

Homeless Management Information System Data Migration Guide

KEY DATA ELEMENTS CORRECTION

All data is important and should be updated and corrected, however for the upcoming data migration the following data elements should be **TOP PRIORITY** for your local, state, and federal reports. These elements can be corrected and/or updated on the General Information Page and the Projects Page in *Compass Rose*.

1. General Information Page:

The following fields should be completed on the client's *General Information Page*:

- A. First Name
- B. Last Name
- C. Social Security Number
- D. Date of Birth
- E. Race
- F. Ethnicity
- G. Gender
- H. Veteran Status

Name Type		Full Name Reported		
	First Name	Middle Name	Last Name	
Current	A		B	
Previous				
Save				
ID Type		Full SSN	C	Social Security Number
DOB TYPE		Client Doesn't Know	D	Date of Birth/Age (None)
Community Card				Card Issued
G	Gender	(Select)		Marital Status (None)
	Veteran	Select	H	F Ethnicity (Select)
	Race	[check all that apply]		
E		<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client Refused		<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

2. Projects Page (Housing Status) :

To update the Housing Status on the Projects Page: (1) Click the **PROJECTS** Tab in the Client Visit Menu (2) Identify the correct project (3) Click the **Edit** icon (pen & pad) (4) Make corrections and Click **Save**.

The following fields should be completed on the client’s Projects page:

- A. Housing Status (at entry)
- B. Zip Code of Last Permanent Address
- C. Residence Prior to Program Entry
- D. Disabling Condition
- E. Destination

Entry Date		<input type="text"/>
Client Location	None	
If the Client moved to a new location during Project Entry, New Location	None	Move Date <input type="text"/>
Housing Status	Homeless	Required for Residential programs
ZIP Code (last permanent address)	Client doesn't know	<input type="text"/>
Prior Night's Residence	(None)	<input type="text"/>
Length Of Stay (Prior Night's Residence)	(Select)	<input type="text"/>
Disabling Condition	(Select)	
Chronically Homeless	(Select) <input type="checkbox"/>	
Length of Time on Street, in an Emergency Shelter, or Safe Haven		
Client entering from the streets, ES, or SH	(Select)	
If Yes, actual or approximate date started	<input type="text"/>	
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	(Select)	
If One or More times, Total number of months homeless on the street, in ES or SH in the past three years	(Select)	
Required for Rapid Re-Housing Projects (COC, SSVF, or ESG)		
Is the client in Permanent Housing?	(Select)	
If Yes, Move-In Date	<input type="text"/>	
Project Annual Information available if the client enrolled in project more than 330 days.		
Project Exit Information		
[Click HERE to add or edit HEALTH/FINANCE information]	[Click HERE to add or edit PROJECT SPECIFIC information]	[Click HERE to add or edit SPECIAL NEEDS information]
Exit Date	<input type="text"/> ** Program Check-out must be done from the Client Search Page **	
Destination	(None)	
Reason for Leaving	Completed program	

3. Projects Page (Income):

To update the Income on the Projects Page: (1) Click the **PROJECTS** Tab in the Client Visit Menu (2) Identify the correct project (3) Click the **Edit** icon (pen & pad) (4) Click **HERE** to add or edit HEALTH/Finance Information (5) Complete the Entire Finance Wizard by making corrections (6) Click “Next” to save the information.

Verified Dates for Income & Non-Cash Benefits need to match the Project Enrollment & Project Discharge Dates

- Income (at entry)
- Non-Cash Benefits (at entry)
- Income (at exit)
- Non-Cash Benefits (at exit)

