

**Missouri Association for
Social Welfare**

**Homeless Missourians
Information System Project**

Policy & Procedure Manual

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Introduction

This manual provides the framework for ongoing operations of the Missouri Association for Social Welfare's (MASW) Homeless Missourians Information System (HMIS) Project. It is extremely important in the use of HMIS that client confidentiality, privacy, and security are maintained at the highest level. The policies and procedures in this document fulfill basic HUD and HMIS requirements.

Project Overview: Provides the main objectives, direction, and vision of MASW's HMIS Project.

Operating Procedure: Provides specific policies and procedures necessary to ensure compliance in:

Project Participation

User Designation

Training

Client Information

Technical Requirements

Technical Support

Forms: Provide information on obtaining forms as well as sample copies.

Project Overview

The Department of Housing and Urban Development (HUD) and its “hmis” Requirement

In July 2003, the Department of Housing and Urban Development (HUD) published a draft notice of a Homeless Management Information System (“hmis”). The notice prompted communities around the nation to set up an “hmis” database to capture required data elements and established minimum policies and procedures.

An “hmis” is an electronic data collection system that stores information about the individuals who seek homeless services. It is a valuable resource because of its capacity to integrate and un-duplicate data from all homeless assistance and homelessness prevention programs in a Continuum of Care (CoC). Aggregate “hmis” data can be used to understand the size, characteristics, and needs of the homeless population at the local, state, and national levels. It enables organizations that operate homeless assistance and homelessness prevention programs to improve the services they provide by collecting information about clients’ needs.

In March 2010, HUD released the Revised Data and Technical Standards Notice. This Notice added a new set of Program Descriptor Data Elements – that is, data to be collected about all homeless assistance and Homeless Prevention Rapid Re-housing (HPRP) programs in the CoC. These data elements are needed for reports submitted as part of the annual CoC application for funding. In addition, there were revisions to the Data Standards for Universal Data Elements. A new data element, Housing Status, was added in order to distinguish persons who are literally homeless from those who are at imminent risk of losing housing, or in a stable housing situation. Furthermore, response categories of “Don’t Know” and “Refused” were added to assist in the collection of required data elements.

Continuum of Care (CoC)

Historically, a CoC is a long-range planning process that addresses the needs of homeless individuals in order to help them reach maximum self-sufficiency. Each CoC is responsible for working with homeless assistance agencies in their geographic area to coordinate the delivery of housing and services to homeless families, individuals, youth, and persons with disabilities. Additionally, the CoCs are responsible for implementing and managing an “hmis” within their CoC. Missouri is organized into eight geographically-based Continuums of Care (CoC). The eight Continua in Missouri are:

- *Joplin CoC* – Jasper and Newton counties
- *Kansas City CoC* – Jackson County
- *Springfield Area CoC* – Christian, Greene, and Webster counties
- *St. Charles CoC* – Lincoln, St. Charles, and Warren counties
- *St. Louis City CoC* – St. Louis City
- *St. Louis County CoC* – St. Louis County
- *St. Joseph CoC* – Andrews, Buchanan, and Dekalb counties
- *Balance of State CoC* – Remaining 101 counties of Missouri

Missouri Association for Social Welfare (MASW)

MASW is funded, in part, by the United States Housing and Urban Development (HUD) office to administer the Homeless Management Information System (“hmis”) for Missouri’s Balance of State (BoS) Continuum of Care.

Homeless Missourians Information System (HMIS)

In 2004, MASW received a grant from HUD that paid for the establishment of a mandated “hmis” for the 101 rural counties of Missouri. Holding true to MASW’s core values, we believe that individuals experiencing homelessness should never be “managed.” Therefore, Missouri’s Homeless Management Information System (“hmis”) effectively became Homeless Missourians Information System Project (HMIS).

The main purpose of HMIS is to collect information about the clients served. Service providers can input data into HMIS and share it, to the extent allowed, with each other. The data collected in HMIS presents communities with the opportunity to re-examine how homeless services are provided in their community and to develop appropriate action steps to accurately address the needs of individuals and families experiencing homelessness. HMIS is a secure, private database accessed via the World Wide Web accessible only by authorized HMIS Users.

Through the HMIS Project, any agency within the Balance of State Continuum of Care that provides shelter, housing, and services to individuals experiencing homelessness and those at risk of homelessness qualifies to participate in HMIS.

Regional Online Services Information Exchange (ROSIE)

ROSIE is the “hmis” database system used in the Missouri Balance of State Continuum of Care.

Municipal Information Systems, Incorporated (MISI)

MISI is the system administrator of ROSIE. ROSIE is maintained in an off-site, physically secured and electronically monitored facility. All client data entered into ROSIE is backed up and taken off-site daily.

MISI supplies technical support relating to the ROSIE database, facilitates training, and ensures that all HUD mandated updates are administered in accordance with HUD requirements.

Partner Agency

A Partner Agency is any agency providing housing or homeless prevention assistance that is enrolled in the HMIS Project.

HMIS User

An HMIS User is an individual who has been identified by a Partner Agency as a person to have access into the HMIS and has completed the required HMIS training and testing.

Some Common Housing Acronyms

Acronym	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report
ARRA	American Recovery Reinvestment Act
BoS	Balance of State
CAA	Community Action Agency
CDBG	Community Development Block Grant
CoC	Continuum of Care approach to assistance to the Homeless
Con Plan	Consolidated Plan
CSBG	Community Services Block Grant
CPD	Community Planning and Development (HUD Office of)
DED	Department of Economic Development
DESE	Department of Elementary and Secondary Education
DHSS	Department of Health and Senior Services
DMH	Department of Mental Health
DOC	Department of Corrections
DSS	Department of Social Services
eSnaps	Electronic Streamlined Noncompetitive Award Process System (HUD's On-Line Application System)
ESG	Emergency Solutions Grant (new with Hearth) Emergency Shelter Grant (previous program name)
FMR	Fair Market Rent
GCEH	Governor's Committee to End Homelessness
HDX	Homelessness Data Exchange
HEARTH	Homeless Emergency and Rapid Transition to Housing
HHS	U.S. Department of Health and Human Services
HIC	Housing Inventory Count
HIPAA	Health Insurance Portability and Accountability Act
HMIS	Homeless Missourians Information System
hmis	Homeless Management Information System
HOPWA	Housing Opportunities for Persons with AIDS
HPRP	Homeless Prevention and Rapid Re-Housing Program
HQS	Housing Quality Standards
HRE	Homelessness Resource Exchange
HUD	U.S. Department of Housing and Urban Development
IDIS	Integrated Disbursement and Information System
LOCCS	Line of Credit Control System (HUD)
MASW	Missouri Association for Social Welfare

MHDC	Missouri Housing Development Commission
MHTF	Missouri Housing Trust Fund
MICH	Missouri Interagency Council on Homelessness
MISI	Municipal Information Systems Incorporated
NOFA	Notice of Funding Availability
OMB	Office of Management and Budget
PATH	Projects to Assist in Transition from Homelessness
PBRA	Project Based Rental Assistance
PH	Permanent Housing
PHA	Public Housing Authority/Agency
PHP	Permanent Housing Program
PIT	Point In Time
PRN	Pro Rata Need
QPR	Quarterly Performance Report
RAP	Rental Assistance Program
RHSP	Rural Housing Stability Program
RHTM	Regional Housing Team Meeting
ROSIE	Regional Online Services Information Exchange
S+C	Shelter Plus Care
SHP	Supportive Housing Program
SNAPS	Special Needs Assistance Program Services
SOAR	SSI/SSDI Outreach Access and Recovery
SRA	Sponsor-Based Rental Assistance
SSA	Social Security Administration
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
SRO	Single Room Occupancy
SSO	Supportive Services Only
TAA	Technical Assistance Assessment
TAPR	Transitional Annual Progress Report
TBRA or TRA	Tenant Based Rental Assistance
TH	Transitional Housing
USICH	United States Interagency Council on Homelessness
VA	Veterans Administration
VAGPD	Veterans Administration Grant Per Diem Program
VASH	Veterans Administration Supportive Housing

