUNTY

Chair, Tootie Smith
 Commissioner, Paul Savas
 Commissioner, Martha Schrader
 Commissioner, Mark Shull
 Commissioner, Ben West

 Tootie Smith, Chair Date


Approved as to Form:

 _____ 06/29/2023
 County Counsel Date

EXHIBIT A
SUPPORT SERVICES CONTRACT
SCOPE OF WORK

Do Good Multnomah (“Contractor”) is a non-profit organization that provides intensive case management, peer support, housing navigation, and a supportive community environment for Veterans. Clayton Mohr Commons is a veteran housing project located at 314 Pleasant Avenue in the heart of Oregon City. The property has twenty-four (24) housing units comprised of studios, one and two-bedroom units, and strictly serves veterans with project-based vouchers. This ensures that the units stay affordable to households at or below 30% AMI.

In addition to compliance with all guiding principles and expectations listed below, Contractor will provide the following services:

1. Contractor will perform the Work in accordance with the terms and conditions set forth in Exhibit B.
2. Contractor will provide case management to all residents of Clayton Mohr Commons. Contractor will strive to achieve full participant engagement in supportive services.
3. Clayton Mohr Commons services include:
 - a. HMIS intake, annual, and exit paperwork and data entry requirements (using the forms attached hereto as Exhibit D and E).
 - b. Refer residents to and provide support to connect with community and H3S resources.
 - c. Coordinate and schedule services and activities on-site.
 - d. Coordinate and schedule volunteer activities and events on-site.
 - e. Develop Individual Service Plans with each program participant and help them reach their goals.
 - f. Provide ongoing feedback with agencies that referred clients to housing including, but not limited to, HCDD, Clackamas County Social Services (CCSS), and the US Department of Veterans Affairs (VA).
4. Contractor will work with the property manager to maintain 98-100% occupancy rates within the first three months of contract and at all times by providing housing stabilization services and service connections.
5. Contractor will provide the staffing and supervision of three full-time staff members to perform the services. These staff members shall include a program manager, case manager, and peer support specialist. The duties and responsibilities of the staff positions shall be defined as follows:
 - a. Program Manager: The Program Manager oversees day-to-day operations. They work closely with the County by attending meetings and acting as a liaison. They identify repair and maintenance needs and submit work orders as necessary. Community is important at Clayton Mohr Commons and the Program Manager collaborates closely with staff, community partners, and residents to coordinate weekly meetings, events, and activities. The Program Manager also oversees staff as they accomplish their duties and provide the best services possible.
 - b. Case Manager: All residents of Clayton Mohr Commons will have access to individualized care plans, skill development and referrals to a wide variety of programs with additional services if needed. The case manager utilizes an Individual Service Plan (ISP) format/methodology that assists residents in identifying goals across the eight dimensions of wellness: physical, emotional, social, intellectual, environmental, spiritual, vocational, and financial. The case manager works closely with our local VA and other community partners, including culturally specific organizations, to make the best and most appropriate referral for services outside of our program.
 - c. Peer Support: Do Good Multnomah strongly values the unique benefit of peer support.

All residents at Clayton Mohr Commons have access to the peer support specialist and peer delivered services.

6. Contractor will collaborate with community partners to promote development of a social infrastructure including supporting weekly participant general assemblies.
7. Contractor will create and convene a Residents' Association that will include opportunity to all residents to improve residents' quality of life and satisfaction and to create a positive living environment.
8. Participants will be screened and referred through the H3S Coordinated Housing Access (CHA). Contractor will work with HCDD, CCSS, VA, and Clackamas County Homeless Veterans Coordination Team (HVCT) to help identify candidates that should be referred for housing.
9. Participate in the County HVCT monthly meeting.
10. Provide and retain appropriate documentation of program participation and material for payment requests.
 - a. Client file must include but is not limited to the following.
 - i. Paper copies of HMIS forms-Entry, Annual and Exit
 - ii. Emergency contact information
 - iii. Picture ID for adults only
 - iv. Signed Release of Information
 - v. Pop A vs B Form signed.
 - vi. Flex funds spent- amount, data, purpose, receipts.
 - vii. Case notes

Goals and Benchmarks

Outcome	Goal	Data Source
Optimal Occupancy	At least 98% occupancy, based on stated capacity of program	HMIS COMP site
Ending Homelessness	Maintain a housing retention rate of 95% or above across 12 months.	HMIS COMP site

Benchmarks and timeline

1. Hire and have 100% of contracted staff on board within 30 days of contract execution.
2. Staff members complete training (or ensure competence) in HMIS and CHA within 60 days of hire.
3. Complete Housing First Aid/Diversion training within 120 days of hire.