Project Entry Information	
[Click HERE to add or edit HEALTH/FINANCE information]	[Click HERE to add or edit PROJECT SPECIFIC information] [Click HERE to ac
Entry Date	08/18/2016
Client Location	GA-500 - City
If the Client moved to a new location during Project Enrollment, New Location	None
Housing Status	Homeless
ZIP Code (last permanent address)	Client doesn't
Prior Night's Residence	Substance abu
Length Of Stay (in Prior Night's Residence)	One to three r
Disabling Condition	Yes
Chronically Homeless	Yes <input type="checkbox"/>
Length of Time on Street, in an Emergency Shelter, or Safe Haven	
Client entering from the streets, ES, or SH	No
If Yes, actual or approximate date started	
stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	Three times
If One or More times, Total number of months homeless on the street, in ES or SH in the past three years	5
Required for Rapid Re-Housing Projects (COC, SSVF, or ESG)	
Is the client in Permanent Housing?	(Select) <input type="checkbox"/>
If Yes, Move-In Date	
Project Annual Information available if the client enrolled in project more than 330 days.	
[Click HERE to add or edit HEALTH/FINANCE information]	[Click HERE to add or edit PROJECT SPECIFIC information] [Click HERE to ac
Project Exit Information	
Exit Date	11/21/2016
Destination	

4. Projects Page (Special Needs):

To update the Special Needs Section on the Projects Page: (1) Click the **PROJECTS** Tab in the Client Visit Menu (2) Identify the correct project (3) Click the **EDIT** icon (pen & pad) (4) Click **HERE** to add or edit "SPECIAL NEEDS" Information (5) Complete the Entire SPECIAL NEEDS Wizard by making corrections (6) Click "Next" to save the information.

Click HERE to Add / Edit Household Project Relationship information	
Project Entry Information	
ICE information] [Click HERE to add or edit PROJECT SPECIFIC information]	[Click HERE to add or edit SPECIAL NEEDS information]
Entry Date	08/18/2016
Client Location	None
If the Client moved to a new location during Project Enrollment, New Location	None Move Date
Housing Status	Homeless Required for Residential programs
ZIP Code (last permanent address)	(Select)
Prior Night's Residence	(None)
Length Of Stay (in Prior Night's Residence)	(Select)
Disabling Condition	(Select)
Chronically Homeless	(Select) ?
Length of Time on Street, in an Emergency Shelter, or Safe Haven	
Client entering from the streets, ES, or SH	(Select)
If Yes, actual or approximate date started	
Client has been on the streets, in ES, or SH in the past three years including today	(Select)
Total number of months homeless on the street, in ES or SH in the past three years	(Select)
Required for Rapid Re-Housing Projects (COC, SSVF, or ESG)	
Is the client in Permanent Housing?	(Select)
If Yes, Move-In Date	
Project Annual Information available if the client enrolled in project more than 220 days.	
Project Exit Information	
ICE information] [Click HERE to add or edit PROJECT SPECIFIC information]	[Click HERE to add or edit SPECIAL NEEDS information]
Exit Date	** Program Check-out must be done from the Client Search Page **
Destination	(None)
Reason for Leaving	Completed program
Housing Status	Homeless Required for Residential programs

There should be a response for **EVERY** field, including secondary questions. This should be completed at Entry and Exit for the client.

- Substance Abuse
- Physical Disability
- Mental Illness
- HIV/AIDS
- Domestic Violence
- Development Disability
- Chronic Health Condition

Click **SAVE** at the bottom of the page

NOTE - This information is required for all household members that participate in a HUD-funded project.

Special Needs	
Verified Date:	<input type="text"/> <input type="button" value="Set to Today"/>
Set Every Need To:	<input type="radio"/> No <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
Substance abuse	<input checked="" type="radio"/> No <input type="radio"/> Alcohol abuse <input type="radio"/> Drug abuse <input type="radio"/> Both alcohol and drug abuse <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused
Physical disability	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
Mental illness	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
Illiterate or marginally literate	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
HIV/AIDS and related diseases	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
Domestic violence	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
Developmental disability	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
Chronic Health Condition	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected
	<input type="button" value="Save"/> <input type="button" value="Close"/>

DATA CLEANING REPORTS

1. HUD Annual Performance Report (Part I)

This report will assist you in identifying any areas of concern regarding your data. The overall goal to having quality data is to avoid or minimize the following results:

- Missing data
- Don't Know/Refused data

Complete the following steps to access the HUD Annual Performance Report (Part I):

- A. From the Reports Menu: Click Statistical
- B. Categories: HUD APR Format
- C. Report: HUD APR Part I (Do Not Filter)
- D. Format : PDF
- E. Filter: No
- F. Enter your Begin and End Dates
- G. Select your Project or Program Name
- H. Click RUN