Operating Procedures

1. Project Participation

1.1 Agency Partner Agreement

Agencies providing homeless prevention and/or housing services may request permission to participate in HMIS and become a Partner Agency. All agencies approved to access HMIS must have signed an Agency Partner Agreement (HMIS606_001) and agree to abide by the policies and procedures as outlined in this document. The Agency Partner Agreement is a contract between the Partner Agency and the Missouri Association for Social Welfare (MASW). The Agency Partner Agreement outlines specific requirements on confidentiality, HMIS use, data entry, system security, and reporting. Any questions regarding the terms of the Agency Partner Agreement should be submitted to the Director of HMIS & Special Projects.

Procedure:

1. The Partner Agency's Executive Director or other authorized representative must sign the Agency Partner Agreement (HMIS606_001) in blue ink and mail the original form to:

Missouri Association for Social Welfare
Attn: HMIS
606 East Capitol Avenue
Jefferson City, MO 65101

1.2 Termination of Participation

Reasons for voluntary termination of participation include but are not limited to the following:

- The Partner Agency is no longer running the program or project for which they were entering data into HMIS, or;
- The Partner Agency is no longer being mandated to enter data into HMIS by one of their funders.

Procedure:

1. The Partner Agency will inform the HMIS Project in writing 30 days prior of their intention to terminate their agreement to participate in the HMIS Project. The letter must be written on agency letterhead, signed by the Partner Agency's Executive Director or authorized representative, and sent to the HMIS office via the U.S. Postal Service.

2. The Partner Agency will make sure all data in the HMIS database is current and run all reports needed prior to termination. If a need for reports from HMIS should arise after termination, the Partner Agency may contact MASW.
3. It is recommended that all hard copy files of client information will be retained by the Partner Agency for three years after clients' date of program exit.
4. MASW will terminate enrollment and MISI will revoke access of the Partner Agency's HMIS Users to access the HMIS database. All Partner Agency specific information contained in the HMIS database will remain in the HMIS database.

1.3 HMIS Privacy and Security Notice

The HMIS Privacy and Security Notice (HMIS606_002) for your agency describes in detail the clients' rights regarding HMIS. This document must be edited by the HMIS Partner Agency and submitted to the HMIS office via email.

Procedure:

1. The HMIS Privacy and Security Notice is a word document in which the HMIS Partner Agency's specific information will need to be inserted (i.e., name of agency, address, contact information).
 - 1) Insert the HMIS Partner Agency name into the Header/Footer.
 - 2) Insert the HMIS Partner Agency's contact information for which the client may contact to file a complaint.
 - 3) Insert the HMIS Partner Agency website information.
2. The HMIS Privacy and Security Notice must be made available to clients upon request.
3. If an agency serves clients whose first language is not English, the agency must be able to provide a translated version of the HMIS Privacy and Security Notice or interpretation services.

1.4 HMIS Consumer Notice

The HMIS Consumer Notice (HMIS606_003) notifies the Client the Partner Agency participates in HMIS.

The Client has the right to refuse certain data answers to be entered into the HMIS database. As such, the Partner Agency requests every client it serves to sign a Notice of Client Rights form. The HMIS Consumer Notice also states the Client will receive

services if the Client refuses to provide data answers, though the Client's eligibility to receive some specialized services may be inhibited by not participating in HMIS.

Procedure:

The HMIS Consumer Notice must be posted in a manner in which it is visible to all clients. In addition, if an agency serves clients whose first language is not English, the agency must provide a translated version of the HMIS Consumer Notice or interpretation services.

1.5 HMIS Data Standards

The HMIS Project has adopted the HUD requirements whereby all agencies participating in HMIS are to collect a standard set of client information, known as the Universal Data Elements. Within our CoC, there are additional Program-Specific Data Elements that are also required in order to produce the necessary CoC level aggregate reports.

Agencies are responsible for knowing all the Universal and Program Specific Data Elements. These data elements can be found in HUD's "Homeless Management Information System Data Standards" released in March 2010. These Standards may be accessed by going to www.hudhre.info.

Accurate data collection is important for the coordination of services across multiple agencies, determining eligibility for client services, and generating reports from ROSIE. A sample ROSIE Intake Form (HMIS606_004) is available for your use as a word document to allow program specific revisions.

Procedure:

1. HMIS Partner Agencies and HMIS Users will collect all of the required information for its clients and any additional data as required by each agency.
2. HMIS Users are required to ensure data quality of the information they collect for HMIS, as stated in the HMIS User Policy and Responsibilities form (HMIS606_005). This is accomplished by reviewing the data the client has provided at the time of intake and correcting any identified data quality issues.

1.6 Blind Service Providers

Some Partner Agencies may designate themselves as "Blind Service Providers" if they are covered by the Health Insurance Portability and Accountability Act (HIPAA) and/or serve a specific protected population such as:

- Domestic violence
- Sexual violence
- HIV/AIDS
- Alcohol and/or substance abuse
- Mental health

Any Partner Agency shall have access to identifying and statistical data on all Clients in the HMIS database except for data input into the database by “Blind Service Providers”. A Partner Agency designated as a “Blind Service Provider” can only see the data it enters into the HMIS; other Partner Agencies do not have access to blinded agencies data.

A designated “blind” Partner Agency shall have access to identifying and statistical data that the Agency inputs into the HMIS database for clients served by that Agency

A designated “blind” Partner Agency shall not have access to identifying and statistical data input into the HMIS database for clients served by other designated “blind” Partner Agencies.

1.7 Technology Equipment Re-use and Disposal Policy

Policy: All technology equipment including computers, printers, copiers, and fax machines no longer used in conjunction with HMIS will have their hard drives reformatted multiple times before being used again by the Partner Agency or anyone else.

Re-assigned Equipment

All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and which will no longer be used to access HMIS will have **their hard drives reformatted multiple times.**

Non-functional Equipment

All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and is now non-functional, must have their **hard drives pulled, destroyed and disposed of in a secure fashion.**

Leased Equipment

When leasing technology equipment, the lease agreement shall include provisions for either the leasing company or the agency to (1) reformat the hard drive multiple times, or (2) destroy the hard drive.

Procedure:

1. The agency will notify the HMIS office of their intent to reformat or destroy a computer that has been used to access HMIS.
2. The agency will destroy or reformat the technology equipment used for HMIS data collection according to the HMIS Technology Equipment Reuse and Disposal Policy (HMIS606_006).

1.8 Sheltered Point-in-Time Count

HUD requires that all Continua of Care complete a Sheltered Point-in-Time count. The Missouri Balance of State Continuum of Care has chosen to complete a Point-in-Time Sheltered Homeless count twice a year. The HMIS Project and its staff collect the required data on homeless individuals currently in Emergency Assistance, Transitional Housing, or being temporarily housed in a hotel or motel by an agency. Agencies enrolled in HMIS have their data pulled directly from the HMIS System and the HMIS Project verifies that data with the primary contact of the Partner Agency.