The program will be expected to follow the timeline above, meeting each benchmark, as indicated. Unmet benchmarks will result in the following progressive action:

- First time missing a benchmark;
 - Monitoring meeting with Housing Services Team (HST) to identify barriers and possible solutions.
- Second time missing a benchmark;
 - Another monitoring meeting which will result in a mutually agreed upon Performance Improvement Plan (PIP)
- Third time missing a benchmark;
 - Another monitoring meeting, including an evaluation of PIP, with all remedies, up to

and including Contract termination, available.

HST will use HMIS and training enrollment data to verify benchmark achievement. Contractor is expected to notify HST through email within 14 days once staff are hired and if there are challenges in meeting any of the benchmarks above.

In addition to the obligations set forth above, Contractor shall perform the following;

1. Incorporate and adhere to the guiding principles and expectations set forth above.
2. Conduct the contracted program and related activities as outlined in the program design section above.

HST team responsibilities

1. Incorporate and adhere to the guiding principles and expectations set forth above.
2. Adhere to all applicable Fair Housing laws.
3. Provide semi-annual “data progress reports” pulled and analyzed from HMIS, including equity data.
4. Provide HMIS access, training, and support.
5. Provide connections to CHA and Housing First Aid/diversion training.
6. Coordinate, support, and/or facilitate provider meetings, including case conferencing meetings, as needed.
7. Provide information, access, and/or support for staff to attend Equity, Inclusion and continuing education trainings.
8. Connect all contracted programs with the overall system of services for people experiencing homelessness.
9. Support both formal and informal partnerships between provider organizations, including those newly formed.
10. Facilitate connections to broader systems of care, including but not limited to:
 - a. Housing
 - b. Workforce
 - c. Education
 - d. Foster care
 - e. Department of Human Services
 - f. Domestic Violence
 - g. Community corrections
 - h. Healthcare, both physical and mental
 - i. Substance use Disorder treatment
11. Identify unmet needs, gaps in services and system barriers and address these with the system of providers.
12. Provide case staffing, either in a group of service provider peers or one-on-one, as needed.
13. Assist with program access prioritization, as needed.
14. Incorporate participant voice in SHS programming decisions.
15. Maintain effective working relationships with contracted providers.
16. Attend training and community/systems meetings.
17. Provide or assist with creation of necessary participant/program forms.
18. Support Contractor in identifying and re-matching households that either need a lower or higher level of service than originally anticipated. Re-matching may happen within contracted provider programs or across contracted providers.
19. Coordinate with Contractor to participate in by-name-list case conferencing meetings.
20. Apply the process as outlined in the Benchmark section described above.

EXHIBIT B GUIDING PRINCIPLES AND EXPECTATIONS

Equity:

The Clackamas County Housing Services Team (HST) promotes racial and ethnic justice and seeks to end disparities in housing access. Clackamas County and the HST recognizes that culturally responsive and culturally specific services can eliminate structural barriers and provide a sense of safety and belonging, which will lead to better outcomes. Clackamas County and the HST recognizes that advancing equity also includes having cultural competencies to provide services to other historically marginalized communities such as LGBTQ2SIA+, youth, people with disabilities, and immigrants and refugees. To further equity goals, Contractor must develop/implement the following:

- A plan to ensure culturally responsive service delivery that is respectful of all participants.
- A plan assuring access to services for people who do not speak the primary language of the service provider.
- A process to work with the HST to continuously monitor the demographics of those accessing services using the HMIS (or an HMIS comparable database for domestic violence service providers).
- A quality improvement plan, informed by quantitative and qualitative data analysis, to address evidence of differential access, based on race, ethnicity, disability, gender identity, sexual orientation or other protected class status.
- Ensure that staff and volunteers have knowledge and experience to participate in the effort to increase equity and decrease housing disparities.
- Ensure that staff and volunteers have access to equity and inclusion training on an on-going basis.

1) Outcomes:

The SHS program is intended to end chronic homelessness in Clackamas County. In addition, HST aims to make homelessness rare, brief, and not reoccurring for all who live in Clackamas County. Programs must work in coordination to ensure housing options are safe, stable, and provide housing choice to meet the needs of each individual. The work of ending racial disparities in housing and ending homelessness is one and the same.

In addition to ending homelessness, Metro-wide outcome goals of the SHS program include:

- Advance housing equity by providing access to services and housing to Black, Indigenous and people of color at higher rates than their representation among those experiencing homelessness.
- House individuals and families, and support housing retention, at greater rates than those newly experiencing homelessness, to reduce the overall population of people experiencing homelessness.
- Reduce the average length of time anyone in Clackamas County experiences homelessness until people are offered housing options immediately upon becoming homeless.
- Strengthen housing retention so that, once stably housed, returns to the experience of homelessness are extremely rare.
- Housing programs promote long-term stability, measured by successful program “graduation” to permanent housing and/or housing retention.
- Increase culturally specific organization capacity with increased investments and expanded organizational reach for culturally specific organizations and programs.
- SHS-funded organizations increase equity by hiring staff that are diverse by race, ethnicity, languages spoken, sexual orientation, gender identity, disability status, age, and lived experience.
- Increase safety, stability and healing for everyone who has experienced homelessness using person-centered, trauma-informed service approaches and connections with mental and physical healthcare.
- Other measures, as determined by Metro, Tri-County data team, and/or Clackamas County Housing Services Team, will be added.