The screenshot shows the 'Reports' configuration interface. The left sidebar has a 'MAIN' menu with options like Search, My Agency, My Region, My Groups, I & R, Reports, Help, Scan Station, Tutorial, Switch User, and Log Out. Below that is a 'REPORTS' menu with options like Lists, Summary, Funds, Statistical, Agency, Region, and Data Export. The 'Statistical' report is selected. The configuration fields are as follows:

B Categories	HUD APR Format
Reports	HUD APR Part I (Do not filter) C
Format	PDF D
E Filter	<input type="radio"/> YES <input checked="" type="radio"/> NO
Begin Date	<input type="text"/> F
End Date	<input type="text"/>
G Program Name	(None)

At the bottom, there is a 'RUN' button labeled **H**.

2. Project Enrollment & Discharge Export

Program Enrollment and Discharge Export can be used to identify the client records that are causing the data issues identified on your HUD APR Part I report. This report includes **ALL** client records that were enrolled and/or discharged from **ANY** project within your agency during the time period you entered.

- A. From Reports Menu: Click Data Export
- B. Categories: Project Information
- C. Report: PED - Project Enrollment & Discharge
- D. Format : CSV
- E. Enter the Begin and End dates
- F. Click RUN

The screenshot shows the 'Data Export' interface. On the left, there is a 'My Groups' menu with options: I & R, Reports, Help, Scan Station, Tutorial, Switch User, and Log Out. Below this is a 'REPORTS' menu with options: Lists, Summary, Funds, Statistical, Agency, Region, Data Export, and Community. Callout 'A' points to the 'Data Export' option in the 'REPORTS' menu. The main area is titled 'Data Export' and contains a form with the following fields:

Categories	Project Information	Callout B	Callout C
Reports	PED - Project Enrollment and Discharge		
Format	CSV	Callout D	
Begin Date			
End Date			Callout E

Below the form is a 'RUN' button with callout 'F'.

Example of the Project Enrollment and Discharge Report (PED):