1.9 HMIS Participation Letters

Partner Agencies may request HMIS participation letters from their Project Coordinators. This letter may be submitted with the Partner Agency's application for funding for various funding sources. HMIS participation letters will be provided for those agencies that are:

- Domestic violence agencies that have provided aggregate level data during the last two Point-in-Time counts
- Currently enrolled Partner Agencies in compliance
- Currently enrolled Partner Agencies not in compliance
- New Agencies that have started the HMIS enrollment process

1.10 Regional Housing Team Meetings

Regional Housing Team Meetings (RHTM) are held throughout ten regions of the state in which provider agencies can come together to share ideas, problem solve, and address unmet homeless needs. The Housing and Information Discussion Session of the RHTMs is led by the Missouri Housing Development Commission (MHDC). The HMIS Project Information and Discussion Session is led by the HMIS Project. All Partner Agencies are required to attend 75% of these meetings. Dates and times of both portions of the RHTMs can be found on the HMIS website.

1.11 Technical Assistance Assessment Visits

The HMIS Project conducts two Technical Assistance Assessment (TAA) Visits a year with each Partner Agency and its HMIS Users. The TAA visit allows for the HMIS Project to identify areas where the Partner Agency requires additional technical assistance to bring the agency in to compliance with all data and security Standards. In addition, these TAA visits provide the opportunity for HMIS Users to receive feedback and assistance with software issues.

1.12 Self Monitoring

To ensure the upmost quality and integrity for data being entered into HMIS, Partner Agencies are required to develop a self monitoring plan with guidance from their HMIS Project Coordinator. The Partner Agency self monitoring results and data corrections completed will be reviewed by the HMIS Project during each TAA Visit.

2. User Designation and Removal

2.1 Designating a new HMIS User

Individuals working on behalf of an agency (employee, contractor or volunteer) that will be accessing HMIS must be designated as an HMIS User. HMIS Users are designated by the Partner Agency's Executive Director or authorized representative.

Procedure:

1. The Partner Agency's Executive Director or authorized representative will obtain the User Policy and Responsibilities form (HMIS606_005), which must be signed in blue ink by the designated HMIS User and the Partner Agency's Executive Director or authorized representative. The original form must be mailed to the HMIS Project Coordinator at the following address in order for the designated HMIS User to be registered for HMIS training:

Missouri Association for Social Welfare
Attn: HMIS
606 E. Capitol Ave.
Jefferson City, MO 65101

2. HMIS Users are allowed to access HMIS after signing a User Policy and Responsibilities form (HMIS606_005) and completing the required HMIS training and testing.
3. HMIS Users are responsible for following the policies and procedures outlined in this document, and are responsible for collecting and entering accurate client data.

2.2 Removing HMIS Users

The Partner Agency must send written notification to their HMIS Project Coordinator within three working days identifying any HMIS User who will no longer be authorized to have access into HMIS.

2.3 User-level Compliance

Any HMIS User found to be out of compliance at the user-level will be given 30 days to come into compliance. If after 30 days the HMIS User is not found to be in compliance, the HMIS User's username and password will be suspended until such time the HMIS User comes back into compliance.

3. Training

3.1 HMIS User Training

All HMIS Users will be required to complete the necessary HMIS User training and testing requirements before obtaining access to the HMIS database.

The HMIS User will be notified by the HMIS Project Coordinator via e-mail informing him/her of their registration for the next available HMIS training. One day prior to the HMIS training, the HMIS Project Assistant will send training and testing instructions.

HMIS User training will cover the process for capturing the Universal and Program-Specific Data Elements and reporting.

HMIS User or Partner Agencies may access the training schedule on the HMIS website.

Procedure:

1. Upon receipt of the completed User Policy and Responsibilities Form (HMIS606_005), training information will be sent to the new HMIS User via email. In the event of a scheduling conflict, the new HMIS User must send email notification to the HMIS Project Coordinator to request an alternate date.
2. It is the responsibility of the HMIS User to attend the HMIS web-based User Training. In addition, the HMIS User must have the ability to call-in on the provided conference-call number during the training in order to access the trainers' voice commands. Upon completion of the training session, the HMIS User will have two days in which to complete the required testing.
3. When an HMIS User has **successfully** completed the training and testing requirements, the HMIS Project Coordinator will send email notification to the HMIS User, within three working days, on how they may obtain their username and password
4. If an individual **does not** successfully complete the testing requirements, email notification will be sent by the HMIS Project Coordinator informing the HMIS User that they will be required to retake the HMIS training and test again. After two training and testing attempts have been exhausted, the new HMIS User will then be given additional one-on-one training and will be required to re-take the testing. If the HMIS User is still unable to successfully complete the testing requirements the HMIS Project may inform the Partner Agency that the identified HMIS User will not be able to access the HMIS. The HMIS Project will work with the Partner Agency to identify an alternative HMIS User.

3.2 Target Population Trainings

Target Population Trainings are required for all Supportive Housing Program (SHP) or Shelter Plus Care (S+C) funded Partner Agencies and their HMIS Users; however, the HMIS Project encourages all HMIS Users and intake workers in all funding streams to participate in these trainings.

Two live trainings take place for each target population training, ranging in length from 20 minutes to one hour. The HMIS Project recognizes our agencies have a full schedule and may not be able to attend the live training; however, the third training will be recorded and posted to the HMIS website (www.masw.org/HMIS). HMIS Users have six weeks from the time the **first live training** takes place in which to complete that training.

Please note: If an HMIS User has received other training that meets the requirements of any topic mentioned above, such as working for a provider agency that specializes in that specific health area or s/he has an MSW etc., the agency director can certify to the HMIS Project that the HMIS User does not need to attend the training. Furthermore, if an HMIS User has SHP or S+C access and only does data entry, not Client intake, the Partner Agency director can certify to the HMIS Project that the HMIS User does not need to attend the training.

Once an HMIS User has completed a Target Population training the HMIS Project Staff will mail out a Target Population Training Completion Letter signed by the Director of HMIS & Special Projects.

Procedure:

Live Target Population Trainings:

1. HMIS Users will be notified by the HMIS Project via e-mail informing him/her of the upcoming training and asked to register. Training and evaluation instruction will be included in this e-mail.
2. Upon completion of the target population training, the HMIS User will need to complete the evaluation form accessed through the HMIS section of the MASW website in order to receive documentation of completion from the HMIS Project.

Recorded Target Population Trainings:

1. HMIS Users can access recorded target population trainings on the HMIS section of the MASW website to view on their own time and then complete the evaluation form provided as proof of attendance.

2. Upon completion of the target population training and evaluation form, the HMIS Project will send the HMIS User documentation of completion from the HMIS Project.

4. Client Information

4.1 Notice of Client Rights

HUD's Homeless Management Information Data Standards March 2010 allow for clients to be able to refuse answering some specific data questions. Partner Agencies are required to ensure that clients are aware of their right to refuse.

Procedure:

1. Partner Agencies are to review the Notice of Client Rights form (HMIS606_008) with each client.
2. Partner Agencies are to obtain a client signature on the Notice of Client Rights form.
3. The signed Notice of Client Rights form is to be maintained in the hard copy client file.

4.2 Client Access to Their Information

Policy: Clients have the right to a copy of their Universal and Program-Specific data contained within HMIS.

Procedure:

1. Clients submit a written request for a copy of their information contained within HMIS to the Partner Agency.
2. Partner Agencies are required to provide the client a printed copy of the Intake Assessment form from HMIS. The Intake Assessment form includes all of the Universal and Program-Specific data elements.
3. Partner Agencies are not required to print out any additional information, although it is optional and allowed.