2) **Coordination:**

Partnership and coordination are key components to ending homelessness. A coordinated system makes finding resources easy for potential program participants and allows the entire system to work more smoothly. When done well, a holistic, coordinated approach improves outcomes system-wide.

The following are effective coordination principles and practices that must be followed. When followed, they ensure system-wide coordination:

- Coordinated Housing Access (CHA) must be utilized to effectively coordinate all housing services. It must be easily accessible and allow participants to complete a single assessment to access all services in the housing continuum.
- Demonstrated partnerships, at all levels of programming, between programs and organizations. Partnerships can be demonstrated through formal contracts, MOUs, system-wide planning participation, and providing infrastructure programming in a coordinated way (including outreach, immediate housing, housing navigation, CHA, and Housing First Aid/diversion).
- Build connections and coordinate with multiple systems of care (i.e., housing, workforce, education, foster care, DHS, domestic violence, community justice, health, mental health and addictions) to build a community of resources, easily accessible to all.
- Strengthen system capacity by supporting CHA, Housing First Aid/diversion, outreach and navigation.
- Participate in coordinated system development and implementation, including identifying, addressing, and following-up on unmet needs, gaps in services, and system barriers.

3) **Services:**

All services focus on building relationships and service engagement through person-centered, culturally-responsive, trauma-informed, strengths-based practices. Services should align with the Housing First model (see Addendum – Definitions). The purpose of these relationships is to support each household to achieve housing stability through individualized planning and connections with community resources.

To further these services goals, Contractor must follow the following proven practices:

- All services are low barrier, not requiring pre-requisites to become eligible for services or housing.
- Housing First Aid/Diversion is attempted at every program “door,” including Street outreach, all immediate housing programs, and permanent housing programs, when appropriate.
- Households experiencing or at risk of homelessness must be able to move directly into supportive housing and/or permanent housing without first accessing immediate housing programs. Households must also be presented with available immediate housing options.
- Families will be provided with the option to sleep/stay together; Families will not be separated unless they choose to sleep/stay separately.
- Vulnerable populations are prioritized.
- Vulnerable populations include those with long homeless histories, incomes below 30% AMI, and one or more disabilities.
- Due to a long history of systemic racism, oppression, and everyday micro and macro-aggressions, Black, Indigenous, and People of Color are also more vulnerable to the experience of homelessness.
- Services are voluntary, non-intrusive, and provide minimal disruption to meet the expressed needs and desires of the participant.
- Services are highly flexible and tailored to meet the needs of each household.

4) **Participant Voice:**

Each individual is the expert in their own life. To build the best system, people with lived experience of homelessness must help to shape the services designed to end homelessness.

Contractor must incorporate the following guidelines into all programs:

- Participants lead development of their own individual service plans.
- Ensure that all services are voluntary and that no participant is required to participate in a particular activity in order to receive services.

- Integrate participant (or those who choose not to participate) in decision-making at every level, including program/service development, delivery, and evaluation.
- People with lived experience, who participate in decision-making and program development, are paid for their time.
- Have written procedures and policies, as well as an accessible and transparent grievance process, which ensure staff and volunteers provide respectful and effective services.
- Board of directors must include at least one person with lived experience of homelessness.

5) System-wide Service Delivery Expectations (in addition to any items above):

Contractor shall perform the following:

- Participate in the HMIS or, for domestic violence service providers, an HMIS comparable database.
- Provide services free of charge to participants or utilizing a pre-approved sliding scale fee.
- Include sustainable, environmentally friendly practices in business operations and the delivery of services (for example, providing onsite recycling, and encouraging reduction of waste through electronic records whenever possible).
- Confidential information must be protected in compliance with applicable federal, state, and local privacy rules.
- Maintain an effective working relationship. HST will have formal relationships with service providers through contracts and will also expect contractors to maintain ongoing communication with the HST about programs and performance, and to engage in community planning and training opportunities.
- All services must be delivered in a wholly secular manner, and programs may not require participation in religious activities for program eligibility purposes.
- Have a written termination and/or exclusion policy that appropriately protects the interests of participants by: (1) applying a trauma and equity lens to evaluating rule violations; (2) avoiding termination whenever reasonably possible; (3) informing the participant in clear terms of the reason for their termination and/or exclusion from the program; and (4) outlines the process for grieving the decision. Except in the most extreme situations, termination and exclusion policies should allow for re-entry into the program under appropriate conditions.
- Ensure that staff and volunteers have access to continuing education opportunities.
- Attend training and community/system networking meetings as reasonably required by HST