J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC				
DOB_TYPE	DATE_OF	APR	AGE	GENDER	MARITAL	VETERAN	ETHNICITY	RACE	ANONYM	DISABLING	RELATI	PROGRAM	PROGRAM	ENTRY_D	EXIT_DATE	RELATION	HOUSING	CLIENT_LC	TIMES	HC	LAST	PERI	
3	Full DOB	#####	39	Male	Single	No	Hispanic/ Asian	NO	No	Head	Safe Have Safe Have	#####	#####	7/1/2015	Missing	Homeless GA-502						33333	
3	Full DOB	#####	36	Male	Single	Yes	Hispanic/ Asian	NO	Client Doe	Head	Beyond WTH	#####	#####	5/7/2015	Missing	Stably hou GA-501		Never in t				30389	
3	Full DOB	#####	50	Female	Single	No	Non-Hispi Black or A	NO	Client Doe	Head	Transition TH	#####	#####	#####	#####	Self (head	At-risk of homelessness					Don't Kno	
3	Client Doesn't know			Female	Married	Yes	Non-Hispi Amer-Indi	NO	Client Doe	Head	SSVF - Pre Preventio	#####	#####	#####	#####	Self (head	Homeless					Data not c	Refused
3	Client Doesn't know			Female	Married	Yes	Non-Hispi Amer-Indi	NO	No	Head	Training TH	#####	#####	#####	#####	Self (head	Homeless					Never in t	30000
3	Client Doesn't know			Male	Single	No	Hispanic/ White	NO	No	Aunt	TEST RHY ES	#####	#####	1/8/2016	Self (head	Homeless							Refused
3	Full DOB	#####	63	Female	Single	No	Non-Hispi White	NO	No	Other	SSVF ES	#####	#####	#####	#####	Self (head	At-risk of homelessness						
3	Full DOB	#####	63	Female	Single	No	Non-Hispi White	NO	No	Other	Transition TH	#####	#####	#####	#####	Self (head	Homeless					Refused	
3	Full DOB	5/8/1962	54	Female	Married	No	Non-Hispi White	NO	No	Head	NONE ES	#####	#####	3/2/2015	Self (head	Homeless						41305	
3	Full DOB	#####	12	Female		No	Non-Hispi White	NO	Client Doe	Child	halloween ES	#####	#####	#####	#####	Head of hi	Stably housed					One time	33301
3	Full DOB	#####	16	Female		No	Non-Hispi White	NO		Head	EFSP Services C	#####	#####	#####	#####	Self (head	of household)						
3	Full DOB	#####	50	Female	Married	Yes	Client Ref White	NO	Client Doe	Other	SSVF - Pre Preventio	#####	#####	#####	#####	Self (head	Homeless					Two time	63104
2	Full DOB	1/1/1966	50	Other	Single	Yes	Non-Hispi Other Rac	NO	Client Doe	Head	Haven Ha ES	#####	#####	#####	#####	Self (head	Homeless GA-501						Refused
2	Full DOB	1/1/1966	50	Other	Single	Yes	Non-Hispi Other Rac	NO	No	Head	SSVF ES	#####	#####	#####	#####	Self (head	Homeless					Never in t	30303
2	Full DOB	7/8/1970	46	Female	Separated	Yes	Non-Hispi Other Rac	NO	Yes	Head	HOPWA Tr ES	#####	#####	#####	#####	Self (head	Homeless					One time	
3	Full DOB	1/1/1979	37	Male	Divorced	Yes	Non-Hispi Other Rac	NO	Yes	Head	SSVF - Pre Preventio	#####	#####	#####	#####	Self (head	Homeless						30004
3	Full DOB	#####	43	Female	Single	Yes	Non-Hispi Black/Afr-	NO	No	Head	Health Ins Services C	#####	#####	6/8/2011	Self (head	At-risk of homelessness							30045
3	Full DOB	#####	35	Female	Married	Yes	Non-Hispi Black/Afr-	NO	Client Doe	Head	halloween ES	#####	#####	#####	#####	Head of hi	Stably housed					One time	33301
3	Full DOB	#####	8	Male		No	Non-Hispi Black/Afr-	NO	No	Child	Transition TH	#####	#####	#####	#####	Head of hi	At-risk of homelessness					Don't Kno	
3	Client Doesn't know			Female	Single	Yes	Non-Hispi Don't Kno	NO	Yes	Head	SSVF - Pre Preventio	#####	#####	#####	#####	Self (head	Homeless					Three tim	Don't Kno
3	Client Doesn't know			Female	Single	Yes	Non-Hispi Don't Kno	NO	Yes	Head	HOPWA Tr ES	#####	#####	#####	#####	Self (head	Stably housed					Three tim	Don't Kno
3	Client Doesn't know			Female	Single	Yes	Non-Hispi Don't Kno	NO	Yes	Head	HOPWA Tr ES	#####	#####	#####	#####	Self (head	Stably housed					Three tim	Don't Kno
3	Data Not Collected			Female	Single	Yes	Hispanic/ Black or A NO	NO	No	Child	Beyond WTH	#####	#####	#####	#####	Missing	Homeless GA-500					Never in t	30039
3	Full DOB	7/8/1970	46	Female	Single	Yes	Hispanic/ Black or A NO	NO	Client Doe	Head	HOPWA Tr ES	#####	#####	#####	#####	Self (head	Homeless					Never in t	Refused
3	Full DOB	1/1/1978	38	Female	Single	No	Hispanic/ Black or A NO	NO	No	Head	Safe Have Safe Have	#####	#####	#####	#####	Self (head	Client Doesn't Know						30324
3	Full DOB	#####	50	Female	Single	No	Non-Hispi Black or A NO	NO	No	Child	Haven Ha ES	#####	#####	#####	#####	Head of hi	Homeless GA-501					Never in t	Refused
3	Full DOB	5/5/1967	49	Male	Married	No	Non-Hispi Black or A NO	NO	No	Head	SSVF - Pre Preventio	#####	#####	9/9/2013	Self (head	Homeless							30345

If you have more than one project, you may want to Sort or Filter the report by the Project name