4.3 Filing a Grievance

Policy: Clients have the right to file a grievance regarding potential violations of their privacy rights regarding HMIS participation. No negative action will be taken against a client for filing a grievance.

Procedure:

1. A client must request and complete the grievance form from the Partner Agency
2. Should a Partner Agency receive a completed grievance form, they must inform HMIS of the grievance and its outcome.

3. If a client is not happy with the Partner Agency's handling of an HMIS grievance, the client has the right to contact the HMIS Project.

5. Technical Requirements

5.1 Minimal Requirements

All computers authorized to access HMIS must meet the following minimum requirements:

1. Internet Access: HMIS Partner Agencies need to have a modem (Internet) connection. While use of the database can be obtained with a dial-up connection, optimum efficiency of use requires a minimum of a broadband connection.
2. Firewall protection: It is required that all computers used to access HMIS have up-to-date firewall protection.
3. Anti-virus protection: All computers used to access HMIS database require up-to-date anti-virus protection software. Anti-virus protection software should be set to update automatically and should be checked periodically to ensure it is current.
4. Log-On Password Protection: All computers used to access HMIS database require log-on passwords.
5. Password protected screen-saver: All computers used to access HMIS require an up-to-date password protected screen-saver. The screen-saver should be set to turn on every 2-3 minutes when the computer is not in use.

5.2 Workstation Security Procedures

Workstation monitors are to be placed in such a manner as to prohibit unauthorized individuals from viewing the data on the screen. When unable to achieve this, the use of a privacy screen on the monitor is allowed.

If it is necessary to write down your HMIS username and/or passwords, it must be stored in a secure location such as a locked drawer or cabinet. This information should not be placed under a keyboard, monitor, or in any location where non-designated HMIS Users may find it. Do not share your login information with anyone.

When you are away from your computer, log out of HMIS and lock down your workstation.

6. Technical Support

6.1 MISI HELP Desk

The MISI Helpdesk (1-800-536-6474) is the best resource for obtaining specific HMIS database information. They are the most knowledgeable and accessible contact regarding the HMIS database and its capabilities.

The MISI Helpdesk is staffed between the hours of 8:30 a.m. to 4:30 p.m. Monday through Friday, except National holidays.

The MISI Helpdesk responds to issues in the order which they were received.

HMIS Users should contact MISI to resolve any technical issues.

6.2 HMIS Project Staff

HMIS Project Staff can be reached at 573-632-2567.

HMIS Project Coordinators are available between the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding most National holidays.

6.2.1 HMIS Response Times

HMIS staff makes every attempt to respond to all requests in a timely manner. HMIS Project Coordinators travel frequently, so you may not always receive an immediate response to a request. Please feel free to contact HMIS Project Coordinators via email or voicemail - all messages and emails will be responded to as soon as reasonably possible.

6.3 HMIS Website

The HMIS website may be used as a resource for obtaining the most up-to-date information about the HMIS Project: www.masw.org/HMIS.

Forms

You may obtain all forms referenced in this document on the HMIS section of MASW's website: www.masw.org/HMIS.

7.1 Agency Partner Agreement (HMIS606_001)

This form is an agreement between your agency and the Missouri Association for Social Welfare (MASW), the agency that received the grant from HUD to create the HMIS. The form describes our mutual responsibilities in connection with the use of the HMIS database. It spells out many of the duties of the Partner Agency as a whole toward maintaining the confidentiality of client information.

7.2 HMIS Privacy and Security Notice (HMIS606_002)

The HMIS Privacy and Security Notice for your agency describes in detail the clients' rights regarding HMIS.

7.3 HMIS Consumer Notice (HMIS606_003)

The HMIS Project Consumer Notice explains to the client the Partner Agency participates in the HMIS Project. A client has the right to refuse certain data answers to be entered into the HMIS database. As such, the Partner Agency requests every client it serves to sign a Notice of Client Rights. The HMIS Consumer Notice also states the Client will receive services if the Client refuses to provide data answers, though the Client's eligibility to receive some specialized services may be inhibited by not participating in HMIS.

7.4 Sample ROSIE Intake Form (HMIS606_004)

The HMIS Project provides a sample intake form designed to capture all the HUD Universal Data Elements and Program-Specific Data Elements required for the HMIS Project. The form is specifically designed to make the process of transferring information from paper into ROSIE easier by providing the data in an organized manner. The Sample ROSIE Intake Form is provided as a Word document that can be edited to meet any Partner Agency's specific needs.

7.5 User Policy and Responsibilities (HMIS606_005)

Individuals working on behalf of an agency (employee, contractor or volunteer) that will be accessing HMIS must be designated as an HMIS User. HMIS Users are designated by the Partner Agency's Executive Director or authorized representative. The form describes

the duties of HMIS Users in keeping client information confidential and maintaining the security of the HMIS database.

7.6 Technology Equipment Re-Use and Disposal Policy (HMIS606_006)

The Technology Equipment Re-Use and Disposal Policy outlines the requirements set by MASW for the re-use and disposal of any technology equipment (computer, printer, scanner, etc...).

7.7 Target Population Training Sample Self-Certification Letter (HMIS606_007)

The HMIS Project provides a sample letter of HMIS User self certification. This letter is to be signed by the Partner Agency's Executive Director or other authorized representative self-certifying that the Partner Agency's HMIS User has appropriate education and/or experience or does not do client intake for the selected targeted population, and does not need to attend the Targeted Population Training.

7.8 Notice of Client Rights (HMIS606_008)

By signing the Notice of Client Rights form, the client understands that any information s/he shares with an agency participating in HMIS is kept confidential and that only those authorized to input data into HMIS can view their personally identifying information; all health information, however, will not be shared. By signing this form, the client also understands s/he has the right to refuse to answer a certain question in HMIS and, furthermore, that if s/he decides at a later date they no longer want their information to be in HMIS, that s/he can request it be removed.

HOMELESS MISSOURIANS INFORMATION SYSTEM**Agency Partner Agreement**

The Homeless Missourians Information System (hereinafter "HMIS") is a client information system that provides a standardized assessment of consumer needs, creates individualized services plans and records the use of housing and services which communities can use to determine the utilization of services of participating agencies, identifying gaps in the local service continuum and develop outcome measurements.

The Missouri Association for Social Welfare (MASW) is the HMIS Program Administrator. Municipal Information Systems, Inc. (MISI) is the HMIS System Administrator. In this Agency Partner Agreement (hereinafter "Agreement"), "Client" is a consumer of services; "Agency" is the Agency named in this Agreement; and "Partner Agencies" are all the Agencies participating in HMIS.

The Executive Director or other authorized official of the Agency must indicate agreement with the terms set forth below by signing this Agreement before a HMIS account can be established for the Agency.

I. Confidentiality

- A. The Agency shall provide a verbal explanation of the HMIS database and the Notice of Client Rights form to the Clients and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the Notice of Client Rights form.
- B. The Agency agrees not to release any individual client information obtained from the HMIS to any organization or individual without written Client consent. Such written Client consent shall specify exactly what information the Client allows to be released; information that is not specified by the Client shall not be released.
- C. The Agency shall ensure that all staff, volunteers and other persons who are issued a user ID and password for the HMIS have signed a User Policy and Responsibilities form and understand the confidentiality requirements of HMIS.
- D. The Agency shall notify HMIS staff within three working days when a registered user is no longer an employee or has moved to a position with different responsibilities so the issued user ID and password can be made inactive.