6) HST Responsibilities

1. Incorporate and adhere to the guiding principles and expectations set forth above
2. Adhere to all applicable Fair Housing laws
3. Support Contractor in creating policy manual, including sharing examples among Contracted providers
4. Provide semi-annual “data progress reports” pulled and analyzed from HMIS, including equity data
5. Develop a policy, in coordination with Contractor, for follow up with households exiting shelter programs to permanent housing.
6. Provide HMIS access, training, and support
7. Provide connections to CHA and Housing First Aid/diversion training
8. Coordinate, support, and/or facilitate provider meetings, including case conferencing meetings, as needed
9. Provide information, access, and/or support for staff to attend Equity, Inclusion and continuing education trainings
10. Connect all contracted programs with the overall system of services for people experiencing homelessness
11. Support both formal and informal partnerships between provider organizations, including those newly formed
12. Facilitate connections to broader systems of care, including but not limited to:
 - a. Housing
 - b. Workforce
 - c. Education
 - d. Foster care
 - e. Department of Human Services
 - f. Domestic Violence

- g. Community corrections
 - h. Healthcare, both physical and mental
 - i. Substance use Disorder treatment
13. Identify unmet needs, gaps in services and system barriers and address these with the system of providers
 14. Provide case staffing, either in a group of service provider peers or one-on-one, as needed
 15. Assist with program access prioritization, as needed
 16. Incorporate participant voice in SHS programming decisions
 17. Maintain effective working relationships with contracted providers
 18. Attend training and community/systems meetings
 19. Provide or assist with creation of necessary participant/program forms
 20. Support Contractor in identifying and re-matching households that either need a lower or higher level of service than originally anticipated. Re-matching may happen within contracted provider programs or across contracted providers.
 21. Coordinate with Contractor to participate in by-name-list case conferencing meetings
 22. Apply the process as outlined in the Benchmark section described above

7) Reporting Requirements:

Contractor will:

1. Adhere to all data reporting requirements stated in Article II, Section 31 of the contract.
2. Complete narrative sections of quarterly “progress reports” within 30 days of receipt
3. Semi-annual “progress reports” will include, at a minimum, but not limited to the following data categories:
 - a. HMIS data quality: % missing
 - b. Participant demographic data, including race and ethnicity
 - i. All data points listed below will include a breakdown of demographic characteristics related to race and ethnicity
 - c. Average cost per household served (successfully and total)
 - d. Program-specific elements
 - i. Percent of households provided Housing First Aid and diverted from shelter services
 - ii. Bed/Unit Utilization average percentage
 - iii. Average length of program participation
 - iv. Rate of exit from shelter to permanent housing
 - e. Narrative responses to questions
 - i. What are some unexpected challenges you faced or strengths you have discovered as an agency? (Consider including participant success stories)
 - ii. How is your agency working towards ensuring low-barrier programming? Have you seen a need to adjust services to make them more accessible?
 - iii. Please explain how you have been leading with race while reducing homelessness overall in the community
 - iv. Has your agency made progress toward “building connections and coordinating with multiple systems of care to build a community of resources, easily accessible to all”? If yes, please describe how the need for the new connection was identified and the process of building the connection.
4. Work with HST to continually improve on performance targets
5. Conduct post-program-exit follow-up assessments at 6 and 12 months post-exit
 - a. Enter the results into HMIS
6. Prepare an annual participant feedback report
7. Submit to monitoring for contract compliance

8) The HST will:

1. Work with Contractor to continuously monitor demographics and outcomes, and to create any necessary quality improvement plans
2. Assist with achieving desired program outcomes and improving those outcomes
3. Communicate with Contractor in a timely manner when additional data metrics are determined
4. Use HMIS data to create and provide quarterly “progress report” to Contractor
5. Work with Contracted providers to continually improve on performance targets

6. Work with Contractor to identify strengths and weaknesses apparent in programming through data
7. Review and identify strengths and weaknesses from participant feedback report with Contractor
8. Monitor for contract compliance