HOMELESS MISSOURIANS INFORMATION SYSTEM**Agency Partner Agreement**

- E. Any staff, volunteer or other person who has been granted a user ID and password that is found to have committed a negligent breach of system security and/or client confidentiality after a prior warning and correction shall have his or her access to the database revoked immediately. A revoked user may be subject to discipline by the Agency pursuant to the Agency's personnel policies.
- F. In the event of a breach of system security or client confidentiality, the Agency Director shall notify the HMIS Project at 573-632-2567 within 24 hours of knowledge of such breach. If no one is available to take the call, a voicemail may be left. Any Agency that fails to call and/or is found to have had breaches of system security and/or client confidentiality shall enter a period of probation, during which technical assistance shall be provided to help the Agency prevent further breaches. Probation shall remain in effect until the HMIS Project has evaluated the Agency's security and confidentiality measures and found them compliant with the policies stated in this Agreement and the User Policy and Responsibilities form. Subsequent violations of system security may result in suspension from the system.
- G. The Agency shall have access to all Client data entered by the Agency. The Agency shall diligently record in the HMIS all service delivery information pertaining to individual clients served by the Agency. The Agency shall not knowingly enter false, misleading or biased data, including any data that would unfairly prejudice a client's ability to obtain services, under any circumstances.
- H. If this Agreement is terminated, MASW and the remaining Partner Agencies shall maintain their right to the use of all Client data previously entered by the terminating Partner Agency, subject to the guidelines specified in this Agreement.
- I. The Agency shall utilize the HMIS Notice of Client Rights form for all clients. This form is in addition to any agency required forms.
- J. The Agency shall keep signed copies of the HMIS Notice of Client Rights form in the hard copy client file for a period of three years from date of program exit.

HOMELESS MISSOURIANS INFORMATION SYSTEM**Agency Partner Agreement**

- K. MASW does not require or imply that services must be contingent upon a Client's participation in the HMIS database; however, clients should be informed that eligibility to receive some specialized services may be inhibited by not participating in HMIS.
- L. The Agency shall have access to identifying and statistical data on all Clients in the HMIS database except for data input into the database by "Blind Service Providers". Blind Service Providers are agencies serving specific protected client populations such as:
1. Domestic violence;
 2. Sexual violence;
 3. HIV/AIDS;
 4. Alcohol and/or substance abuse; or
 5. Mental health.
- Clients identified with any special needs (i.e. listed above) will be provided appropriate and available resources and/or referrals. MASW offers target population trainings for all HMIS Users; however, any Agency receiving funds that mandate the Agency ask a series of seven health questions as outlined in the Department of Housing and Urban Development's (HUD) HMIS March 2010 Revised Technical Standards are required to attend these trainings.
- M. An Agency that is a Blind Service Provider shall have access to identifying and statistical data on the clients they enter into HMIS; however, they will not have access to identifying and statistical data input into the HMIS database for clients served by other Blind Service providers.

II. HMIS Use, Data Entry and System Security

- A. The Agency shall follow, comply with and enforce the User Policy and Responsibilities form.
- B. The Agency shall begin data entry within no more than 30 days of enrollment.
- C. The Agency shall consistently enter information into the HMIS database and shall strive for real-time, or close to real-time data entry. "Close to real-time data entry" is defined as within three working days of seeing the Client.

HOMELESS MISSOURIANS INFORMATION SYSTEM**Agency Partner Agreement**

- D. The Agency shall not include profanity or offensive language in the HMIS database.
- E. The Agency shall utilize the HMIS for business purposes only.
- F. MISI shall provide online training to HMIS Users. MISI shall provide supplemental training regularly to accommodate changes in Agency staff, and address modifications to the ROSIE software when needed.
- G. MISI shall be available to provide technical assistance to HMIS Users.
- H. The Agency shall take the following additional steps to ensure the security of the HMIS database and the confidentiality of Client data:
 - 1. The computer monitor of a workstation used to access HMIS will be positioned to prevent unauthorized persons from viewing HMIS data.
 - 2. Computer workstations used to access HMIS will never be left unattended when the HMIS database is open.
 - 3. Printed copies of HMIS information not included in the client's file will be burned or shredded.
 - 4. Confidential client information will not be discussed with staff, clients, or clients' family members where it may be overheard by unauthorized persons.
 - 5. Visitors and Clients are appropriately escorted to ensure that they do not access staff areas, record storage areas, or other areas potentially containing Client information. Persons not recognized as staff, visitors and Clients shall be challenged for identification.
 - 6. Client records that are retained as hard copy are stored in locking filing cabinets or in rooms that can be locked.
 - 7. Photocopiers, printers and fax machines are located so as to minimize access by visitors and unauthorized persons.
 - 8. Directors and other management or supervisory personnel are familiar with security and confidentiality policies and enforce such policies to ensure the security and confidentiality of the HMIS database and of Client information.

HOMELESS MISSOURIANS INFORMATION SYSTEM**Agency Partner Agreement**

9. The Agency staff feels comfortable and obligated to report security breaches and misuse of the HMIS database.
10. The Agency shall encourage clients to report any breaches of confidentiality that they observe in the Agency.
 - I. The Agency is required to attend 75% of all Regional Housing Team Meetings held to ensure the security of the HMIS database, the security of confidentiality of Client data, and to stay current with any modification to HMIS policies, procedures, and guidelines.

III. Reports

- C. The Agency may make aggregate data available to other entities outside of the system for funding or planning purposes pertaining to providing services to people experiencing homelessness. However, such aggregate data shall not directly identify individual Clients.
- D. MASW shall use only aggregate HMIS data for policy and planning activities, in preparing federal, state or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs and to obtain a system-wide view of program utilization in the State.

IV. Terms and Conditions

- A. Neither MASW nor the Agency shall transfer or assign any rights or obligations without the written consent of the other party.
- B. This Agreement shall be in force, provided funding is available, until revoked in writing by either party with 30 days notice.

Agency Name Goes Here
Homeless Missourians Information System (HMIS)
Privacy and Security Notice

I. PURPOSE:

This notice describes the privacy policy of this agency. The policy may be amended at any time. We may use or disclose your information to provide you with services, and to comply with legal and other obligations. We assume that, by requesting services from our agency, you agree to allow us to collect information and to use or disclose it as described in this notice and as otherwise required by law.

The Homeless Missourians Information System (HMIS) was developed to meet a data collection requirement made by the United States Congress and the Department of Housing and Urban Development (HUD). Congress passed this requirement in order to get a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. We are collecting statistical information on those who use our services and report this information to a central data collection system.

In addition, many agencies in this area use HMIS to keep computerized case records. This information may be provided to other HMIS participating agencies. The information you may agree to allow us to collect and share includes: basic identifying demographic data, such as name, address, phone number and birth date; the nature of your situation and the services and referrals you receive from this agency. This information is known as your **Protected Personal Information or PPI**. All agencies using the HMIS share their data with other participating agencies, with the exception of *Blind Service Providers*. These *blind* agencies serve specific protected client populations, such as domestic abuse, sexual abuse, HIV/AIDS, alcohol and/or substance abuse, and mental health, and do not share client information.

GENERALLY, all personal information we maintain is covered by this policy. Generally, your personal information will only be used by this agency and other agencies to which you are referred for services.

Information shared with other HMIS agencies helps us to better serve our clients, to coordinate client services, and to better understand the number of individuals who need services from more than one agency. This may help us to meet your needs and the needs of others in our community by allowing us to develop new and more efficient programs. Sharing information can also help us to make referrals more easily and may reduce the amount of paperwork.