**EXHIBIT C
BUDGET**

Budget

SUPPORTIVE SERVICES AT CLAYTON MOHR COMMONS

Line Item Category	Narrative/Description <small>Please provide a detailed description of each line item</small>	Funds Requested
Supportive Housing Case Management		
Personnel		
Salaries & Wages	3.05 FTE + on-call support staffing	\$ 160,728.00
Benefits	health, dental, EAP	\$ 12,984.00
Taxes	12% payroll tax estimate	\$ 32,624.00
Overtime	paid at time-and-a-half when absolutely necessary	\$ 2,095.00
2024 COLA	3% COLA effective 1/1/2024	\$ 2,442.00
	Personnel Subtotal:	\$ 210,873.00
Program Operations - Materials and Services		
Client Transportation	funds for Lyft and TriMet passes	\$ 480.00
Office & Cleaning Supplies	basic office and cleaning supplies for common space	\$ 1,800.00
Office Equipment	printer, phone, camera etc.	\$ 2,543.00
Resident Activities	supplies for community engagement opportunities & food	\$ 5,000.00
Staff Education & Training	access to organization wide on-going training and professional development	\$ 1,500.00
	Program Operations Subtotal:	\$ 11,323.00
Client Services - Flexible Funding		
Flex Funds	eviction prevention, move-on costs, utility debt, employment, job-related needs, etc.	\$ 10,000.00
	Client Services Subtotal:	\$ 10,000.00
Indirect Administration		
Indirect Administration	10% de minimis indirect rate	\$ 23,219.60
	Indirect Administration Subtotal:	\$ 23,219.60
	Total Funds Requested:	\$ 255,415.60

**EXHIBIT D
HMIS DATA FORM**

COVID-19
(Yes/No)

PROGRAM:

START DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT START DATE

CLIENT SEARCH	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #:					
NAME(s)					
Social Security:	- -	- -	- -	- -	- -

U.S. Military Veteran? (Adults only):

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Doesn't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Head of HH*:

Date of Birth: / / / / / / / / / /

Gender:

Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Female (MTF or Male to Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Male (FTM or Female to Male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Non-Conforming (i.e., not exclusively male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Race: (CHECK ALL THAT APPLY)

American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native HAW or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity: (Hispanic/Latino)

Hispanic/Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Hispanic/Non-Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Head of Household:

Self (head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's other relation member (other relation to head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: non-relation member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
HMIS ROI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:					
End Date:					
Witness:					
OHCS Release Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:					
End Date:					
Documentation:					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Covered by Health Insurance? (ALL CLIENTS)

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', Source of Health Insurance

Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Insurance for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

Does the client have a disabling condition? (Required for all household members)

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Type: (Required for all household members)

Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

HMIS DATA FORM

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	(1)	(2)	(3)	(4)	(5)
Both Alcohol and Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

	(1)	(2)	(3)	(4)	(5)
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

	(1)	(2)	(3)	(4)	(5)
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

	(1)	(2)	(3)	(4)	(5)
Mental Health Problem (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

	(1)	(2)	(3)	(4)	(5)
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

	(1)	(2)	(3)	(4)	(5)
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Notes on Disability:					

HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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Prior living situation to Project Start Date: *(HoH & Adults only)*

Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)					
Place not meant for habitation (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care home or foster care group home (HUD)					
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care facility or nursing home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent housing (other than RRH) for formerly homeless persons (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy (HUD)					
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with GPD TIP subsidy (HUD)					
Rental by client, with other housing subsidy (including RRH) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a friend's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	_____	_____	_____	_____	_____
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused					

*See KEY for acceptable responses.

HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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Length of Stay in Previous Place: (HoH & Adults only)

One night or less					
Two nights to six nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 week or more, but less than 1 month					
1 month or more, but less than 90 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 days or more, but less than 1 year					
One year or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LENGTH OF TIME ON STREET OR IN AN EMERGENCY SHELTER (ES)

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, approximate date homelessness started

Date:

//___	_/_/___	_/_/___	_/_/___	_/_/___
---------	---------	---------	---------	---------

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence - regardless of where they stayed last night - number of times the client has been in ES or place not meant for habitation in the past three years: (HoH & Adults only)

Never in 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One time					
Two times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four or more times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused					

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, total number of months homeless in ES or place not meant for habitation in the past three years (HoH & Adults only)

1 month (this time is the first month)					
2-12 months (please specify #)	_	_	_	_	_
More than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused					

Education Level - Last Grade Completed (All Adults and Heads of Household):

Less than Grade 5					
Grade 5 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12/High School Diploma					
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*See KEY for acceptable responses.

HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
--	-----	-----	-----	-----	-----

Domestic Violence Victim/Survivor

Yes					
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know					
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, domestic violence victim/survivor, when experience occurred:

Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months to 1 year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year ago or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes for domestic violence, are you currently fleeing?

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income from any source?: (HoH & Adults only)

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of Income: (HoH & Adults only)

Alimony or Other Spousal Support (HUD)					
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Earned Income (HUD)					
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Other (HUD)					
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Private Disability Insurance (HUD)					
Self-Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Retirement Income from Social Security (HUD)					
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI (HUD)					

*See KEY for acceptable responses.

HMIS DATA FORM

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	(1)	(2)	(3)	(4)	(5)
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment Insurance (HUD)					
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Service Connected Disability Compensation (HUD)					
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Non-cash benefit from any source?: (HoH & Adults only)

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of Non-Cash Benefit: (HoH & Adults only)

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Transportation Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Interviewer

Interview Date

Case Manager

Date Data Entry Completed

HMIS DATA FORM

INTERIM REVIEW

PROGRAM:

INTERIM REVIEW DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF INTERIM REVIEW DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
CLIENT SEARCH					
HMIS Client ID #:					
NAME(s):					
INTERIM REVIEW TYPE:	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update

ROI (Release of Information) TAB

Release Granted?