Agency Name Goes Here
Homeless Missourians Information System (HMIS)
Privacy and Security Notice

Maintaining the privacy and safety of those using our services is very important to us. Information gathered about you is personal and private. We collect information only when appropriate to provide services, manage our organization, or as required by law.

II. CONFIDENTIALITY RIGHTS:

This agency has a confidential policy that has been approved by its Board of Directors. This policy follows all HUD confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services. Separate rules apply for HIPPA privacy and security regulations regarding medical records.

This agency will use and disclose personal information from HMIS only in the following circumstances:

1. To provide or coordinate services to an individual.
2. For functions related to payment or reimbursement for services.
3. To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
4. Databases used for research, where all identifying information has been removed.
5. Contractual research where privacy conditions are met.
6. Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.
7. To comply with government reporting obligations.
8. In connection with a court order, warrant, subpoena or other court proceeding where disclosure is required.

III. YOUR INFORMATION RIGHTS:

As a client receiving services at this agency, you have the following rights:

1. **Access to your record.** You have the right to review your HMIS record. At your request, we will assist in viewing the record within five working days.
2. **Correction of your record.** You have the right to request to have your record corrected so that information is up-to-date and accurate to ensure fairness in its use.

Agency Name Goes Here
Homeless Missourians Information System (HMIS)
Privacy and Security Notice

3. **Refusal.** Our ability to assist you depends on having certain personal identifying information. If you choose not to share the information we request, we reserve the right to decline to provide you with services as doing so could jeopardize our status as a service provider.
4. **Agency's Right to Refuse Inspection of an Individual Record.** Our agency may deny you the right to inspect or copy your personal information for the following reasons:
 - a. information is compiled in reasonable anticipation of litigation or comparable proceedings;
 - b. information about another individual other than the agency staff would be disclosed;
 - c. information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or
 - d. information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.
5. **Harassment.** The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.
6. **Grievance.** You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or if you have been put at personal risk, or harmed. Our agency has established a formal grievance process for you to use in such a circumstance. **To file a complaint or grievance you should contact our <Insert person to contact> at: <Insert contact information for that person here.>**

IV. HOW YOUR INFORMATION WILL BE KEPT SECURE:

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies, procedures and software, we have taken the following steps to make sure your information is kept safe and secure:

1. The computer program we use has the highest degree of security protection available.
2. Only trained and authorized individuals will enter or view your personal information.
3. Your name and other identifying information will not be contained in HMIS reports that are issued to local, state or national agencies.
4. Employees receive training in privacy protection and agree to follow strict confidentiality standards before using the system.

Agency Name Goes Here
Homeless Missourians Information System (HMIS)
Privacy and Security Notice

5. The server/database/software only allows individuals access to the information. Only those who should see certain information will be allowed to see that information.
6. The server/database will communicate using 128-bit encryption-an Internet technology intended to keep information private while it is transported back and forth across the Internet. Furthermore, identifying data stored on the server is also encrypted or coded so that it cannot be recognized.
7. The server/database exists behind a firewall-a device meant to keep hackers/crackers/viruses/etc. away from the server.
8. The main database will be kept physically secure, meaning only authorized personnel will have access to the server/database.
9. System Administrators employed by the HMIS and the agency support the operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports using aggregated information. These agreements further insure the confidentiality of your personal information.

V. BENEFITS OF HMIS AND AGENCY INFORMATION SHARING:

Information you provide us can play an important role in our ability and the ability of other agencies to continue to provide the services that you and others in the community are requesting.

Allowing us to share your name results in a more accurate count of individuals and the services they use. Obtaining an accurate count is important because it can help us and other agencies:

1. Better demonstrate the need for services and the specific types of assistance needed in our area.
2. Obtain more money and other resources to provide services.
3. Plan and deliver quality services to you and your family.
4. Assist the agency to improve its work with families and individuals who are homeless.
5. Keep required statistics for state and federal funders, such as HUD.

VI. COMPLIANCE WITH OTHER LAWS

This agency complies with all other federal, state and local laws regarding privacy rights. Consult with an attorney if you have questions regarding these rights.

Agency Name Goes Here
Homeless Missourians Information System (HMIS)
Privacy and Security Notice

VII. PRIVACY NOTICE AMENDMENTS:

The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the requirements of the Federal Standards that protect the privacy of consumers and guide HMIS implementation and operation.

VIII. WEB SITE

We maintain a copy of the Privacy Notice on our web site at: **<Insert your web address here>**

Consumer Notice

Homeless Missourians Information System

This Agency participates in the Homeless Missourians Information System Project (HMIS), which collects basic information about clients receiving services from this Agency. This is done in order to get a more accurate count of individuals and families who are homeless and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all consumers upon request. Agencies participating in HMIS share information with other agencies partnered in HMIS unless they serve a protected population, in compliance with applicable federal and state law. The list of HMIS Partner Agencies is available to clients at intake. Sharing information among agencies allows those agencies to work in a cooperative manner to provide you with better services.

You have the right to refuse certain data answers to be entered into the HMIS database. As such, we request every client whom we serve to sign a Notice of Client Rights. Although you will receive services if you refuse to provide data answers, your eligibility to receive some specialized services may be inhibited by not participating in HMIS.

Sample ROSIE Intake Form

General Information:

Contact Date: ____/____/____

SS#: _____ **Last Name:** _____ **First Name:** _____ **MI:** _____

DOB: ____/____/____

Referred by:

- Self
- Street Outreach Worker
- Emergency/Transitional housing staff
- Psych. Hospital Staff
- Other Hospital/Medical Staff
- Mental Health Outpatient Clinic

- Alcohol or Other Drug Program
- Other Social Service Staff
- Police/Parole Officer
- Church Staff
- Unknown
- Family/Friend
- Mental Health Provider

Sex:

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Other
- Don't know
- Refused to answer

Race:

- Black/African American
- Caucasian
- Native Hawaiian/Pacific Islander
- Asian
- American Indian/Alaskan Native
- Other Multi Racial
- American Indian/Alaskan Native & White

- Asian & White
- Black/African American & White
- Don't know
- Refused to answer

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino
- Don't know
- Refused to answer

Veteran Status:

- Served active duty in United States Armed Forces
- Served inactive duty in military reserves or the National Guard
- Never served in the military
- Don't know
- Refused to answer

Marital Status:

- Single
- Married
- Divorced
- Widowed

What is your level of education:

- 0 to 8th grade
- 9th to 12th grade (non HS grad)
- HS graduate/GED
- 12th grade + some college

- Junior College
- College graduate
- Vocational/Technical
- Graduate degree

Address of where you lived most recently. Note: a zip code must be included.

Street Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Address of your last permanent location (lived in for 90 days or more) Note: a zip code must be included.

Street Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Date last lived there: _____ How long did you live there: _____

Income:

Have you received income from any source in the past 30 days?

Yes No Don't know Refused to answer

Please mark the source of income and indicate the amount:

- | | | | |
|--|------------------|---------------|-----------------|
| <input type="checkbox"/> Food Stamps | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Part-time Employment | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Full-time Employment | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Part-time Employment Spouse | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Full-time Employment Spouse | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Supplemental Security Income | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI for your child) | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Supplemental Security Income Spouse | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Supplemental Security Assistance | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Temporary Rental Assistance | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> State Children's Health Insurance | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> TANF Child Care Services | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |
| <input type="checkbox"/> TANF Transportation Services | Frequency: _____ | Rate:\$ _____ | Total: \$ _____ |

€ Unemployment Insurance	Frequency: _____ Rate:\$_____ Total: \$_____
€ Veteran's Disability Insurance	Frequency: _____ Rate:\$_____ Total: \$_____
€ VA Health Care	Frequency: _____ Rate:\$_____ Total: \$_____
€ VA Disability Compensation	Frequency: _____ Rate:\$_____ Total: \$_____
€ Veteran's Pension	Frequency: _____ Rate:\$_____ Total: \$_____
€ Private Disability Insurance	Frequency: _____ Rate:\$_____ Total: \$_____
€ Worker's Compensation	Frequency: _____ Rate:\$_____ Total: \$_____
€ General Assistance (GA)	Frequency: _____ Rate:\$_____ Total: \$_____
€ Temporary Cash Assistance (TCA)	Frequency: _____ Rate:\$_____ Total: \$_____
€ Rental Assistance	Frequency: _____ Rate:\$_____ Total: \$_____
€ Other Non Cash Benefits	Frequency: _____ Rate:\$_____ Total: \$_____
€ Other TANF Funded Services	Frequency: _____ Rate:\$_____ Total: \$_____
€ Medicare	Frequency: _____ Rate:\$_____ Total: \$_____
€ Medicaid	Frequency: _____ Rate:\$_____ Total: \$_____
€ WIC Nutritional Program	Frequency: _____ Rate:\$_____ Total: \$_____
€ Vocational Rehabilitation	Frequency: _____ Rate:\$_____ Total: \$_____
€ Retirement income from Social Security	Frequency: _____ Rate:\$_____ Total: \$_____
€ Pension from former job	Frequency: _____ Rate:\$_____ Total: \$_____
€ Child Support	Frequency: _____ Rate:\$_____ Total: \$_____
€ Alimony or other spousal support	Frequency: _____ Rate:\$_____ Total: \$_____
€ Other Source	Frequency: _____ Rate:\$_____ Total: \$_____

Total for 30 days: \$_____

Stats/Shelter:

Family Size: _____ # Needing Shelter: _____

Are you Pregnant? € Yes € No Months Pregnant: _____

Family Type:

- € Single Female
- € Single Male
- € Female with Children
- € Male with Children
- € Couple without Children
- € Couple with Children
- € Extended Family

Insurance Type:

- Medicaid
- Medicare
- Medical Assistance
- VA Medical
- Private
- None

What is your primary reason for emergency? (Choose one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Stranded/transient | <input type="checkbox"/> Relocating | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Loss of income | <input type="checkbox"/> Fire | <input type="checkbox"/> Kicked out of housing/fighting |
| <input type="checkbox"/> Building sold/redeveloped | <input type="checkbox"/> Place condemned | <input type="checkbox"/> Substandard housing |
| <input type="checkbox"/> Spousal desertion | <input type="checkbox"/> No power | <input type="checkbox"/> No water |
| <input type="checkbox"/> Never independent | <input type="checkbox"/> Eviction | <input type="checkbox"/> Displaced |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Section 8 violation | <input type="checkbox"/> Insufficient income |
| <input type="checkbox"/> Drug/alcohol problems | <input type="checkbox"/> High risk neighborhood | <input type="checkbox"/> Mental/emotional abuse |
| <input type="checkbox"/> Marriage/separation | <input type="checkbox"/> Victim of crime | <input type="checkbox"/> Institutional discharge |
| <input type="checkbox"/> Employment situation | <input type="checkbox"/> Shelter termination | <input type="checkbox"/> Disaster |
| <input type="checkbox"/> 2005 disaster victim | <input type="checkbox"/> Jail/Prison release | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Other _____ | | |

Where did you stay the night prior to program intake?

- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing for formerly homeless persons (such as SHP, SC, or SRP Mod Rehab)
- Psychiatric hospital or psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison, or juvenile detention facility

- € Staying or living in a family member's room, apartment, or house
- € Staying or living with family, permanent
- € Staying or living with friends, permanent
- € Domestic violence situation
- € In shelter
- € Place to place
- € Shelter transfer to transitional housing
- € Recovery community
- € Hotel or Motel paid for without emergency shelter voucher
- € Foster care home or foster care group home
- € Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- € Other
- € Safe Haven
- € Rental by client, with VASH housing subsidy (Veterans)
- € Rental by client, with ongoing housing subsidy
- € Owned by client, with ongoing housing subsidy
- € Rental by client, no ongoing housings subsidy
- € Owned by client, no ongoing housing subsidy
- € Don't know
- € Refused to answer

For how long?

- | | |
|---|-----------------------|
| € One week or less | € One to two years |
| € More than one week, but less than one month | € Two to four years |
| € One to three months | € Four years and over |
| € Four to six months | € Don't know |
| € Seven to twelve months | € Refused to answer |

Housing Status:

- Literally homeless
- Housed and at imminent risk of losing housing
- Housed and at-risk of losing housing
- Stably housed
- Don't know
- Refused to answer

Determination of Chronic Homelessness

Are you an unaccompanied individual who is homeless?

- Yes No

Do you have a disabling condition?

- Yes No

Have you been continuously homeless for a year or more?

- Yes No

Have you had at least four episodes of homelessness in the past three years?

- Yes No

Have you been staying in the area for 30 days prior?

- Yes No

Referred to Shelter? Yes No

Name of Shelter: _____

If no referral explain: _____

Health

Do you have any of the following?

Mental Health Issues	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Drug Issues	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Alcohol Issues	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Drug and Alcohol Issues	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Substance Abuse Issues	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Chronic Health Condition	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Developmental Disability	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Physical Disability	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
HIV/AIDS	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Victim of Domestic Violence	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Chronically Mentally Ill	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Special Needs	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Unspecified Disability	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Communicable Illness	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
MR/DD Issues	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Tuberculosis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Learning Disability	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Lupus	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer
Attention Deficit Disorder	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused to answer

The following must be asked for any Yes answer to the preceding questions:

- 1) Is the condition disabling? Yes No Don't know Refused to answer
- 2) Are you receiving services for the issue? Yes No Don't know Refused to answer
- 3) On medication? Yes No
- 4) Completed medication? Yes No

If the client is a victim of domestic violence, when did the domestic violence occur? 0 to 3 months ago Over 12 months ago
 3 to 6 months ago Don't know
 6 to 12 months Refused to answer

Do you have any other health issues? Yes No

If yes, please explain: _____

Emergency Contacts

Relationship: _____ Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Relationship: _____ Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Comments: _____

Additional Family Member Information

HMIS606_004

Last Name: _____	First: _____	MI: _____
Relationship: _____	DOB: ____/____/____	SS#: _____

- Sex:**
- Male
 - Female
 - Transgender Male to Female
 - Transgender Female to Male
 - Other
 - Don't know
 - Refused to answer
- Race:**
- Black/African American
 - Caucasian
 - Native Hawaiian/Pacific Islander
 - Asian
 - American Indian/Alaskan Native
 - Other Multi Racial
 - American Indian/Alaskan Native & White
 - Asian & White
 - Black/African American & White
 - Don't know
 - Refused to answer

- Ethnicity:**
- Hispanic/Latino
 - Non-Hispanic/Latino
 - Don't know
 - Refused to answer
- Education:**
- 0 to 8th grade
 - 9th to 12th grade (non HS grad)
 - HS graduate/GED
 - 12th grade + some college
 - Graduate degree
 - Junior College
 - College graduate
 - Vocational/Technical

Health

Does the family member have any of the following?