HMIS ROI STILL VALID

	(1)	(2)	(3)	(4)	(5)
OHCS Release Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:					
End Date:					
Documentation:					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Covered by Health Insurance?

NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY

	(1)	(2)	(3)	(4)	(5)
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Ins. (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Ins. for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

Disability Type:

NO CHANGES IN DISABILITY FOR ENTIRE FAMILY

	(1)	(2)	(3)	(4)	(5)
Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Problem (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS DATA FORM

INTERIM REVIEW

	(1)	(2)	(3)	(4)	(5)
9) Source of Income:	<input type="checkbox"/> NO CHANGES WITH INCOME STATUS AND AMOUNTS				
Alimony or Other Spousal Support (HUD)					
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Earned Income (HUD)					
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Pension or retirement income from another job (HUD)					
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Retirement Income from Social Security (HUD)					
Self-Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSDI (HUD)					
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
TANF Temporary Assistance for Needy Families (HUD)					
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Worker's Compensation (HUD)					
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Non-cash benefit	<input type="checkbox"/> NO CHANGES WITH NON-CASH BENEFITS				
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)					
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services (HUD)					
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

DV Victim/Survivor	<input type="checkbox"/> NO CHANGES WITH DV STATUS				
Within the past 3 months					
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Manager _____

Interview Date _____

Date Data Entry Completed _____

Initials _____

HMIS DATA FORM

EXIT

PROGRAM

PROJECT EXIT DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT EXIT DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #					
NAME(s)					

Article II. INCLUDE ALL HOUSEHOLD MEMBERS IN EXIT

Reason for Leaving:				
Completed Program				
Criminal activity / violence				
Death				
Disagreement with rules/persons				
Left for housing opp. Before completing program				
Needs could not be met				
Non-compliance with program				
Non-payment of rent				
Other				
Reached maximum time allowed				
If Other, Specify:				

1) Destination: (All Clients)

Deceased (HUD)				
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)				
Foster care home or foster care group home (HUD)				
Hospital (non-psychiatric) (HUD)				
Hotel or motel paid for without emergency shelter voucher (HUD)				
Jail, prison or juvenile detention				
Long-term care facility/nursing home				
Owned by client, no ongoing housing subsidy (HUD)				
Owned by client, with ongoing housing subsidy (HUD)				
Permanent housing (other than RRH) for formerly homeless				
Place not meant for habitation				
Psychiatric hospital or other psychiatric facility (HUD)				
Rental by client, no ongoing housing subsidy (HUD)				
Rental by client, with VASH subsidy				
Rental by client, GPD TIP subsidy				

HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
Rental by client, with other housing subsidy (including RRH) (HUD)					
Rental by client, with RRH or equivalent subsidy (HUD)					
Residential project or halfway house with no homeless criteria					
Staying or living with family permanent tenure (HUD)					
Staying or living with family temporary tenure, e.g., room apartment or house) (HUD)					
Staying or living with friends permanent tenure (HUD)					
Staying or living with friends temporary tenure, e.g., room apartment or house) (HUD)					
Substance abuse treatment facility or detox center (HUD)					
Transitional housing for homeless persons (including homeless youth)					
Other (HUD)					
No exit interview completed (HUD)					
Client Doesn't Know (HUD)					
Client refused (HUD)					
If Other, Specify					

Covered by Health Insurance?
(ALL CLIENTS)

NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY

Yes					
No					
Client doesn't know					
Client refused					

If 'Yes', Source of Health Insurance

Medicaid	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Medicare	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
State Children's Health Ins. (CHIP)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Veteran's Administration (VA) Medical Services	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Employer-Provided Health Insurance	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Health Insurance through COBRA	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Private Pay Health Insurance	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
State Health Ins. for Adults (OHP)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Indian Health Service Program															
Other (Describe)															

Notes:
CDK=Client Doesn't Know
CR=Client Refused
DNC=Data Not Collected

HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
--	-----	-----	-----	-----	-----

Does the Client have a Disabling Condition? **(Required for all household members)**

	<input type="checkbox"/> NO CHANGES IN DISABLING FOR ENTIRE FAMILY				
Yes					
No					
Client doesn't know					
Client refused					

Disability Type: (Required for all household members)

Alcohol Abuse (HUD)										
Drug Abuse (HUD)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Both Alcohol and Drug Abuse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Developmental (HUD)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
HIV/AIDS (HUD)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Mental Health Problem (HUD)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Physical (HUD)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Chronic Health Condition (HUD)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

2) Income from any source?: (HoH & Adults only)

Yes					
No					
Client doesn't know					
Client refused					

3) Source of Income: (HoH & Adults only)