- | | | | | |
|------------------------------------|------------------------------|-----------------------------|-------------------------------------|--|
| Mental Health Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Drug Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Alcohol Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Drug and Alcohol Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Substance Abuse Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Chronic Health Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Developmental Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Physical Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| HIV/AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Victim of Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |
| Chronically Mentally Ill | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused to answer |

Special Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
Unspecified Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
Communicable Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
MR/DD Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
Learning Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
Lupus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer
Attention Deficit Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused to answer

The following must be asked for any Yes answer to the preceding questions:

- 1) **Is the condition disabling?** Yes No Don't know Refused to answer
- 2) **Are you receiving services for the issue?** Yes No Don't know Refused to answer
- 3) **On medication?** Yes No
- 4) **Completed medication?** Yes No

If the client is a victim of domestic violence, when did the domestic violence occur? 0 to 3 months ago Over 12 months ago
 3 to 6 months ago Don't know
 6 to 12 months ago Refused to answer

Does the family member have any other health issues? Yes No

If yes, please explain: _____

Is the family member Pregnant? Yes No. **Months Pregnant:** _____

Is the family member a Veteran? Yes No.

Does the Head of Household have legal custody of all minor children? Yes No.

Living Situation Prior to Program Entry (Complete only if different from Head of Household)

Living Situation: _____ **Length of Stay:** _____

Homeless Missourians Information System

User Policy and Responsibilities

Print Agency Name:

Print Your Name:

This User will be entering data for the following funding streams:

- Continuum of Care Supportive Housing Project (SHP)
 - Continuum of Care Shelter + Care Project (S+C)
 - Emergency Shelter Grant Program (ESG)
 - Homeless Prevention and Rapid Re-housing Program (HPRP)
 - Missouri Housing Trust Funds – Homeless Prevention (MHTF/HP)
 - Other Funding Please specify
-

As the guardians entrusted with this personal data, HMIS Users have a moral and a legal obligation to ensure that the data collected and accessed is used appropriately. It is the responsibility of each HMIS User to ensure that client data is only used for work related activities that have been made clear to clients and are consistent with the mission to assist families and individuals. Proper HMIS User training, adherence to the HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

By executing this agreement you agree to abide by the following client confidentiality provisions:

- 1 Personal Usernames and Passwords must be kept secure and are not to be shared.
- 2 HMIS Users will only view, obtain, disclose, or use the database information that is necessary to perform their job.
- 3 HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities and will take these steps to prevent casual observers from seeing or hearing HMIS client information. HMIS Users will read, initial, and abide by the following:
 - The computer monitor of a workstation used to access HMIS will be positioned to prevent unauthorized persons from viewing HMIS data.

HMIS User Policy and Responsibilities Page 1 of 3

- Computer workstations used to access HMIS will never be left unattended when the HMIS database is open.
 - Printed copies of HMIS information will be kept in a secure file and not left in public view. This includes on a desk, photocopier, printer or fax machine.
 - Printed copies of HMIS information not included in the client's file will be burned or shredded.
 - Confidential client information will not be discussed with staff, clients, or clients' family members where it may be overheard by unauthorized persons.
- 4 Only objective observations and non-biased opinions are to be entered in the "comments" section of the client file on the HMIS. Mental and/or physical health information, profanity, and offensive language are not permitted to be entered in this section. Discriminatory and/or derogatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS.
- 5 A Notice of Right to Refuse form must be signed by each client whose data is to be entered into HMIS. In addition, clients have a right to inspect, copy and request changes to their HMIS records.
- 6 Any HMIS User found to be in violation of the HMIS Policies and Procedures, or the points of client confidentiality in this User Policy and Responsibilities form, may be denied access to the HMIS.

I affirm the following:

1. I will obtain, read and abide by all policies and procedures in the HMIS Policies and Procedures Manual.
2. I will maintain the confidentiality of client data in the HMIS as outlined above and in the HMIS Policies and Procedures Manual.
3. I will only collect, enter, view and extract data in the HMIS relevant to the delivery of services to people experiencing a housing crisis in our community.

Partner agencies recognize the importance of client needs in the design and management of the Homeless Missourians Information System (HMIS). These needs include both the need continually to improve the quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need vigilantly to maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

Your signature below indicates your agreement to comply with this statement of confidentiality.
There is no expiration date of this agreement.

Name (*please print*) Signature Date

Email Address Phone

Executive Director or Board President Name (*please print*)

Executive Director or Board President Signature Date

HMIS Technology Equipment Re-use and Disposal Policy

It is the policy of _____ (Agency Name Here) _____ that all technology equipment with hard drives that are used in conjunction with HMIS will be handled according to the following guidelines:

Re-assigned Equipment

All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and which will no longer be used to access HMIS will have **their hard drives reformatted multiple times.**

Non-functional Equipment

All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and is now non-functional, must have their **hard drives pulled, destroyed and disposed of in a secure fashion.**

Leased Equipment

When leasing technology equipment, the lease agreement shall include provisions for either the leasing company or the agency to (1) reformat the hard drive multiple times, or (2) destroy the hard drive.

Authorized Agency Representative (Print)

Authorized Agency Representative Signature

Date Signed

Sample Certification Letter

[Agency Letterhead]

[date]

Missouri Association for Social Welfare
The HMIS Project
606 E Capitol Ave
Jefferson City, MO 65101

Dear HMIS Project:

In March 2010, the U.S. Department of Housing and Urban Development (HUD) released the Revised Data Technical Standards. ((**Agency Name**)) recognizes that these Standards require all Supportive Housing Program (SHP) or Shelter Plus Care (S+C) funded agencies' intake workers to ask a series of seven health questions:

- Does client or family members have mental health issues?
- Does client or family members have a chronic health condition?
- Does client or family members have a developmental disability?
- Does client or family members have a physical disability?
- Does client or family members have HIV/AIDS?
- Has the client or family members been a victim of domestic violence?

((**Agency Name**)) also recognizes that the intent of these seven health questions is to identify and connect clients with the resources available to them in their community. By asking these seven health questions, it is not the intent of HUD or the Homeless Missourians Information System (HMIS) to make the intake worker the advocate. As such, the HMIS Project is requiring all current and new HMIS Users for SHP or S+C funded agencies to go through a target population training for each question to ensure the intake worker is comfortable in asking each of these questions, that s/he is knowledgeable of the basic resources in his/her area for each respective health question, and that s/he ask the question in an ethical manner.

This letter serves to certify that [**HMIS User**] does not need to complete the [**Name of Webinar**] Training. Please list other training, classes or degree [**s/he**] has received which meet the requirements of this specific training below.

- (1) **Reason** (state other training, classes, degree, or HMIS User does not do client intake and/or data entry)

Sincerely,

[**Agency Director**]

HOMELESS MISSOURIANS INFORMATION SYSTEM**Notice of Client Rights**

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with applicable federal and state laws. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

FOR DATA BEING ENTERED INTO THE HMIS I UNDERSTAND THAT:

- Staff of other agencies who will see my information have promised to protect it.
- Others using HMIS will protect my information.
- Information I give about physical or mental health problems will not be shared with others.
- Partner Agencies may share information that does not identify me to others.
- I have the right to request who has looked at my file.
- I understand I have the right to ask, "Can I refuse to answer that question," and how my refusal might affect my receipt of services.
- I have the right to view confidentiality policies used by HMIS.
- If I decide at a later date that I no longer want my information in HMIS, I can request that it be removed.

Client Name (please print)

Client Signature

Date

Agency Personnel Name (please print) *Agency Personnel Signature*

Date