Alimony or Other Spousal Support (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Child Support (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Earned Income (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
General Assistance (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Other (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Pension or retirement income from another job (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Private Disability Insurance (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Retirement Income from Social Security (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Self-Employment Wages	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
SSDI (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
SSI (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
TANF Temporary Assistance for Needy Families (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Unemployment Insurance (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
VA Non-Service Connected Disability Pension (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
VA Service Connected Disability Compensation (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
Worker's Compensation (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
	\$ _____			\$ _____			\$ _____			\$ _____		
TOTAL MONTHLY INCOME	\$ _____			\$ _____			\$ _____			\$ _____		

Notes:

CDK=Client Doesn't Know
 CR=Client Refused
 DNC=Data Not Collected

HMIS DATA FORM

EXIT

(1)	(2)	(3)	(4)	(5)
-----	-----	-----	-----	-----

Non-cash benefit from any source?: (HoH & Adults only)

Yes				
No				
Client doesn't know				
Client refused				

Source of Non-Cash Benefit: (HoH & Adults only)

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
WIC (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
TANF Child Care Services (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
TANF Transportation Services	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Other TANF-Funded Services (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC
Other Source (HUD)	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC

Case Manager _____

Interview Date _____

Date Data Entry Completed _____

Initials _____

Notes:

- CDK=Client Doesn't Know
- CR=Client Refused
- DNC=Data Not Collected

SERVICE TRANSACTIONS TAB

	ALL HH MEMBERS	EHA	LIRHF \$ Amt Required	HUD	OTHER:
Service List (Check all that Apply)					
AIDS/HIV CONTROL					
CASE/CARE MANAGEMENT					
CHILD CARE PROVIDERS					
COVID-19					
EDUCATION					
EMPLOYMENT					
FOOD					
HEALTH CARE					
HOUSING COUNSELING (landlord/tenant counseling)					
HOUSING/SHELTER					
LANDLORD/TENANT ASSISTANCE					
LEGAL SERVICES					
LIFE SKILLS EDUCATION					
MATERIAL GOODS					
MENTAL HEALTH & SUBSTANCE ABUSE					
MOVING EXPENSE ASSISTANCE					
OUTREACH PROGRAMS					
RENT PAYMENT ASSISTANCE					
RENTAL DEPOSIT ASSISTANCE					
SUBSTANCE ABUSE					
TRANSPORTATION					
UTILITY ASSISTANCE					
UTILITY DEPOSIT ASSISTANCE/UTILITY ASSISTANCE					

Experiencing or at Imminent Risk
of Long-Term Homelessness



Housing Authority of
Clackamas County

Please note, this will be entered into HMIS

Experiencing or at Imminent Risk of Long-Term Homelessness

Name of Head of Household: _____ Date of screening: _____

1. Household is earning between 0-30% Area Median Income (AMI); **AND**

2022 Income Limit	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	\$22,400	\$25,600	\$28,800	\$31,950	\$34,550	\$37,190	\$41,910	\$46,630

2. Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or an addiction;

This can be self-certified. The disability does not need to be diagnosed or documented by a third party; **AND**

3. Head of household is currently (client only needs to meet one of the following criteria):

- a. Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); **OR**
- b. In an institution or publicly funded system of care (e.g., hospital, jail, prison, or foster care); **OR**
- c. In housing and will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); **OR**
- d. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing.

Question 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required; **AND**

4. Head of household meets one or more of the following criteria:

- a. Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; **OR**
- b. Was housed through another Homeless Assistance Housing Program in the last 3 years and is not currently being served in that program; **OR**
- c. Is being served in an intensive case management program (e.g., Assertive Community Treatment)

Section 2.02 Clackamas County

Experiencing or at Imminent Risk of Long-Term Homelessness

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Priority Population A

The head of household meets all four of the above criteria. The head of household is experiencing or at imminent risk of long-term homelessness.

Priority Population B

The head of household did not meet all four of the above criteria. The head of household is applying for homeless services and at substantial risk of homelessness and/or is experiencing any form of homelessness.

Completing this screening does not necessarily mean eligibility for a specific program or service.

Section 2.03 Certification Box

I certify (*name of head of household*) _____ is in
priority Population A or B (Check one).

Staff Name: _____ Work Phone: _____

Staff Signature: _____ Date: _____

Staff Agency: _____

Email: _____

Note on Area Median Income (AMI): The Department of Housing and Urban Development (HUD) sets AMI limits every year. **This form needs to be updated on an annual basis to reflect these changes** (usually the new income limits come out in April). HUD develops AMI based on Median Family Income estimates and Fair Market Rent Area Definitions for each metropolitan area. Clackamas County is part of the **Portland-Vancouver-Hillsboro, OR-WA MSA** metropolitan area. This includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington & Yamhill Counties.

ADDENDUM: DEFINITIONS

Culturally Responsive and Culturally Specific Services

HCDD is using definitions of Culturally Responsive and Culturally Specific services developed through a collaborative Metro-wide work group.

Culturally Responsive

Culturally responsive services are general services that have been adapted to honor and align with the beliefs, practices, culture and linguistic needs of diverse consumer / client populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Culturally responsive services also refer to services provided in a way that is culturally responsive to the varied and intersecting “biological, social and cultural categories such as gender identity, class, ability, sexual orientation, religion, caste, and other axes of identity.” Culturally responsive organizations typically refer to organizations that possess the knowledge and capacity to respond to the issues of diverse, multicultural communities at multiple intervention points.

Culturally responsive organizations affirmatively adopt and integrate the cultural and social norms and practices of the communities they serve. These agencies seek to comprehensively address internal power and privilege dynamics throughout their service delivery, personnel practices, and leadership structure.

A culturally responsive organization is one that reflects the following characteristics:

- Prioritizes responsiveness to the interests of communities experiencing inequities/racism and provides culturally grounded interventions [that] have been designed and developed starting from the values, behaviors, norms, and worldviews of the populations they are intended to serve, and therefore most closely connected to the lived experiences and core cultural constructs of the targeted populations and communities;
- Affirmatively adopts and integrates the cultural and social norms and practices of the communities they serve;
- Addresses power relationships comprehensively throughout its own organization, through both the types of services provided and its human resources practices. A key way of doing this is engaging in critical analysis of the organization’s cultural norms, relationships, and structures, and promoting those that support democratic engagement, healing relationships and environments;
- Values and prioritizes relationships with people and communities experiencing inequities universally, paying particular attention to communities experiencing racism and discrimination;
- Commits to continuous quality improvement by tracking and regularly reporting progress, and being deeply responsive to community needs; and
- Strives to eliminate barriers and enhance what is working.

Culturally responsive organizations seek to build change through these major domains:

- Organizational commitment, leadership, and governance;
- Racial equity policies and implementation practice;
- Organizational climate, culture, and communications;
- Service-based equity and relevance;
- Workforce composition and quality;
- Community collaboration;
- Resource allocation and contracting practices; and

- Data metrics and continuous quality improvement.

Culturally Specific

Culturally specific services are services provided for specific populations based on their particular needs, where the majority of members/clients are reflective of that community, and use language, structures and settings familiar to the culture of the target population to create an environment of belonging and safety in which services are delivered. Culturally specific organizations typically refer to organizations with a majority of members/clients from a particular community. Culturally specific organizations also have a culturally focused organizational identity and environment, a positive record of successful community engagement, and recognition from the community served as advancing the best interests of that community.

Organizations providing Culturally Specific Services reflect the following characteristics:

- Programs are designed and continually shaped by community input to exist without structural, cultural, and linguistic barriers encountered by the community in dominant culture services or organizations AND designed to include structural, cultural, and linguistic elements specific to the community's culture which create an environment of accessibility, belonging and safety in which individuals can thrive.
- Organizational leaders, decision-makers and staff have the knowledge, skills, and abilities to work with the community, including but not limited to expertise in language, core cultural constructs and institutions; impact of structural racism, individual racism and intergenerational trauma on the community and individuals; formal and informal relationships with community leaders; expertise in the culture's explicit and implicit social mores. Organizational leaders and decision-makers are engaged in improving overall community well-being and addressing root causes.
- Intimate knowledge of lived experience of the community, including but not limited to the impact of structural or individual racism or discrimination on the community; knowledge of specific disparities documented in the community and how that influences the structure of their program or service; ability to describe the community's cultural practices, health and safety beliefs/practices, positive cultural identity/pride/resilience, immigration dynamics, religious beliefs, etc., and how their services have been adapted to those cultural norms.
- Provide multiple formal and informal channels for meaningful community engagement, participation, and feedback at all levels of the organization (from service complaints to community participation at the leadership and board level). Those channels are constructed within the cultural norms, practices, and beliefs of the community, and affirm the positive cultural identity/pride/resilience of the community. Community participation can and does result in desired change.
 - Commitment to a highly skilled and experienced workforce by employing robust recruitment, hiring and leadership development practices including but not limited to valuing and caring for community and/or lived experience; requirements for professional and personal references within the community; training standards professional development opportunities and performance monitoring.
 - Commitment to safety and belonging through advocacy; design of services from the norms and worldviews of the community; reflect cultural constructs of the culturally specific community; understand and incorporate shared history; create rich support networks; engage all aspects of community; and address power relationships.

1) Housing First Principles:

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing.
- Supportive services are voluntary but can and should be used to persistently engage tenants to

ensure housing stability.

- Tenants have full rights, responsibilities, and legal protections.
- Practices and policies to prevent lease violations and evictions.
- Evictions from housing do not result in termination from the program.

For more information on housing first, visit: <https://endhomelessness.org/resource/housing-first/> and <https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>